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**Introduction**

May is Hepatitis Awareness Month. This is our annual edition of Epi News that highlights the importance of screening patients for hepatitis, especially pregnant women to prevent perinatal transmission of the infection. WCHD’s Perinatal Hepatitis B Prevention Program (PHBPP) helps to coordinate with healthcare providers and birthing hospitals to prevent perinatal transmission of hepatitis B. This guidance outlines steps that can be taken to prevent mother-to-child hepatitis B virus (HBV) transmission in the event of COVID-19-related disruptions in routine preventive services before, during, and after labor and delivery.<sup>1,2</sup>

**Hepatitis B Testing for Pregnant Women**

All pregnant women should be tested routinely for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated or tested (see Table 1 and Figure 1 *CDC Testing for HBV Infection During Pregnancy Flowchart* on page 2).<sup>1</sup> **This does not replace a provider’s duty to report a positive HBsAg woman to the health authority.**

**Table 1. Three laboratories widely used in Washoe County offer prenatal panels.**

<b>ARUP Laboratories</b>	Panel-Prenatal Reflexive Panel (Test Code-0095044)
	Standalone-HBV Surface Antigen with Reflex to Confirmation, Perinatal (Test Code-2007573)
<b>LabCorp</b>	Panel-Prenatal Profile I with Hepatitis B Surface Antigen (Test Code-202945)
	Panel-Hepatitis Profile XIII (HBV Prenatal Profile) (Test Code 265397)
<b>Quest Diagnostics</b>	Obstetric Panel (Test Code-20210)

**Preparing for Delivery**

During the COVID-19 pandemic, providers must ensure that HBsAg-positive pregnant women are able to advocate for the proper care of their HBV-exposed infants in case labor and delivery occurs at an unplanned facility or is attended by staff that are not knowledgeable about managing HBV-

exposed infants (e.g., providing education and supplying documentation to HBsAg-positive pregnant women).<sup>2</sup>

**Labor and Delivery Care**

The following groups should be tested at the time of admission to the hospital for delivery:

- Women who were not screened prenatally.
- Women who engage in behaviors that put them at high risk for infection.
- Women with clinical hepatitis.

For those women who are identified as positive for hepatitis B, post-exposure prophylaxis (PEP) can be provided to the baby within 12 hours of birth to prevent disease transmission. Only 1% of infants receiving PEP develop hepatitis B, decreasing the incidence of liver cancer or cirrhosis. During the COVID-19 pandemic, it is recommended to:<sup>2</sup>

- Identify HBsAg status of all women presenting for delivery.
- If a woman’s **HBsAg status is positive**, HBIG and single antigen hepatitis B vaccine should be administered to her infant within 12 hours of birth.
- If a woman’s **HBsAg status is unknown**, single antigen hepatitis B vaccine should be administered to her infant within 12 hours of birth. Administration of HBIG should be determined per ACIP recommendations.<sup>1</sup>
- Provide the birth dose of hepatitis B vaccine to all other newborns within 24 hours of birth to prevent horizontal hepatitis B virus transmission from household or other close contacts.

See Figure 2 & 3 *CDC Procedures to Prevent Perinatal Hepatitis B Virus Transmission at Delivery* on page 3.

**Pediatric Care of HBV-Exposed Infants**

After delivery, the PHBPP works with the mother and infant’s immunization provider to make sure the infant receives all of their recommended hepatitis B vaccinations. Post-vaccination testing is completed to ensure PEP and vaccinations were effective in protecting against disease transmission and that the

infant developed immunity to hepatitis B. Testing is performed at 9-12 months of age or 1-2 months after their last dose of hepatitis B vaccine if the routine schedule was not followed. During the COVID-19 pandemic, it is recommended to:<sup>2</sup>

- Make every effort to ensure HBV-exposed infants complete the hepatitis B vaccine series following ACIP recommendations.<sup>1</sup> Providers using single-component vaccine who are experiencing immunization service disruption should administer hepatitis B vaccine as close to the recommended intervals as possible, including series completion at 6 months, and follow ACIP recommendations for post-vaccination serologic testing.
- If post-vaccination serologic testing is delayed beyond 6 months after the hepatitis B series is completed, the provider should consider administering a “booster” dose of single antigen hepatitis B vaccine and then ordering post-vaccination serologic testing (HBsAg & antibody to HBsAg [anti-HBs]) 1-2 months after the “booster” dose.

