

# Perinatal Hepatitis B Prevention Program Call

June 2026

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# Announcements

- Mid-Year Progress Reports will be emailed in July 2026
  - Adults and Perinatal reports will be sent
  - These are sent to **EVERY** jurisdiction and are not an indication of job performance
- 2025 Case closeout:
  - 2025 adult cases was completed and the report/data was submitted to CDC
  - The Perinatal Hepatitis B 2025 Annual Report due date was extended until Summer 2026
    - 2023 perinatal cases should all be closed with the Perinatal Hepatitis B Questionnaire as complete as possible
    - 2024 should be **mostly** closed with the Perinatal Hepatitis B Questionnaire as complete as possible
    - Please maintain 2025 cases and try to adhere to the recommended ACIP vaccination and testing schedule
- NJDOH has additional investigative resources to assist with case completion, if **NEEDED**
  - Please reach out your Regional Epidemiology Program representative, if you are interested in help
- Printed materials available for mailing

# Meeting Agenda

- Reopening some 2025 Cases
- Comparing CSTE Case Definition Changes
- The importance of anti-HBc IgM
- Important investigative components to not overlook
- CDRSS case completion concerns
- Perinatal Hep B investigation notes
- CDS-37 replacement roll out
- Questions?

# Reopening 2025 Cases AFTER Case Closeout Reporting

- During Case Closeout, some cases were flagged to be reopened due to pregnancy status
  - You may have also kept a record and can request to reopen those or create child cases on your own
- These cases consist of:
  - Known pregnant women with documented status and estimated due dates
  - Woman of childbearing age (15-55 years), with unknow/undocumented pregnancy status.
- These cases require additional surveillance, and should be reopened June 2026
- Please attempt to reach patient/physician to clarify status
  - Remember to ask about the pregnancy status at the date of the lab results AND current status
    - Some women will report that they are not CURRENTLY pregnant, but won't disclose a recent delivery
- Check NJIIS for recent baby deliveries 2025/2026
  - If the woman was pregnant, delivery should be expected by 40 weeks after the last lab result
  - Check for any babies born around the time of the lab result and up to about 40 weeks after
- Refer to loss to follow up document for additional support:

[https://www.nj.gov/health/cd/documents/topics/hepatitisb\\_perinatal/perinatal\\_hepatitisb\\_lost\\_followup.pdf](https://www.nj.gov/health/cd/documents/topics/hepatitisb_perinatal/perinatal_hepatitisb_lost_followup.pdf)

# Additional Reopened Cases

- Some cases may also be opened for additional information
  - 2025 cases with 2026 laboratory results (automatic)
  - Requires additional information that was reported but never submitted
    - Proof of negative lab results
    - Proof of negative HBV status
  - Special circumstance cases that were reported to CDC
    - Occult Infections
    - Seroconversions
    - Possible Outbreak information
- Just because a case is reopened does not mean that additional work is required on YOUR part
  - Some cases are automatically reopened due to additional electronic records or because they require DOH investigation
    - I will try to keep those cases in DHSS Review and not LHD status/Pending/Reopen

# 2012 vs 2024 Acute Hep B Definition

Case Definitions	2012	2024
Laboratory Evidence	<p><b>Confirmatory Laboratory Evidence:</b></p> <ul style="list-style-type: none"> <li>•Positive IgM anti-HBc (if done) <b>AND</b> Positive HBsAg</li> <li>•HBsAg seroconversion (HBsAg negative result within 6 months prior to a positive test [either HBsAg, HBeAg, or HBV DNA] result)</li> </ul>	<p><b>Confirmatory Laboratory Evidence:</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>•Positive IgM anti-HBc <b>AND</b> Positive HBsAg</li> <li>•Positive IgM anti-HBc <b>AND</b> Positive HBV DNA</li> <li>•Positive IgM anti-HBc <b>AND</b> Positive HBeAg</li> <li>•HBsAg seroconversion (HBsAg negative result within 12 months prior to a positive test [either HBsAg, HBeAg, or HBV DNA] result)</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>•Positive HBsAg <b>AND</b> no documentation of IgM anti-HBc</li> <li>•Positive DNA <b>AND</b> no documentation of IgM anti-HBc</li> </ul> <p><b>Presumptive Laboratory Evidence:</b></p> <ul style="list-style-type: none"> <li>•Detection of IgM anti-HBc <b>AND</b> Negative or not done: HBsAg, HBeAg, or HBV DNA</li> </ul>

