

PERINATAL HEPATITIS B



Department of
Public Health
CITY OF PHILADELPHIA

A Guide for Prenatal Care and Pediatric Providers

The Philadelphia Department of Public Health's Perinatal Hepatitis B Prevention Program (PHBPP) follows all Hepatitis B (Hep B)-positive pregnant persons from delivery through the first year of life of their child. The program helps ensure that infants receive post-exposure prophylaxis (PEP) and both parents and their children receive adequate follow up testing.

OVERVIEW

90%

of infants born to Hep B (+) persons become infected if PEP is not administered.

<1%

is the rate of vertical transmission in the United States with PEP being administered.

PHILLY FACTS

130

people are Hep B (+) and pregnant each year in Philadelphia.

~13%

of infants in Philadelphia are born to persons from countries where Hep B is endemic.

ALL PREGNANT PERSONS SHOULD BE TESTED:

All pregnant persons should be screened for Hep B surface antigen (HBsAg) during each pregnancy. Testing should be repeated if there is a new or ongoing risk of exposure to Hep B before delivery. Examples of risks include drug use, unprotected sex, unlicensed tattoos, & being born to a Hep B positive birthing person.

PRENATAL CARE PROVIDERS

If pregnant person is HBsAg (+)

- Test for Hep B DNA and Hep B envelope antigen (HBeAg).
- Inform the birthing hospital and pediatrician.
- Report all pregnancies of Hep B (+) persons to the PHBPP.
- Refer all HBsAg (+) persons to Hep B specialist.

HBeAg (+) or Hep B DNA >200,000 IU/mL

- The risk of vertical transmission is increased!
- Hep B treatment may be indicated during the third trimester of pregnancy.
- Immediately refer to a Hep B specialist.

Discrepant HBsAg labs in pregnancy

- If a pregnant person with confirmed HBsAg positive subsequently tests HBsAg negative during the same pregnancy, run HBV DNA, anti-HBs (Hepatitis B surface antibody), IgM anti-HBc & total anti-HBc (Total Hepatitis B core antibody) tests to confirm status.
- Contact the PHBPP or refer to CDC guidelines at bit.ly/CDC_DL for further information.

PEDIATRIC PROVIDERS for children of Hep B(+) persons

Administer HBIG

- Administer Hep B Immunoglobulin (HBIG) within 12 hours of birth for best protection.
- If not given at birth, give HBIG within 7 days.

Administer Hep B Vaccine Birth Dose

- Administer birth dose within 12 hours of birth.

Complete Hep B Vaccine Series

- Combo antigen vaccine doses at 2, 4, & 6 mths
- OR For single antigen vaccine
- Born > 2,000 g, 2 doses at 1-2 & 6 mths
- Born < 2,000 g, 3 doses at 1, 2-3, & 6 mths

Conduct Post- Vaccination Testing

- At 9-12 months test for HBsAg to identify infection & for anti-HBs (Hep B surface antibody) to confirm Hep B immunity.
- If HBsAg (+) refer to pediatric specialist.
- If anti-HBs (-) give dose of Hep B vaccine & retest 30-45 days after.

INFANT HEP B TESTING GUIDE

Hep B Positive → Report to PHBPP

HBsAg (+) & anti-HBs (-)

Not Immune → Revaccinate

HBsAg (-) & anti-HBs (-)