<sup>1</sup> Schillie, S, Vellozzie, C, Reingold, A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 2018; 67(1):1-31. DOI: <https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>

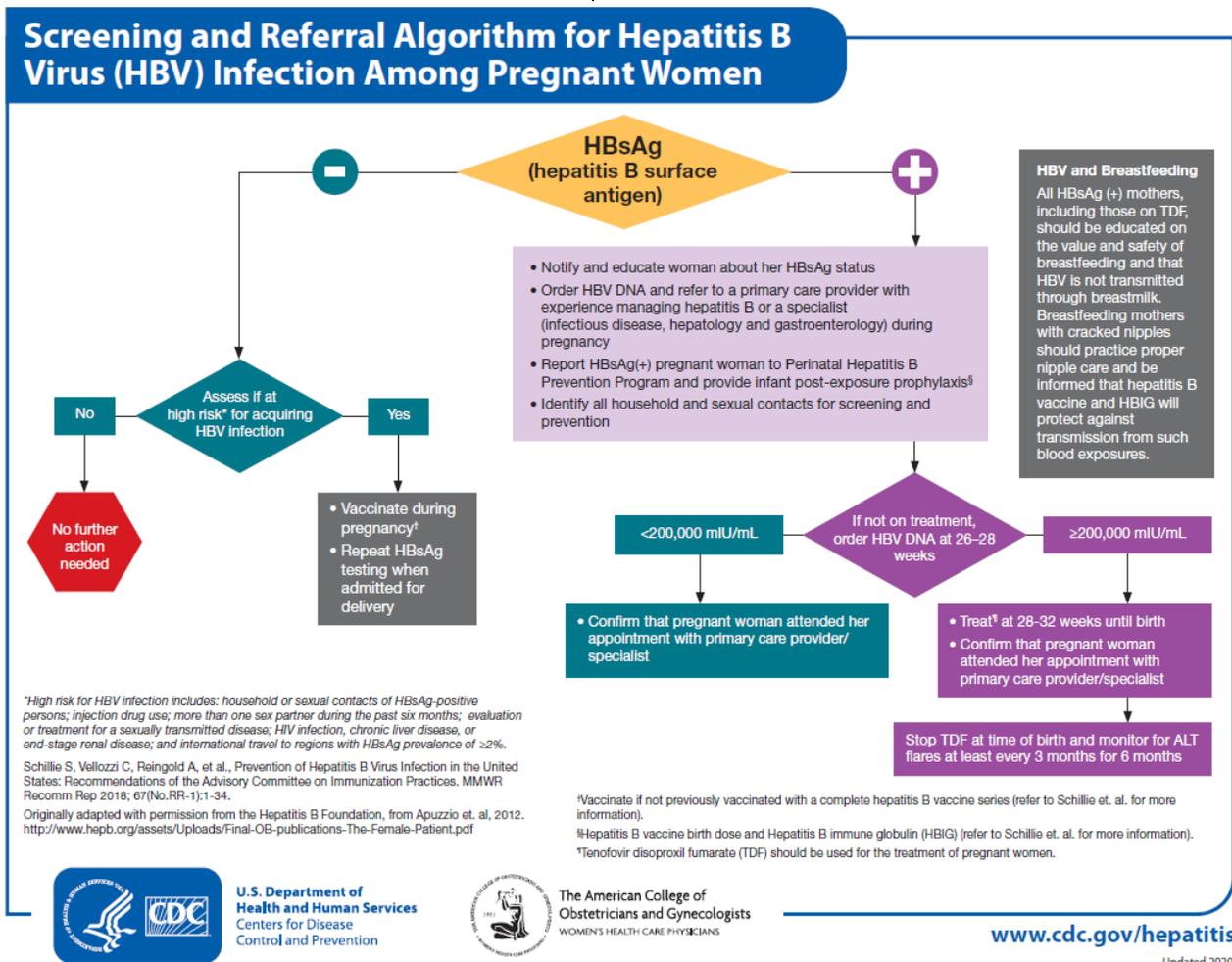
## Duty of Healthcare Provider to Report Per Nevada Administrative Code (NAC) 441A.570 and 441A.230:

