WELCOME TO THE WEBINAR!
Welcome to the webinar

- Today’s webinar is being recorded and archived.
- It will be posted to the NJ Department of Health Education and Training and the Perinatal Hepatitis B websites:

https://www.nj.gov/health/cd/edu_training/
https://www.nj.gov/health/cd/topics/hepatitisb_perinatal.shtml
July 2022 Quarterly PHBPP Webinar

Jill Dinitz-Sklar, MPH  Ayiasha Pratt, MPH
July 27, 2022
Steps in the Perinatal Hepatitis B Follow Up Process

- **Women of childbearing age are defined as females between 15 and 55 years old**
  - Women in this age range with labs that indicate hepatitis B infection should have a **current** pregnancy status documented in CDRSS
    - These can be new cases, currently opened cases or **reopened** cases, make sure to check them all
    - If you encounter someone who is getting tested on a continuous basis (i.e. involvement in a clinical trial) we are happy to discuss a modified way to handle those situations

- During your investigation you should identify household and/or close contacts
  - This includes other children already born but not yet identified as they may be recently born or missed previously
    - If there are children in the household but not yet identified by the PHBPP and under the age of 2 they should be followed up as perinatal cases
  - This also includes sexual contacts or other high risk individuals

- This may include individuals with discordant lab results i.e.. women with DNA + but HBsAg – results as these are occult infections
Steps in the Perinatal Hepatitis B Follow Up Process

- **Create a case for the baby**
  - By creating a contact in the mother’s case you can create a case for the baby using the instructional video found here:
    - [https://cdrs.doh.state.nj.us/cdrss/resources/video/Create_Case_Existing_Person.html](https://cdrs.doh.state.nj.us/cdrss/resources/video/Create_Case_Existing_Person.html)
    - If you have questions regarding the creation of cases please reach out to us and we can assist you.
  - Once you create the case for the baby complete the following steps:
    - Make sure to change the subgroup to “Perinatal”
      - You will need to close the case at this point and reopen it to access all the sections for perinatal cases
    - Add the “PERINATAL HEPATITIS B QUESTIONS” section to the case
      - You must obtain
        - date given first dose of vaccine
        - date given HBIG
        - birth weight
        - insurance information
      - If doctor or parent does not know if HBIG was given call the birthing hospital to obtain this information
        - If HBIG was not given call NJDOH PHBPP staff and we will conduct further follow up
    - If you have any trouble obtaining this information call NJDOH PHBPP and we assist you
Steps in the Perinatal Hepatitis B Follow Up Process

- **Follow baby until completion of vaccine series and PVST**
  - Children weighing ≥ 2000g at birth will need at least 3 doses of vaccine, possibly more if a combination vaccine is used.
  - Children weighing < 2000g at birth will need 4 doses minimum as the first dose (birth dose) does not count in the series.
    - Helpful to reach out to physician early in these cases and tell them to flag the chart to indicate child will need an additional dose of HBV vaccine.
- PVST should be done 1-2 months after the final dose in the vaccine series but not earlier than 9 months of age and no later than 12 months of age.
- Children who do not respond to the first HBV series should be revaccinated based on the most current recommendations.
  - Child can receive 1 additional dose and then be retested at 1-2 months after that dose, if they still do not have immunity they should complete the series with 2 more doses and be retested 1-2 months after the final dose.
    - If these children remain nonimmune no further immunizations are necessary.
  - If the family/physician wants to do a full second series they can skip the challenge dose and do a full second series if they choose.
Hepatitis B Vaccine Schedule

Table 1
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
United States, 2019

*These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Steps in the Perinatal Hepatitis B Follow Up Process

• **Closing Cases**
  • Prenatal Hepatitis B cases are reported to CDC for 2 consecutive years
  • Cases should remain open until a case completes the Hepatitis B vaccine series and Postvaccination Serologic Testing (PVST) OR those 2 reporting years have passed
  • Case should not be closed before one of these circumstances has occurred

• **Transferring cases out of your jurisdiction**
  • If a case moves outside of your jurisdiction, but within the state of NJ
    • Change the address in CDRSS
    • Notify NJDOH Hepatitis B Subject Matter Experts (Jill and Ayishah) by email
    • Change the case status to "Pending" in order to alert the new LHD *DO NOT CLOSE THE CASE*
  • If a case moves outside of the state or country
    • Change the address in CDRSS *Do not need new address if leaving the USA*
    • Notify NJDOH Hepatitis B Subject Matter Experts (Jill and Ayishah) by email
    • LHD Close as "Out Of State" case status
CDC Recommendations During COVID

- To assure you have the most up to date information regarding all vaccinations you can visit:
  - https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html

- Any CDC changes to vaccine schedules can be found at the same address

- No changes to the hepatitis B vaccine schedule
CDC Recommendations During COVID

• Interim Guidance includes following recommendations

  • Prenatal care of hepatitis B surface antigen (HBsAg)-positive women
    • Ensure that HBsAg positive women are able to advocate for proper care of their infants if they deliver at an unplanned facility or staff are not knowledgeable where delivery occurs
      - Need to educate women about their status and assure they notify providers at point of delivery
      - Suggest women have a copy of their HBsAg laboratory results with them and to provide it to labor and delivery staff