Immune → No Action Needed

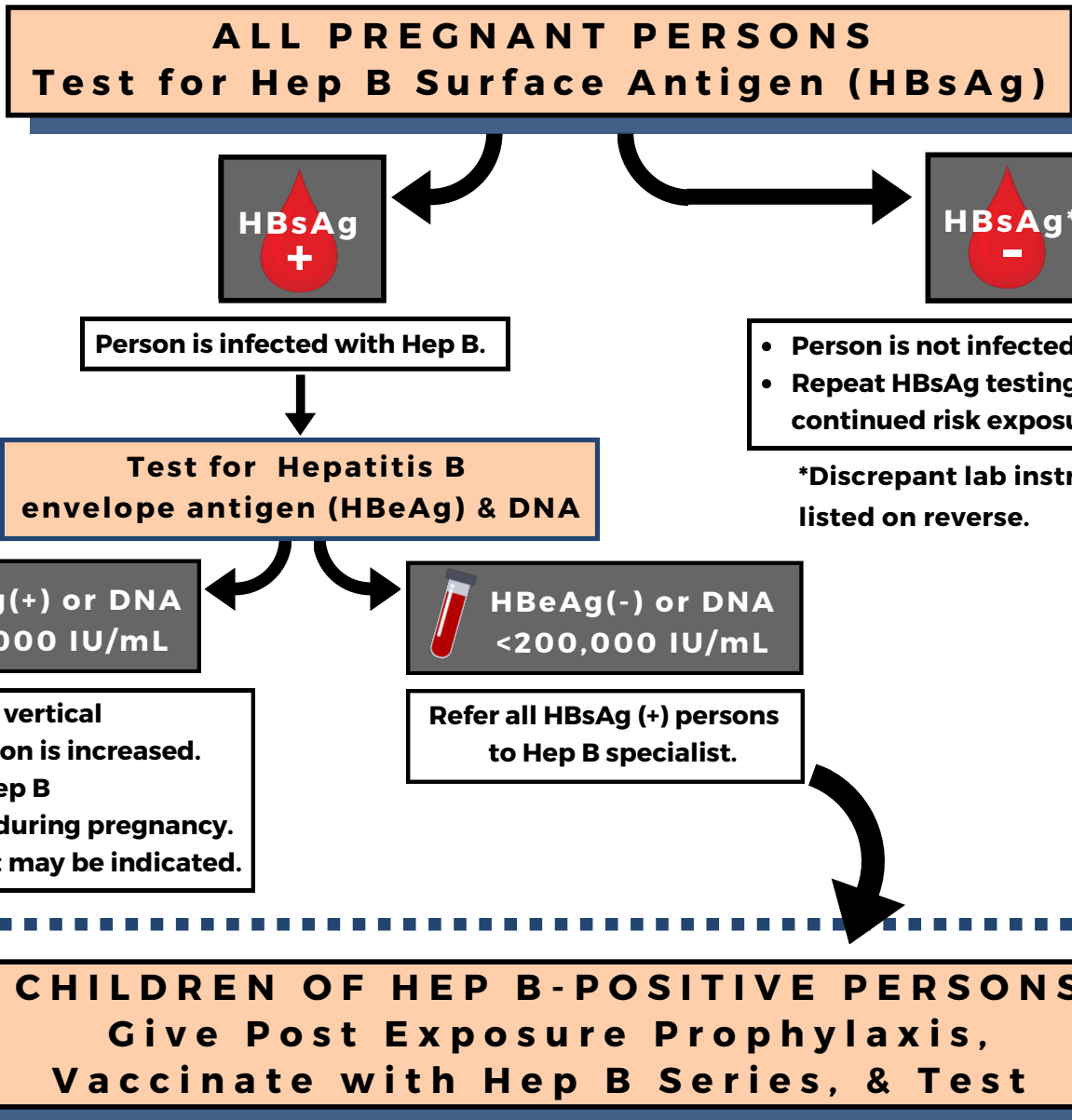
HBsAg (-) & anti-HBs (+)

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PEDIATRIC HEP B VACCINATION & TESTING RECOMMENDATIONS	
ACTION	AGE OF CHILD
① Administer HBIG and birth dose of vaccine	At Birth within 12 hrs
② If Vaccinating with Hep B-containing combo doses (Pediatrix or Vaxelis) OR If Vaccinating with single antigen dose check birth weight	2, 4, & 6 mths ----- If born > 2,000 g, 1-2 & 6 mths If born < 2,000 g, 1, 2-3, & 6 mths
③ Test for HBsAg and anti-Hbs	9-12 mths