1. To ensure exposed infants receive timely PEP, all HBsAg-positive pregnant women must be reported to the Communicable Disease Program prior to delivery.
2. If a pediatrician is aware of a child who may have a perinatal HBV-exposure, that provider should also report to WCHD such case to ensure the Hepatitis B positive mother has been reported to WCHD and also ensure WCHD’s PHBPP is aware of the exposed child.

**If a provider orders hepatitis B testing for females of childbearing age (10-55 years old), he or she should also collect pregnancy status.** If that female is HBsAg-positive, pregnancy status should then be reported to the WCHD along with their HBsAg-positive report.

**WCHD’s confidential fax for reporting is (775) 328-3764.**

<sup>2</sup> Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

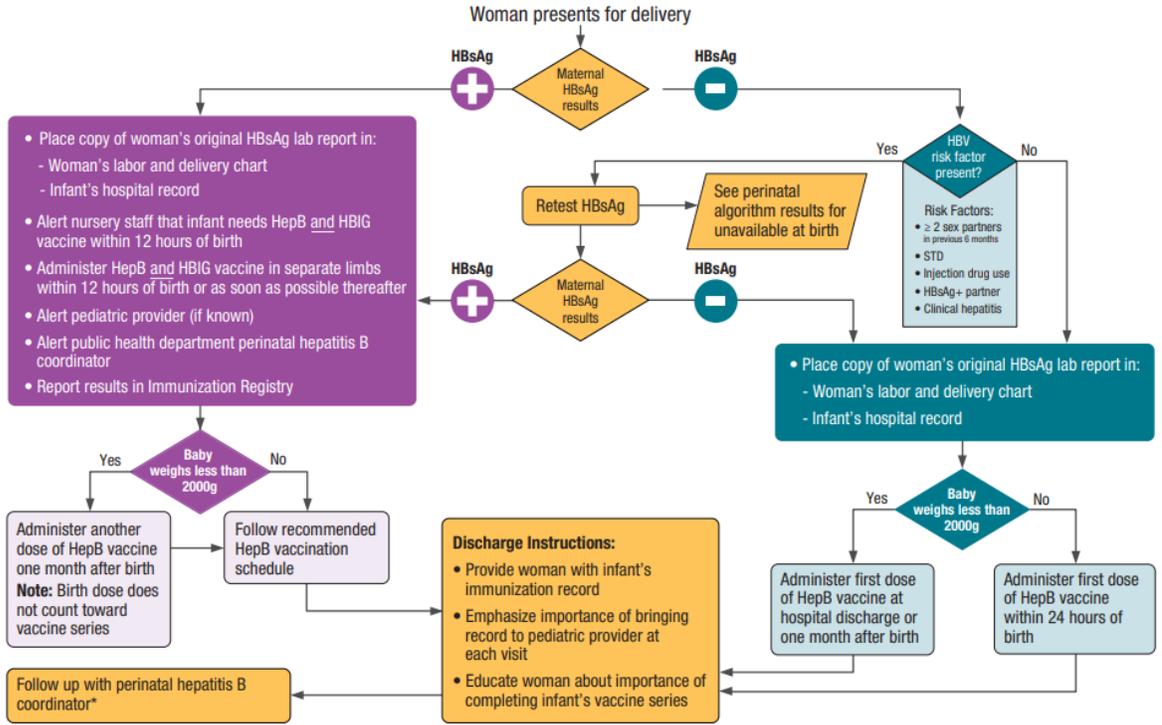


## Procedures to Prevent Perinatal Hepatitis B Virus Transmission at Delivery

Maternal Surface Antigen (HBsAg) Test Results **AVAILABLE**



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



\*Perinatal Hepatitis B Prevention Program coordinator list: <https://www.cdc.gov/vaccines/vpd/hepb/hcp/perinatal-contacts.html>

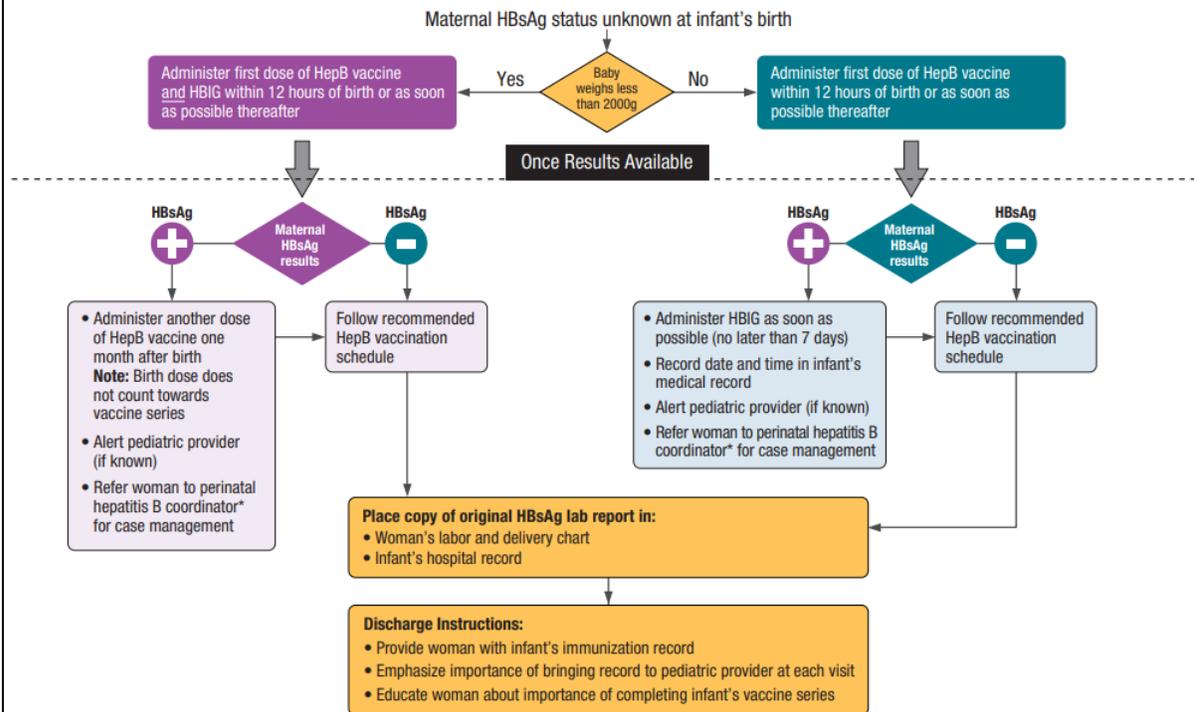
<https://www.cdc.gov/hepatitis/hbv/perinataxmtn.htm>  
Updated 2019

## Procedures to Prevent Perinatal Hepatitis B Virus Transmission at Delivery

Maternal Surface Antigen (HBsAg) Test Results **UNAVAILABLE**  
at admission or from retesting at delivery



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