  • No change to ACIP recommendations for HBV vaccination schedule
    • If PVST is delayed beyond 6 months after the series is completed provider should consider a booster dose of single antigen vaccine and conducting PVST 1-2 months after that dose
Speaking of PVST

**Postvaccination Serologic Testing – NO CHANGES**

- PVST should be done 1-2 months after the final dose in the vaccine series but not earlier than 9 months of age and no later than 12 months of age
  - PVST includes: Hepatitis B Surface Antigen (HBsAg) and **quantitative** Hepatitis B Surface Antibody (anti-HBs)
  - HBsAg - and anti-HBs >10 mIU/mL or positive are considered immune and cases can be closed as Not A Case
  - HBsAg + children are considered infected, call NJDOH if you receive these results
  - HBsAg - and anti-HBs <10 mIU/mL or negative will require further follow up
Speaking of PVST

• **Issues with wrong tests being ordered**
  
  • It is extremely important that physicians order the correct test, specifically the QUANTITATIVE anti-HBs
  
  • Quest test menu has been changed to specifically state: “Hepatitis B Surface Antibody, Qualitative - The detection of anti-HBs is indicative of a prior immunologic exposure to the antigen or vaccine. To determine immune status as ≥10 mIU/mL as per CDC guidelines, please order Hepatitis B Surface Antibody, Quantitative.” ([Quest Test Menu](#))
    
    • Therefore we cannot accept Quest Qualitative anti-HBs results, at this time LabCorp does state that a positive anti-HBs is enough to show immunity – “Reactive: Consistent with immunity” ([LabCorp Test Menu](#))

  • This does NOT mean we want ANY qualitative anti-HBs but exceptions can be made for LabCorp
Perinatal Hepatitis B Follow Up in times of COVID

• All surveillance efforts should have continued
  • All women with new hepatitis B positive results aged 15-55 should still have a current pregnancy status for that lab result
    • Make sure to check Reopened cases in CDRSS
  
• If there are time issues with follow up prioritizing cases may be helpful
  • Focus on women where labs were ordered by an OBGYN provider
  • Focus on any cases with lab messaging that includes pregnancy in the wording

• It may be of use to go back into older cases to assure that appropriate follow up took place, may need to revisit old cases
Perinatal Hepatitis B Follow Up in times of COVID

- **All immunization efforts should continue**
  - Per CDC there is no reason to delay routine vaccinations due to COVID vaccination
    - Any exceptions can be found here: [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html)

- **Children should be vaccinated on schedule**
  - Keep checking NJIIS at appropriate intervals to assure vaccinations are happening
  - Set up reminders for your cases when you need to check for vaccinations

- **Assure that doctors are aware of the need for the correct testing once the vaccine series is complete**
  - Use the postcards we have available to send to families as reminders
  - Let us know if there are any materials you feel we should create that would be helpful to your follow up
Updated Universal Hepatitis B Vaccination Recommendations

- **CDC now states that adults who are unvaccinated should receive Hepatitis B vaccination**
  - The Advisory Committee on Immunization Practices (ACIP) recommends that the following people **should** receive hepatitis B vaccination:
    - All infants
    - Unvaccinated children aged <19 years
    - Adults aged 19 through 59 years
    - Adults aged 60 years and older with risk factors for hepatitis B

- The following groups **may** receive hepatitis B vaccination:
  - Adults aged 60 years and older without known risk factors for hepatitis B

- For more information: [https://www.cdc.gov/hepatitis/hbv/vaccadults.htm](https://www.cdc.gov/hepatitis/hbv/vaccadults.htm)
  - [https://www.cdc.gov/mmwr/volumes/71/wr/mm7113a1.htm?s_cid=mm7113a1_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm7113a1.htm?s_cid=mm7113a1_w)
Resources

• NJDOH Website:
  • https://www.nj.gov/health/cd/topics/hepatitisb_perinatal.shtml
  • You can access the past PHBPP Webinars – this may be helpful for anyone new to following up on these cases
  • https://www.nj.gov/health/cd/topics/hepatitisb.shtml

• Perinatal Hepatitis B Postcards:
  • For use by LHD to facilitate conversation with families and physicians
  • Request via email to one of the PHBPP members

• CDC websites:
  • https://www.cdc.gov/hepatitis/hbv/perinatalxmtm.htm
  • https://www.cdc.gov/hepatitis/hbv/vaccadults.htm

• HepBMoms.org:
  • https://www.hepbumoms.org/brochures
Contact info for PHBPP Staff:

• Program Phone numbers: 609-826-4861 or 609-826-5964
• Jill Dinitz-Sklar – Perinatal Hepatitis B Program Coordinator
  • Email: Jill.Dinitz-Sklar@doh.nj.gov
• Ayiasha Pratt
  • Email: Ayiasha.Pratt@doh.nj.gov