

Summit County Health District
Perinatal Hepatitis B Prevention Program

Prenatal Hepatitis B Surface Antigen (HBsAg) Screening

1. Prenatal Provider Responsibilities:		2. Local Health Department Responsibilities	3. Birthing Hospital Responsibilities
<p>HBsAg Screening Result = NEGATIVE</p> <p>NO FURTHER ACTION, <i>unless</i>:</p> <ol style="list-style-type: none"> <i>Prior to Delivery</i>, do you suspect high risk behaviors, such as: <ul style="list-style-type: none"> ✓ IV drug use? ✓ Multiple sex partners? ✓ Known exposure to Hepatitis B If YES, <i>repeat</i> HBsAg testing If result is NEGATIVE, no further action is needed. Ensure newborn is vaccinated with HBV <i>prior</i> to discharge. If result is POSITIVE, proceed to next column. 	<p>HBsAg Screening Result = POSITIVE</p> <ol style="list-style-type: none"> REPORT to Summit County Communicable Disease Registry (CCDR) @ 330-375-2662 EDUCATE patient on <ul style="list-style-type: none"> ✓ implications of positive HBsAg to patient and to infants ✓ Importance of timely completion of HBV series ✓ Importance of medical follow-up and good health habits REFER to primary care physician for further medical evaluation, testing, and counseling NOTIFY birthing hospital; ensure record is flagged for high risk infant 	<ol style="list-style-type: none"> BEGIN CASE MANAGEMENT PROCESS as defined by Ohio Department of Health (ODH) Perinatal Hepatitis B Prevention Program (PHBPP) NOTIFY Ohio Department of Health (ODH) of pregnancy, EDC, and birthing hospital SEND ADVANCE NOTICE to birthing hospital for HBIG reimbursement after birth and initiation of case management of infant (<i>ODH PHBPP representative sends notice to birthing hospital upon case identification</i>) IDENTIFY household and sexual contacts for testing and vaccination, as indicated PROVIDE CASE MANAGEMENT of infant to ensure completion of HBV series and post vaccine serology, indicating immunity or disease. 	<ol style="list-style-type: none"> ADMINISTER HBIG AND HBV to newborn within 12 hours of delivery COMPLETE AND FAX "<i>Perinatal Hepatitis B Prevention Program Hospital Report</i>" form to ODH @ 614-728-4279 ENSURE infant record has documentation indicating infant's high risk HBV status and the pediatric care provider is aware

At Delivery ~ *UNKNOWN* HBsAg Result

<p>Birth Hospital Responsibilities:</p>	<p>FAQ:</p>
<p>At delivery, if HBsAg status <i>UNKNOWN</i>:</p> <ol style="list-style-type: none"> 1. DRAW HBsAg screening lab 2. NOTIFY NURSERY of mother's unknown hepatitis B status 3. GIVE HBIG and HBV to newborn, within 12 hours of birth, if lab results are pending 4. DOCUMENT date and time of administration 5. COMPLETE and FAX "<i>Perinatal Hepatitis B Prevention Program Hospital Report</i>" form to ODH @ 614-728-4279 for HBIG reimbursement 	<p>"Unknown" is defined as a mother without an available, documented HBsAg prenatal screening result, at the time of delivery</p> <p>"Approximately 24,000 women with chronic HBV infection give birth in the U.S. each year, and many do not know they are infected." (IAC, 2009)</p> <p>"Infants infected at birth have a greater than 90% chance of becoming chronically infected with HBV. Chronic HBV infection in infants leads to liver cancer, cirrhosis, and liver failure in 25% of these infants when they become adults" (IAC, 2009)</p>
<ol style="list-style-type: none"> 6. If HBsAg lab result is NEGATIVE, no further action is needed. 7. If HBsAg lab result is POSITIVE, <ul style="list-style-type: none"> ✓ REPORT results to Summit County Communicable Disease Registry (CCDR) @ 330-375-2662 ✓ NOTIFY pediatrician ✓ SEE "Local Health Department Responsibilities", on page one. 	<p>Additional Resource Information:</p> <p>Summit County Perinatal Hepatitis B Prevention Program (PHBPP) 330-926-5736</p> <p>www.cdc.gov (Centers for Disease Control and Prevention)</p> <p>www.odh.ohio.gov (Ohio Department of Health)</p> <p>www.immunize.org (Immunization Action Coalition)</p>