



## **Perinatal Hepatitis B Prevention Program**

PO Box 369, Trenton, NJ 08625-0369

609-826-4860

[https://www.nj.gov/health/cd/topics/hepatitisb\\_perinatal.shtml](https://www.nj.gov/health/cd/topics/hepatitisb_perinatal.shtml)

### **Delivery Hospital Policies and Procedures to Prevent Perinatal Hepatitis B Virus (HBV) Transmission**

All New Jersey delivery hospitals should institute a HBV perinatal prevention strategy that includes policies and standing or preprinted orders to ensure all pregnant women have been screened for hepatitis B surface antigen (HBsAg) prior to or upon admission for delivery. Policies should be reviewed regularly and at least every 3 years per Hospital Licensing regulations (N.J.A.C. § 8:43G-19.2). All hospitals are strongly encouraged to also institute policies and standing or preprinted orders to ensure the administration of appropriate HBV immunoprophylaxis including the birth dose to *all* infants prior to discharge. Sample text for developing policies is provided below:

#### **At time of admission for delivery:**

1. Review the HBsAg status for all pregnant women upon admission for delivery. For all pregnant women who have a HBsAg laboratory result included in their prenatal records, examine a copy of the **original** laboratory report to verify that the correct test (i.e., HBsAg) was performed and to verify that the testing date was during **this** pregnancy, not a previous one.
2. Perform HBsAg testing on all women with no prenatal care or undocumented or unknown HBsAg status immediately upon admission for delivery to ensure the infant receives appropriate prophylaxis as per Hospital Licensing regulations (N.J.A.C. § 8:43G-19.2).
3. Perform a repeat HBsAg test on any pregnant woman if she was HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., not in a long-term, mutually monogamous relationship; had a HBsAg positive sex partner; had evaluation or treatment for a sexually transmitted disease; currently uses or recently used injection drugs).
4. Ensure availability of HBsAg laboratory results completed upon admission within 24 hours or before mother and infant are discharged from the hospital to guarantee the infant receives appropriate prophylaxis. Interpretation of hepatitis B serologic test results can be accessed at: [https://www.cdc.gov/hepatitis-b/hcp/diagnosis-testing/#cdc\\_hcp\\_diagnosis\\_interpreting-how-to-interpret-test-results](https://www.cdc.gov/hepatitis-b/hcp/diagnosis-testing/#cdc_hcp_diagnosis_interpreting-how-to-interpret-test-results)

## **After delivery:**

### *HBsAg positive mothers and their infants:*

1. Administer single-antigen HBV vaccine and hepatitis B immune globulin (HBIG) in the delivery room or ASAP *within* 12 hours of birth. The vaccine and HBIG should be administered by intramuscular injections at two different sites as per the recommendations of the ACIP and the manufacturers' instructions.
2. Report the birth of any infant born to a HBsAg positive woman and the date and time of administration of HBIG and HBV vaccine dose to the local health department for the jurisdiction where the patient resides, as per Reportable Communicable Diseases regulations (N.J.A.C. 8:57-1.5). Contact information for local health departments may be found at: <https://www.nj.gov/health/lh/community/index.shtml#1>

The infant will need to also be entered into the Communicable Disease Reporting and Surveillance System (CDRSS), available at <https://cdrss.nj.gov/cdrss/login/loginPage>

3. Obtain the name, address, and phone number of the newborn's primary care provider.
4. Notify primary care provider of newborn's birth, the date and time that HBIG and HBV vaccine doses were administered, and the importance of additional on-time vaccination (infants weighing less than 2 kg (4.4 lbs.) will require 4 doses of vaccine as the first dose does not "count") and post vaccination testing of the infant for HBsAg and antiHBs (antibody to HBsAg) after completion of the HBV vaccine series at age 9–18 months.
5. Provide advice to the mother. Tell her the following:
  - a. She may breast-feed her infant upon delivery, even before HBV vaccine and HBIG are given;
  - b. It is critical for her infant to complete the full HBV vaccine series on the recommended schedule;
  - c. Blood will need to be drawn from the infant following completion of the HBV vaccine series (usually done at a well-child visit at age 9–18 months, but not before 9 months of age) to determine if the infant developed a protective immune response to vaccination or needs additional management;
  - d. About modes of HBV transmission and the need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts;
  - e. She and other infected contacts need to have medical evaluations for chronic HBV infection, including assessment to determine if they are candidates for antiviral treatment.

### *Mothers with unknown HBsAg status and their infants:*

1. Administer single-antigen HBV vaccine within 12 hours of birth. For infants weighing less than 2 kg (4.4 lbs.) at birth, also administer HBIG within 12 hours. Do not wait for test results to return before giving this dose of vaccine (and HBIG for infants weighing less than 2 kg [4.4 lb.]).
2. Confirm that the laboratory has received blood for the mother's HBsAg test.

3. Verify when the mother's HBsAg result will be available and that it will be reported to the newborn unit ASAP.
4. If the laboratory test indicates the mother's HBsAg test result is positive, do the following:
  - a. Administer HBIG ASAP (no later than 7 days after birth) to the newborn weighing 2 kg (4.4 lbs.) or more. (Those weighing less than 2 kg (4.4 lbs.) at birth should have already received HBIG. HBV vaccine should have been given within 12 hours of birth to all infants of mothers with unknown HBsAg status.)
  - b. Follow steps 2–5 of previous section (Mother Is HBsAg Positive).

*For routine newborn hepatitis B vaccination: mother is HBsAg negative:*

Administer single-antigen HBV vaccine intramuscularly (IM), in anterolateral thigh, no later than hospital discharge.

*All mothers and their infants:*

1. Provide mothers with the Vaccine Information Statement (VIS) for the HBV vaccine prior to vaccine administration. A copy of the current VIS can be found here <https://www.cdc.gov/vaccines/hcp/current-vis/hepatitis-b.html>
2. Provide infant's immunization record to parents and remind them to take it to infant's first pediatrician visit.
3. Document in the hospital record the date and time of the infant's birth and the date and time of administration of HBV vaccine series and HBIG for all infants. This information must also be entered in the infant's Electronic Birth Certificate (EBC).