

WYOMING DEPARTMENT OF HEALTH PERINATAL HEPATITIS B PREVENTION PROGRAM

MISSION

The mission of the Perinatal Hepatitis B Prevention Program is to increase identification and case management of hepatitis B surface antigen (HBsAg) positive women, their infants, and sexual and household contacts.

PURPOSE

The purpose of the Perinatal Hepatitis B Prevention Program is to prevent transmission of the hepatitis B virus (HBV) from infected mothers to their infants.

BACKGROUND

The Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) recommend identification of women who are HBsAg-positive through screening and prophylaxis of their newborns. According to the ACIP, proper prophylaxis and completion of the Hepatitis B vaccine series can reduce neonatal infection and potential sequelae by up to 95%. W.S. § 35-4-132 mandates that all HBsAg positive test results be reported to the Wyoming Department of Health, Viral Hepatitis Program.

GOALS

<p>Prenatal Health Care Providers: All pregnant women are screened for HBsAg during each pregnancy.</p> <p>All HBsAg test results are recorded in the pregnant woman's medical record and a copy of the original lab report is sent to the delivery hospital prior to delivery.</p> <p>All positive HBsAg test results are reported to the State Health Department.</p>	<p>Delivery Hospitals: Ensure that the HBsAg test result for every woman admitted for delivery is recorded in both the maternal and infant medical records.</p> <p>Perform a STAT HBsAg test on any woman whose test result is not available upon time of admission.</p> <p>All positive HBsAg test results are reported to the State Health Department.</p> <p>Administer HBIG and first dose of hepatitis B vaccine to infants of HBsAg-positive women within 12 hours of birth.</p>	<p>Labs: Report all STAT HBsAg test results to requesting health care provider or delivery hospital as soon as possible.</p> <p>All positive test results are reported to State Health Department within 24 hours.</p>	<p>Pediatricians & Family Physicians: Ensure that follow up doses of hepatitis B vaccine are administered at recommended intervals.</p> <p>Ensure that post-vaccination serological testing is ordered for all infants born to HBsAg-positive women.</p>	<p>State Health Department: <i>(Perinatal Hepatitis B Program in conjunction with the Viral Hepatitis Program)</i></p> <p>Oversee case management of HBsAg-positive pregnant women and their infants.</p> <p>Provide education to providers, delivery hospitals and labs pertaining to perinatal hepatitis B prevention.</p>
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KEY POINTS FOR PERINATAL HEPATITIS B PREVENTION

The following key points are taken from the most current recommendations of the Advisory Committee on Immunization Practices (ACIP), published on December 23, 2005 and the W.S. § 35-4-132.

Maternal hepatitis B surface antigen (HBsAg) testing:

- All pregnant women should be tested for HBsAg during each pregnancy.
- All women who are in a high-risk category should be re-tested at the time of admission to the delivery hospital.

Reporting and tracking HBsAg-positive women:

- All HBsAg-positive pregnant women should be reported to local or state perinatal hepatitis B prevention programs and their infants and any household, sexual and needle sharing contacts should be entered into case-management tracking systems.
- W. S. § 35-4-132 mandates reporting of positive HBsAg results.

Vaccination of infants at birth

If mother is HBsAg-positive:

- Infants born to mothers who are HBsAg- positive should receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth.
- For preterm infants weighing less than 2,000 grams, the initial dose of vaccine should not count toward the three dose vaccine series.

If mother has unknown HBsAg status:

- Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth.
- The mother should have blood drawn as soon as possible to determine her HBsAg status.
- If the mother is found to be HBsAg-positive the infant should receive HBIG as soon as possible, but no later than seven days after birth.
- Because of the potentially decreased immunogenicity of vaccine in preterm infants weighing less than 2,000 grams, these infants should receive both hepatitis B vaccine and HBIG if the mother's HBsAg status cannot be determined \leq 12 hours of birth.

If mother is HBsAg-negative:

- All delivery hospitals should implement standing orders for administration of hepatitis B vaccine as part of routine medical care of all medically stable infants weighing over 2,000 grams.
- Only in rare circumstances, and on a case-by-case basis, should the first dose be delayed until after hospital discharge.
- Preterm infants weighing less than 2,000 grams should receive the first dose of vaccine 1 month after birth or at hospital discharge.

Follow up vaccine doses and post-vaccination serology:

- All infants should complete the vaccine series with either single-antigen vaccine or combination vaccine, according to the recommended vaccination schedule.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of the vaccine series, at 9-18 months of age.

Monitor and evaluate program effectiveness:

- Delivery hospital site visits are routinely conducted to evaluate program effectiveness and ensure hospital and provider compliance with perinatal hepatitis B recommendations.