

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 (HBV) infection is from laboratory reports. It is important to determine whether providers and laboratories are reporting all HBV-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 hepatitis B prevention coordinators in conducting a laboratory evaluation to determine whether laboratories are reporting as required. This tool was developed to evaluate reporting of positive hepatitis B surface antigen (HBsAg) serology for all persons, not just pregnant women. The perinatal hepatitis B prevention coordinator can focus this evaluation on HBsAg reports from pregnant women if desired. The coordinator might not wish to undertake the laboratory evaluation in isolation but rather to collaborate with the communicable disease program in the state or county, which might conduct regular laboratory evaluations of reportable conditions.

Whatever the mechanism for evaluation, the perinatal hepatitis B prevention program should ensure that laboratory reporting of hepatitis serology is evaluated on a regular basis. Priority laboratories for evaluation are those that serve high prevalence areas or populations, and those that 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 (i.e., laboratories serving prenatal clinics and hospitals with obstetric services). Priority laboratories should be visited and evaluated annually at minimum. Other laboratories may be evaluated every two or three years.

A laboratory evaluation form and worksheet have been developed by the Division of Viral Hepatitis. These are available for use by perinatal hepatitis B prevention programs or other programs desiring specific guidelines for hepatitis B laboratory evaluation.

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 ascertainment of the positive HBsAg result and health department notification of the result does not exceed the specified time.