



Components of Case Management Programs to Prevent Perinatal Hepatitis B Virus (HBV) Infection

Test all pregnant women for hepatitis B surface antigen (HBsAg)

- Health-care providers should test all pregnant women for HBsAg during each pregnancy.
- HBsAg testing should be incorporated into standard prenatal testing panels (e.g., blood type, HIV infection, Rh factor, rubella antibody titer, syphilis infection) used by all practitioners caring for pregnant women.
- Women who test negative for HBsAg but have risk factors (>1 sex partner in past 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection-drug use, HBsAg-positive sex partner) should be vaccinated against hepatitis B and should be retested in the third trimester.
- Delivery hospitals should ensure that all pregnant or delivering women have been tested for HBsAg before hospital discharge.
- Reporting of maternal HBsAg test status should be included on hospital-based electronic birth certificates or newborn metabolic screening results.

Report and track HBsAg-positive women

- All HBsAg-positive test results for pregnant women and women of childbearing age should be reported to state or local perinatal hepatitis B prevention programs.
- Case data for HBsAg-positive pregnant women should be entered into case management tracking systems.

Provide prenatal HBsAg testing records to delivery hospitals

- HBsAg test results should be included on all forms (hard copy and electronic) used by practitioners to record and transmit information about care during pregnancy.
- For all pregnant women, a copy of the original laboratory report of HBsAg test results should be transferred from the prenatal care provider to the delivery hospital.
- Health-care providers should document that HBsAg-positive pregnant women have received a copy of the original laboratory report, that a copy of the original laboratory report has been transferred from the prenatal care provider to the delivery hospital, and that patients have been informed of their HBsAg test result and advised to notify delivery staff.

Identify and manage infants born to HBsAg-positive mothers

- Delivery hospitals should implement policies and procedures to ensure identification and initiation of postexposure immunization of infants born to HBsAg-positive mothers.
- Delivery hospitals should document the date and time of birth and the date and time of administration of hepatitis B immune globulin (HBIG) and hepatitis B

Source: CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part 1: immunization of infants, children, and adolescents. *MMWR* 2005 (RR-16).



vaccine for all infants born to HBsAg-positive mothers and provide this information to both the parent and the pediatrician.

Identify and manage infants born to mothers without HBsAg test results

- Delivery hospitals should implement policies and procedures to ensure identification of and initiation of postexposure vaccination of infants born to mothers with unknown HBsAg status at delivery.
- Delivery hospitals should document the date and time of birth, date and time of administration of hepatitis B vaccine, and maternal HBsAg test results for all infants born to mothers with unknown HBsAg status at time the of delivery.

Complete the hepatitis B vaccine series

- Pediatric care providers should document the dates of administration of all doses of the hepatitis B vaccine series for all infants born to HBsAg-positive mothers.

Complete post-vaccination testing

- Pediatric care providers should document the results of testing for HBsAg and anti-HBs after completion of the hepatitis B vaccine series for all infants born to HBsAg-positive mothers.
- HBsAg-positive test results in infants should be reported to CDC via the National Notifiable Diseases Surveillance System.

Monitor and evaluate the case management program

- Annually, each program should track
 - the number of HBsAg-positive pregnant women
 - the number of infants born to HBsAg-positive pregnant women
 - the proportion of infants born to HBsAg-positive mothers receiving postexposure immunoprophylaxis within 12 hours of birth, on-time completion of the vaccination series, and post-vaccination serologic testing for HBsAg and anti-HBs
 - the number of delivering mothers with unknown HBsAg status
 - the proportion of infants born to mothers with unknown HBsAg status receiving hepatitis B vaccine within 12 hours of birth
- Programs should determine reasons for
 - >10% difference between expected and identified number of HBsAg-positive pregnant women
 - <90% completion rates for administration of HBIG and hepatitis B vaccine within 12 hours of birth, on-time completion of the vaccination series, and post-vaccination testing for infants born to HBsAg-positive mothers
 - <90% completion rates for administration of hepatitis B vaccine within 12 hours of birth for infants born to mothers with unknown HBsAg status

Source: CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part 1: immunization of infants, children, and adolescents. *MMWR* 2005 (RR-16).