# Key Differences (Acute)

- Probable Acute subgroup did not previously exist
- Seroconversion period was expanded from 6 months (2012) to 12 months (2024)
- Positive HBV DNA and HBeAg were added to confirmatory test evidence, in 2024
- Clinical criteria for ALT and Bilirubin numbers were increased/added
  - Bilirubin was not in the 2012 case definition at all
  - ALT was increased from >100 IU/L (2012) to >200 IU/L
- Clinical criteria is no longer needed if there is lab evidence of acute infection
  - In 2012, a patient would not be classified as acute with symptoms

# Clinical criteria for Hepatitis B viral infection classifications

- Acute onset or new detection of at least one of the following (for acute Hep B only):
  - Provider report of jaundice
  - Peak elevated total bilirubin levels  $\geq 3.0$  mg/dl
  - Peak elevated serum alanine aminotransferase (ALT)  $> 200$  IU/L

AND

- The absence of a more likely, alternate diagnosis, which may include
  - Evidence of acute liver disease due to other causes or advance liver disease due to hepatitis B reactivation
  - Pre-existing chronic hepatitis B
  - Other causes including alcohol exposure, other viral hepatitis, or hemochromatosis

\*alternate diagnosis information should come from a physician's examination

# 2012 vs 2024 Chronic Hep B Definition

Case Definitions	2012	2024
Laboratory Evidence	<p><b>Confirmed</b></p> <ul style="list-style-type: none"> <li>•Meet confirmatory laboratory evidence criteria</li> </ul> <p><b>Probable</b></p> <ul style="list-style-type: none"> <li>•Has a single positive test result for HBsAg, HBV DNA, or HBeAg <b>AND</b> does not meet case definition for acute Hepatitis B</li> </ul> <p><b>Confirmatory Laboratory Evidence:</b></p> <ul style="list-style-type: none"> <li>•Positive for HBsAg or HBV DNA or HBeAg two times with results space <math>\geq</math> 6 months apart</li> <li>•Negative IgM antibodies to anti-HBc (IgM anti-HBc) <b>AND</b> Positive for HBsAg, HBeAg, or HBV DNA</li> </ul> <p><b>Presumptive Laboratory Evidence:</b></p> <ul style="list-style-type: none"> <li>•Positive HBsAg or HBV DNA or HBeAg</li> </ul>	<p><b>Confirmed</b></p> <ul style="list-style-type: none"> <li>•Meet confirmatory laboratory evidence criteria</li> </ul> <p><b>Probable</b></p> <ul style="list-style-type: none"> <li>•Meet presumptive laboratory evidence criteria</li> </ul> <p><b>Confirmatory Laboratory Evidence:</b></p> <ul style="list-style-type: none"> <li>•Detection of HBV DNA</li> <li>•Detection of HBsAg <b>AND</b> Detection of HBeAg</li> <li>•Detection of HBsAg or HBeAg <b>AND</b> Detection of total anti-HBc</li> <li>•Detection of HBsAg two times with results space <math>\geq</math> 6 months apart</li> <li>•Detection of HBeAg two times with results space <math>\geq</math> 6 months apart</li> </ul> <p><b>Presumptive Laboratory Evidence:</b></p> <ul style="list-style-type: none"> <li>•Detection of HBsAg or HBeAg <b>AND</b> IgM anti-HBc negative, not done, or results not available</li> </ul>

# Key Differences (Chronic)

- HBV DNA is a standalone as confirmatory lab evidence
- Having a negative IgM anti-HBc with a positive HBsAg/HBeAg was considered confirmatory evidence, in 2012; since 2024, it is just probable evidence
- More consistent than the acute definition changes

# Hepatitis B Core Antibody IgM (IgM anti-HBc)

- A blood test that detects recent or acute hepatitis B virus (HBV) infection
- Typically appears within the first 6 months of infection
- Typically disappears within 15 weeks in those who recover
- Only relevant if accompanied by another test of infectiousness or clinical criteria
  - Clinical Criteria
    - Jaundice
    - Total bilirubin  $\geq 3.0$ mg/dL
    - Elevated serum alanine aminotransferase (ALT) levels  $> 200$  IU/L
- In 2012, the reporting of IgM anti-HBc without additional information was automatically considered not a case
- In 2024, the importance of IgM anti-HBc was increased to improve sensitivity and specificity of acute Hepatitis B infection classification
  - A positive IgM result requires investigation of Liver Function Test and other positive labs
- Still not a case, if LFTs are not significant or other information is not available

