

APPENDIX B. CONDUCTING LABORATORY EVALUATIONS

Criteria for Evaluation of Laboratory Reporting of Hepatitis Serology

One of the major ways for the perinatal hepatitis B prevention program to identify pregnant women with chronic hepatitis B virus infection is from laboratory reports. It is important to determine whether providers and laboratories are reporting all infected pregnant women to the perinatal program or health department. Despite state regulations or statutes for reporting, providers and laboratories might not report as required, and some laboratories might not report at all.

The following guidance is designed to assist perinatal coordinators in conducting laboratory evaluations to determine whether laboratories are reporting as required. This tool was developed to evaluate reporting positive hepatitis B surface antigen (HBsAg) serology on all persons, not just on pregnant women. The perinatal hepatitis B coordinator can focus this evaluation to HBsAg reports on pregnant women if desired. The perinatal hepatitis B coordinator might not wish to undertake the laboratory evaluation in isolation but collaborate with the communicable disease program in the state or county, who might conduct laboratory evaluations of reportable conditions on a regular basis.

Whatever the mechanism for evaluation, the perinatal program should ensure that laboratory reporting of hepatitis serology is evaluated regularly. Priority laboratories for evaluation are those that serve high morbidity areas or populations, and those that report (or should report) a large volume of hepatitis serology. Other laboratories that should be prioritized are those that perform testing specifically on pregnant women and women with unknown HBsAg status who present at time of delivery (e.g., laboratories serving prenatal clinics and hospitals with obstetrics services). Priority laboratories should be visited and evaluated at least annually. Other laboratories may be evaluated every two or three years.

During the laboratory evaluation, the following surveillance attributes should be assessed:

1. **Completeness**

All laboratories are required to submit reports of positive serology for HBsAg to state or local health departments. Perinatal hepatitis B prevention programs should ensure that a minimum of 95% of reports of positive HBsAg in pregnant women are submitted by laboratories and received by the health department.

2. **Timeliness**

State statutes specify the time period within which positive HBsAg serology must be reported from laboratories to the health department. Perinatal hepatitis B prevention programs should ensure that the time period between laboratory processing of the positive HBsAg and health department notification of the results of serology does not exceed the time specified by statute.