

Health Notification

Perinatal Hepatitis B Reporting Updates and Prevention-Related Reminders August 23, 2017

Each year, an average of 170 infants in Philadelphia are born to hepatitis B virus (HBV) infected women. Without medical intervention, 40% of perinatally exposed infants will develop HBV infection, which often results in chronic HBV that can cause liver failure and hepatocellular carcinoma later in life. Appropriate post-exposure prophylaxis with HBV vaccine and hepatitis B immunoglobulin (HBIG) at birth decreases the risk of transmission to <1%. The Philadelphia Department of Public Health (PDPH) is providing this notification for healthcare providers regarding reporting regulation changes and reminders for perinatal HBV transmission prevention activities.

As of July 2017, the Philadelphia Board of Health amended the Communicable Disease Reporting regulations to require that the following conditions or events be reported:

- All pregnant (or recently delivered) women with HBV
- HBIG administrations to infants born to HBV infected women
- All positive HBV laboratory test results: hepatitis B surface antigen (HBsAg), hepatitis B e-antigen (HBeAg), HBV DNA, and HBV Genotype
- Negative test results: HBV DNA, HBV Genotype, and HBeAg

Please contact the Perinatal HBV Prevention Program (215-685-6453 or 215-685-6853) to report perinatal HBV-related information

SUMMARY POINTS

- In Philadelphia, an average of 170 infants each year are at risk of perinatal transmission of hepatitis B virus (HBV).
- The Perinatal HBV Prevention Program works with mothers, prenatal and pediatric providers to reduce transmission and identify perinatal infections
- Pregnancy of a woman with HBV infection is required to be reported to PDPH
- HBIG administration to infants born to women with HBV infection should be reported to PDPH

Perinatal HBV Prevention Reminders: The Perinatal Hepatitis B Prevention Program at PDPH works with mothers and healthcare providers to ensure that all steps are taken to reduce perinatal transmission of HBV in Philadelphia by:

- **Identifying HBV (+) Pregnant Women**
All pregnant women, regardless of HBV-associated risk factors, should be tested for Hepatitis B surface Antigen (HBsAg) prior to delivery for each pregnancy. All pregnancies of HBV-positive women should be reported to PDPH.
- **Providing Necessary Care for HBV (+) Pregnant Women**
 - **Hepatitis B e-antigen (HBeAg) and HBV DNA Testing.** Prenatal care providers should test all HBV-positive pregnant women for HBeAg and HBV DNA levels, markers of increased transmission risk.
 - **Chronic Hepatitis B Care.** All HBsAg-positive women should be linked to a specialist for chronic HBV care. In particular, women who test HBeAg-positive or have elevated HBV DNA (>200,000 IU/ml) should be referred immediately to a specialist for treatment assessment in the third trimester, which reduces the elevated risk of these women for HBV transmission to infant.
- **Ensuring Receipt of Post-exposure Prophylaxis and Post Vaccination Serologic Testing**
 - **HBIG and HBV Vaccine Birth Dose.** HBIG and HBV vaccine should be given *within 12 hours of birth* to infants born to HBV-positive women and infants <2,000 g. born to women of unknown HBV status.
 - **HBV Vaccine Series.** Three doses should be administered to all infants, at birth, 1 month, and 6 months of age. Infants <2,000 g. should receive HBV vaccine at birth, 1, 2-3, & 6 months of age.
 - **Post Vaccination Serologic Testing.** Infants born to HBV-positive women should be tested between 9-12 months of age for both HBsAg and antibody to HBV surface antigen (anti-HBs). Both tests are necessary to assess the infant's HBV infection status and immunity.

Education Opportunities: If your practice is interested in in-house training services or paper educational materials regarding perinatal HBV, please email Deborah Hinds at Deborah.Hinds@Phila.gov.