# Overlooked Investigation Requirements

- CDC recommends a cautionary approach to dealing with unclear lab results
- HBV DNA that is Below Threshold Value is still considered **POSITIVE**
  - However, proof of vaccinations or negative results from other HBV tests may refute this result
- Quantitative HBsAg results
  - The test is a tool to track progress in know positive patients
  - Quantitative (numeric) HBsAg is not a test of infection, but some doctors are requesting it incorrectly
  - There is no standard range of negative/positive results for these tests
  - Retest of Qualitative result (negative/positive) is recommended
  - However, CDC recommends quantitative HBsAg be treated like positive until proven otherwise
- Suspected false positives
  - All discordant require retesting, which should include the ORIGINAL TEST and additional supportive evidence
    - If the HBsAg is suspected to be false; doctor should request a another HbsAg and other Hep B panel tests, not just other test s
- Discordant lab results
  - Two or more tests for HBV that yield conflicting outcomes
  - Occult Hep B infection: the presence of the hepatitis B virus (HBV DNA) genome in the liver of individuals who test negative for the standard surface antigen (HBsAg)
  - All discordant require retesting, which should include the ORIGINAL TEST and additional supportive evidence

# Overlooked Investigation cont...

- Risk factor collection
  - Important for case classification, policy changes, and possible interventions
- Word of Mouth
  - We cannot accept a patient's word that they were retested and were negative
    - The Electronic Laboratory Reporting (ELR) lab results trump word of mouth without proof
  - We can accept the patient's account in regards to pregnancy and symptoms
  - Tests information can be obtained from a doctor's office orally (via telephone), but requires Test Name, Performing Laboratory Name, Date Specimen Collected, and Test Result Value
    - If possible, request for them to fax the information
- Merging cases
  - Check CDRSS to make sure there are no additional cases for this person with a similar name
    - Cases can be matched based on name, DOB, address and/or telephone number
    - Verify updated information when speaking to the case patient
  - Each individual with Hepatitis B labs in CDRSS should have one Case ID #
    - Cases should be merged to make sure all Hepatitis B labs are in 1 case
  - Merge cases in the older Case #
  - After merging, verify that the symptoms, risk factors, and pregnancy status are updated in the merged case

# CDRSS Recording Issues

- Case analysts and information is calculated and reported as statistics, not individual cases (\*PII Protected)
  - Therefore, it is important for case information to be as complete and accurate as possible
  - CDC does not review cases individually
- Information should always be entered into the designated CDRSS sections
  - Comments section is still VERY important
- The information that is submitted in the comments is not exported, when reports are made
  - The comments can only be seen when a person is in the individual case
- Report exportable information- The primary categories used for analysis and review
  - Case ID
  - Disease
  - Case Status
  - Report Status
  - DOB
  - Sex
  - Pregnancy Status
  - Estimated Delivery date

# CDRSS Recording Issues Continued...

- Laboratory and Diagnostic Test Information should always include
  - Test Name
  - Performing Laboratory Name
  - Date Specimen Collected
  - Test Result Value

\*Specimen Type and Lab Specimen ID are also important/useful for investigations, but are not used to classify cases
- Results that are not in the designated section with proper information may not be used for classification
  - It is difficult to compare the labs sent through ELR to labs entered only in the comments
- Pregnancy status should be added to the “Pregnancy Information” tab
  - Putting the status on in the comments prevents it from being recorded in reports
  - Document the status in this section for each lab result date (unless submitted in the same month)
  - All women between the ages of 15-55 years **NEED** a pregnancy status
    - See *Lost to Follow up* document if this is an issue
- Risk factors and Symptoms should be recorded in the “risk factors” and “symptoms” sections,
  - These categories are often overlooked, but expected as part of an investigation
  - Risk factors are used to create interventions and specialized education
  - Symptoms are used in case classification and outbreak tracking

# Perinatal Surveillance

- Make sure the child's case and the mother's case are linked in the CDRSS Contact Tracing
  - A case cannot be considered perinatal unless the mother is known to be Hepatitis B positive
- Please push the vaccination schedule and getting the PVST AT 9 months
  - It is not advised to test before 9 months because the child will still have Hep B antibodies in their system from their mother (test will be inaccurate)
  - Reminder: Wait 1-2 months after vaccine dose to test HbsAg (test will be inaccurate before then)
- Be mindful of the baby's birth weight
  - Babies born weighing less than 2000 grams will require an additional dose of Hep B vaccine to complete the series
- Update the Peri Hep B Questionnaire as you are completing the investigation

# Perinatal Hepatitis B Questionnaire

- Perinatal case completion depends more on questionnaire completion than case classification
- Please always complete this section with as much of the information that is available
- Update as case progresses through vaccine series and PVST

The screenshot shows a web browser window displaying a case record for Perinatal Hepatitis B. The page is titled "cdrrs.nj.gov/cdrss/search/personSearch/showPersonSearch#". The main content area is divided into several sections, with "Disease Information" expanded. The "Disease Information" section includes the following details:

