

PERINATAL HEPATITIS B

A Guide for Prenatal Care and Pediatric Providers



The Washington Department of Health's Perinatal Hepatitis B Prevention Program (PHBPP) follows all Hepatitis B (HBV)-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.

Fast Facts

6,831 infants were born to HBV (+) persons in the US in 2022.

90% of infants born to HBV(+) persons become infected if PEP is not administered.

~210 people are HBV(+) and pregnant each year in Washington.

<1% is the rate of vertical transmission in the United States with PEP being administered.

ALL PREGNANT PERSONS SHOULD BE TESTED:

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

PRENATAL CARE PROVIDERS

If pregnant person is HBsAg (+)

- Test for HBV DNA and HBV 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!
- HBV treatment may be indicated during the third trimester of pregnancy.
- Immediately refer to a HBV 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 HVB (+) persons

- 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 months OR For single antigen vaccine
- Born \geq 2,000 g. 2 doses at 1-2 & 6 months
- Born < 2,000 g. 3 doses at 1, 2-3, & 6 months

Conduct Post- Vaccination Testing

- At 9-12 months (or 1-2 months after final dose if series delayed) test for HBsAg to identify infection and anti-HBs (HBV surface antibody) to confirm HBV immunity
- If HBsAg (+) refer to pediatric specialist
- If anti-HBs (-) give another dose of hep B vaccine & retest 30-45 days after

INFANT HBV TESTING GUIDE

HBV Positive → Report to PHBPP

Still Susceptible → Revaccinate

Immune → No Action Needed

HBsAg (+) & anti-HBs (-)

HBsAg (-) & anti-HBs (-)

HBsAg (-) & anti-HBs (+)

ALL PREGNANT PERSONS Test for HBV Surface Antigen (HBsAg)

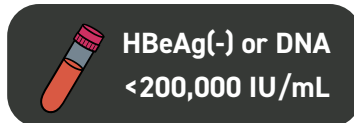
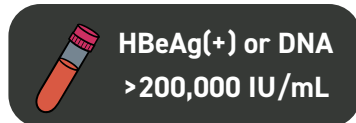


Person is infected with HBV.

- Person is not infected with HBV.
- Repeat HBsAg testing if there is continued risk exposure.

*Discrepant lab instructions listed on reverse.

Test for hepatitis B
envelope antigen (HBeAg) & DNA



- The risk of vertical transmission is increased.
- Refer to HBV specialist during pregnancy.
- Treatment may be indicated.

Refer all HBsAg(+) persons to HBV specialist.

CHILDREN OF HBV-POSITIVE PERSONS
Give Post Exposure Prophylaxis,
Vaccinate with HEP B Series, & Test

PEDIATRIC HEP B VACCINATION & TESTING RECOMMENDATIONS

ACTION		AGE OF CHILD
1.	Administer HBIG and birth dose of vaccine	At Birth within 12hrs
2.	If Vaccinating with hep B-containing combo doses (Pedarix or Vaxelis) OR If Vaccinating with single antigen dose check birth weight	2, 4, & 6 months If born ≥2,000g, 1-2 & 6 months If born <2,000g, 1, 2-3, & 6 months
3.	Test for HBsAg and anti-Hbs	9-12mths

For more information, visit: www.doh.wa.gov/phbpp