

Summary of the Oregon Perinatal Hepatitis B Program Recommendations

The table below contains a summary of the Perinatal Hepatitis B Prevention Program (PHBPP) recommendations for testing pregnant women and following up with infants, and household and sexual contacts. The recommendations come from the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC).

The complete PHBPP recommendations and requirements can be found in the PHBPP Investigative Guideline from the state of Oregon at www.healthoregon.org/iguides.

Summary of Recommendations

Pregnant women

- All pregnant women should be tested routinely for hepatitis B surface antigen (HBsAg) in each pregnancy.
- All HBsAg-positive pregnant woman should be tested for HBV DNA and referred for antiviral therapy when HBV DNA levels are >200,000 IU/mL.
- Women who are found to be hepatitis B positive (HBsAg, HBeAg, or HBV DNA) should be reported to their local health department for enrollment in the perinatal hepatitis B prevention program for case management. A copy of the original lab report should be provided to the birthing facility and HCP who will be caring for the newborn.
- Susceptible pregnant women who are identified as being at risk for HBV infection during pregnancy should be vaccinated.

Infants

Hepatitis B positive mother

- Infants born to hepB positive mothers should receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- Infants weighing <2,000g born to hepB positive moms should receive an additional dose of hepB vaccine at 1 month of age (0, 1, 2 and 6 mos).
- After completion of the hepatitis B vaccine series, infants born to hepB positive mothers should be tested for HBsAg and anti-HBs (antibody to HBsAg) at age 9-12 months (generally at the next well-child visit following completion of the vaccine series).

Mother's hepatitis B status unknown

- Infants born to mothers with an unknown HBsAg status should receive hepatitis B vaccine within 12 hours of birth. The mother should be tested to determine her HBsAg status ASAP. If the mother is HBsAg-positive, the infant should receive HBIG ASAP, but no later than age 7 days.
- Infants weighing <2,000g born to HBsAg-unknown mothers should receive HBIG in addition to hepatitis B vaccine within 12 hours of birth. Vaccination should continue based on the mother's HBsAg status, once known.

Hepatitis B negative mother

- Infants who are medically stable and weigh $\geq 2,000$ g born to HBsAg-negative mothers should receive the single-antigen hepatitis B vaccine within 24 hours of delivery.
- Infants weighing <2,000g born to HBsAg-negative mothers should receive the first dose of vaccine at hospital discharge or 1 month after birth.

* All infants should complete the hepatitis B vaccine series with either single-antigen or combination vaccine, according to the recommended vaccination schedule (by 6 months of age).

Household and sexual contacts

- All household contacts and sexual partners of HBsAg-positive mothers identified during screening of the mother should be tracked and receive testing and post-exposure prophylaxis as appropriate.