Disease:	HEPATITIS B				
Subgroup:	PERINATAL				
Illness Onset Date:		Age at Case Creation:		Age at onset:	
Case Status:	REPORT UNDER INVESTIGATION (RUI)	Reason for Case Status:		Date Reported to State or Local Health Department:	
Report Status:	PENDING	Reason for Report Status:			
Household Size:		Type of Insurance:			
No Follow-up/Investigation:		Incomplete Follow-up/Investigation:			

Below the "Disease Information" section, there are buttons for "Edit Disease Information" and "Add Comment". A sidebar on the right contains a menu with the following items:

- Industry and Occupation Information
- Investigator Information
- Patient Relation Information
- Signs and Symptoms
- Treatment Information

At the bottom of the page, there is a "Print" button and a list of expandable sections: Patient Personal Information, Addresses, Laboratory and Diagnostic Test Information, Comments, Outbreak Information, Clinical Status, Contact Tracing, Epidemiology Information, Immunization Information, Investigation Information, Medical Facility and Provider Information, PERINATAL HEPATITIS B REQUIRED QUESTIONS (highlighted with a red arrow), Pregnancy Information, and Risk Factors.

The screenshot shows a web browser window displaying the "PERINATAL HEPATITIS B REQUIRED QUESTIONS" form. The page is titled "cdrrs.nj.gov/cdrss/search/personSearch/showPersonSearch#" and "Add/Edit PERINATAL HEPATITIS B REQUIRED QUESTIONS". The form contains the following questions:

- CHILD'S INSURANCE TYPE AT TIME OF DELIVERY? (Select One)
- CHILD'S BIRTH WEIGHT IN GRAMS? (Select One)
- DID CHILD RECEIVE FIRST DOSE OF HBV VACCINE WITHIN 1 CALENDAR DAY OF BIRTH? (Select One)
- DID CHILD RECEIVE A DOSE OF HBIG WITHIN 1 CALENDAR DAY OF BIRTH? (Select One)
- WAS THE CHILD FOLLOWED BY THE PERINATAL HEPATITIS B PREVENTION PROGRAM? (Select One)
- DID THE INFANT DIE DURING CASE FOLLOW UP? (Select One)
- DID CHILD COMPLETE HBV SERIES BY 8 MONTHS OF AGE? (Select One)
- NUMBER OF DOSES OF HEPATITIS VACCINE THE CHILD RECEIVED? (Select One)
- DID CHILD COMPLETE POSTVACCINATION SEROLOGY TESTING (PVST)? (Select One)
- DOES CHILD REQUIRE REVACCINATION? (Select One)
- DID THE CHILD COMPLETE CASE PHPP MANAGEMENT? (Select One)
- WAS CHILD TRANSFERRED INTO NJ FOR FOLLOW UP? (Select One)
- QUESTIONS SPECIFIC TO THE MOTHER OF THE PERINATAL CASE
  - WAS THE MOTHER OF THE PERINATAL CASE IDENTIFIED PRIOR TO GIVING BIRTH? (Select One)
  - WHAT HBV POSITIVE LABS DID THE MOTHER HAVE DOCUMENTED WHEN ENROLLED IN THE PHPPP? (Select One)
  - WHAT WAS THE MOTHER'S INSURANCE STATUS AT TIME OF IDENTIFICATION FOR PHPPP? (Select One)

# Hepatitis B Checklist

- This document will serve as a replacement for the CDS-37 document
- Better aligns with CDRSS questions
- Will be posted on the NJDOH Perinatal Hep B Page
- Expected to be available July 2026
  - Currently in the testing and approval phase

# Questions?

- **Contact information:**

- Email: [AyiashaPratt@doh.nj.gov](mailto:AyiashaPratt@doh.nj.gov) or [AnishSingh@doh.nj.gov](mailto:AnishSingh@doh.nj.gov)
- Phone: 609-826-4861 (VPDP main line)

- **References:**

- <https://www.cdc.gov/hepatitis/hbv/index.htm>
- <https://www.cdc.gov/hepatitis/hbv/perinatalexmtn.htm>
- <https://www.cdc.gov/hepatitis/statistics/surveillanceguidance/HepatitisB.htm#section3.6>
- [https://www.cdc.gov/hepatitis/hbv/testingchronic.htm#:~:text=Screening%20tests,B%20surface%20antigen%20\(HBsAg\).](https://www.cdc.gov/hepatitis/hbv/testingchronic.htm#:~:text=Screening%20tests,B%20surface%20antigen%20(HBsAg).)
- <https://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html#:~:text=HepB%20vaccination%20is%20recommended%20for,and%206%20through%2018%20months.>

# THANK YOU



[nj.gov/health](https://nj.gov/health)