

Perinatal Hepatitis B Checklist for Investigators

Activity	Mother or Infant Case
Evaluate for and document pregnancy status when positive labs for Hepatitis B are entered in a new or existing case for a woman age 15-55 years old	Mother
For pregnant women obtain Estimated Due Date and Expected Delivery Site, document in the case	Mother
Obtain pregnancy outcome for women who have documented pregnancy in their case no later than 9 months from date of lab test	Mother
For all live births, document birth information in the mother's case and create a contact in the mother's case for the infant. All mother/infant case pairs should be linked in the contact tracing section of the cases in CDRSS	Mother
Create a perinatal hepatitis B case for the infant in CDRSS Perinatal cases should remain open until follow up is complete, this can be up to 2 years	Infant
At birth, document HBIG, first does of Hepatitis B vaccine, birth weight and insurance status in the "Perinatal Hepatitis B Questions" section in CDRSS if parent/physician does not know if HBIG was given contact the	Infant
hospital for that information Also note that if the birth weight is <2000g at birth, child will need an extra dose of hepatitis B vaccine in order to complete the series, you should inform the physician and parents of this information as well	
After birth continually check in that the child is on schedule for the hepatitis B vaccines. Vaccination schedule may vary based on type of vaccine used (single antigen vs. combination vaccines). All vaccine doses should be recorded in the "immunization" section in CDRSS	Infant



Acti	ivity	Mother or Infant Case
will com	e the child has completed the hepatitis B vaccine series, they need to have postvaccination serologic testing (PVST) pleted 1-2 months after the final dose of vaccine, but no ier than 9 months of age.	Infant
PVS	Tincludes:	
	 Hepatitis B Surface Antigen testing (HBsAg) QUANTITATIVE Hepatitis B Surface Antibody Testing (anti- HBs) 	
	iew completed PVST, evaluate if child has immunity/is cted. The possible next steps are as follows:	Infant
	d is considered immune and not infected:HBsAg is NEGATIVE	
	 Anti-HBs is ≥10 mIU/mL This can be closed as Not A Case 	
	 d is considered infected: HBsAg is POSITIVE Anti-HBs is Negative/<10 mIU/mL This case should be closed as Confirmed and reported to NJDOH Child should be referred to a specialist for follow up 	
	 d is considered not infected but also not immune: HBsAg is NEGATIVE Anti-HBs is Negative/<10 mIU/mL This child should receive at least 1 additional HBV vaccine dose and retested 1-2 months after that dose OR they can receive another full series of HBV vaccine and retested 1-2 months after the final dose of the series. Physician should be made aware of the follow up options as outlined in https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm If child does not have an antibody response after the second series, they should not receive additional doses and the physician should counsel the family about the child being susceptible to HBV in the future Case should remain open through the revaccination process and can be closed after the second set of PVST is complete 	



Additional Resources:

Quick Reference for Management of Infants Born to HBV+ mothers: https://www.cdc.gov/vaccines/programs/perinatal-hepb/downloads/HepB-Provider-tipsheet-508.pdf

MMWR: Prevention of Hepatitis B Virus Infection in the United States: <u>https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm</u>

NJDOH Perinatal Hepatitis B Page: https://www.nj.gov/health/cd/topics/hepatitisb_perinatal.shtml

CDC Perinatal Transmission of Hepatitis B virus: https://www.cdc.gov/hepatitis/hbv/perinatalxmtn.htm

CDC Perinatal Hepatitis B Prevention Program: https://www.cdc.gov/vaccines/programs/perinatal-hepb/index.html

CDC The Epidemiology and Prevention of Vaccine-Preventable Diseases, aka the "Pink Book": <u>https://www.cdc.gov/vaccines/pubs/pinkbook/index.html</u>