



# Preventing Perinatal Hepatitis B

## *Guidelines for Prenatal Care Providers*

Timely postexposure prophylaxis (PEP) of the infants of hepatitis B-infected women is very effective in preventing perinatal hepatitis B virus (HBV) transmission. When a mother is infected with hepatitis B, her infant must be given hepatitis B immunoglobulin (HBIG) and hepatitis B vaccine within 12 hours of birth per the recommendations of the Advisory Committee on Immunization Practices (ACIP)<sup>1</sup>.

However, even infants who have received appropriate PEP can become infected, typically when the mother has a high HBV viral load during pregnancy. To ensure that HBV-infected pregnant women with high viral loads are identified, ACIP and the American Congress of Obstetricians and Gynecologists (ACOG) recommend HBV DNA screening of all HBV-infected pregnant women and referral of women with HBV DNA >20,000 IU/mL to a specialist during pregnancy for further evaluation. The American Association for the Study of Liver Disease (AASLD) now recommends antiviral therapy for pregnant women with HBV DNA levels >200,000 IU/mL.<sup>1</sup>

For more information, see Figure on page 2, the latest [ACIP Recommendations](#)<sup>1</sup>, or the [ACOG website](#): <http://www.acog.org/About-ACOG/ACOG-Departments/ACOG-Rounds/September-2015/HBsAg>

### TEST PREGNANT WOMEN

- **Providers are mandated to test pregnant women for hepatitis B surface antigen (HBsAg)** (California Health and Safety Code, Section 125085). The HBsAg test should be ordered at an early prenatal visit with every pregnancy. The recommended prenatal panel and standalone HBV test codes appear in the Table on page 3.
- **Re-test an HBsAg-negative woman before delivery** if she has clinical hepatitis or if she was at risk for hepatitis B exposure during pregnancy. Risk factors include recent intravenous drug use, an HBsAg-positive sex partner, more than one sex partner in the past 6 months, or recent treatment for an STD.
- **Test all HBsAg-positive pregnant women for HBV DNA** (viral load). HBV DNA  $\geq 20,000$  IU/mL is associated with an increased risk of perinatal transmission of hepatitis B virus.
- **Refer all HBsAg-positive pregnant women with high viral loads (>20,000 IU/ml)** to a specialist for evaluation and possible antiviral treatment.

### DISCREPANT HBsAg LABORATORY TESTING RESULTS

- Occasionally, prenatal care providers receive unexpected HBsAg-positive test results for pregnant women who do not have known risk factors for hepatitis B infection or may have two sets of results with discrepant HBsAg findings. In these cases, CDPH recommends total anti-HBc, IgM anti-HBc and HBV DNA testing in addition to a repeat HBsAg test. If the mother's status remains unclear at the time of the birth, the healthcare provider should consider providing PEP to the infant. Please feel free to contact the CDPH Immunization Branch at 510-620-3737 with any questions about hepatitis B testing.

### REPORT HEPATITIS B CASES

- **Laboratories and medical providers are mandated to report positive HBsAg results** to the local health department of the patient (California Code of Regulations, Section 125085, and Title 17, Section 2500 [b]).
- **Submit a copy of the laboratory report** documenting the woman's HBsAg status to the birth hospital. Notation of the woman's HBsAg status on the prenatal record is not sufficient because laboratory test results can be misinterpreted and because transcription errors can occur.

<sup>1</sup>Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: <http://dx.doi.org/10.15585/mmwr.rr6701a1>

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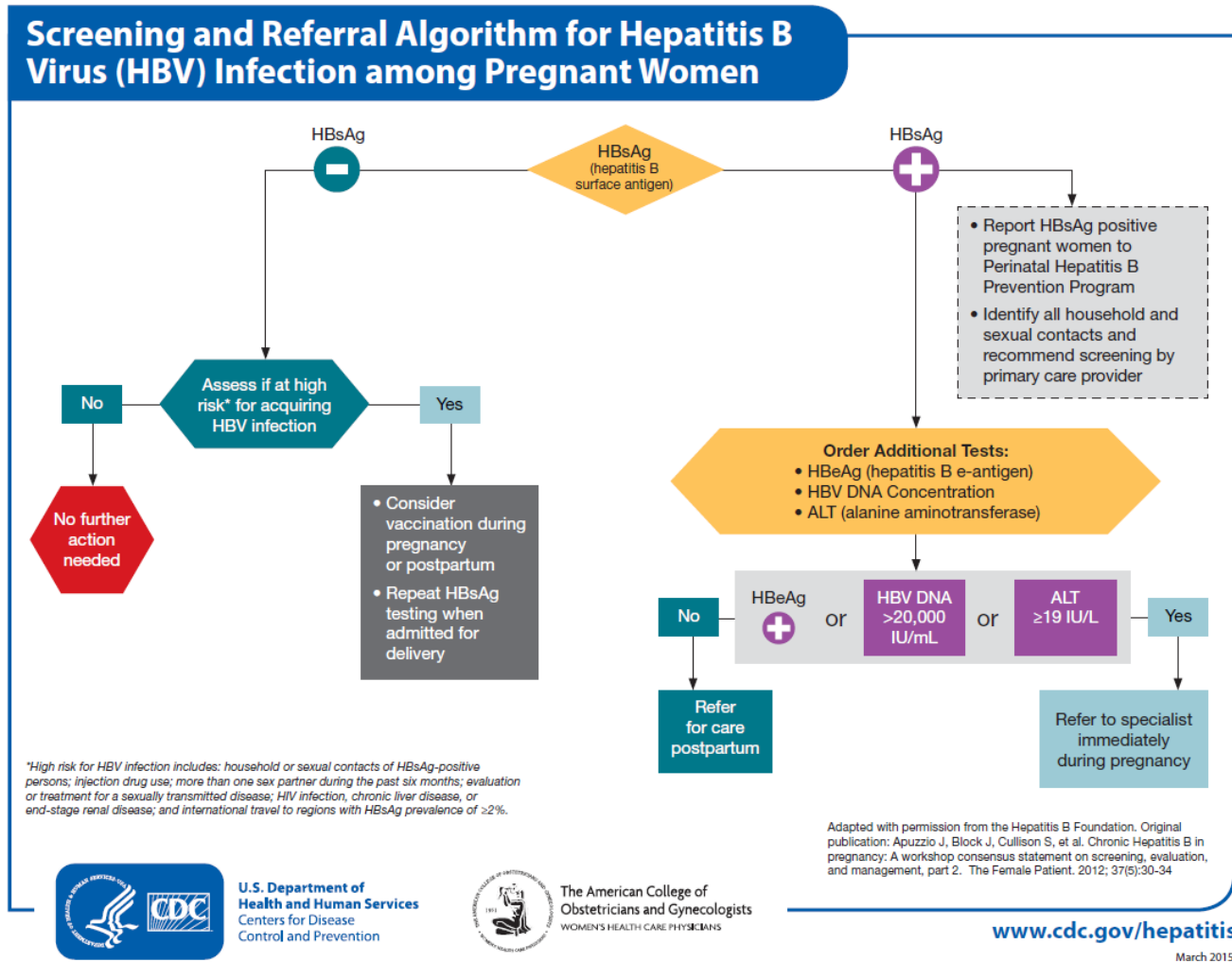
### VACCINATE

- **Vaccinate** pregnant women who are at risk for hepatitis B infection if they are HBsAg-negative and are not immune (anti-HBs negative).

### INFORM AND REFER

- **Inform** HBsAg-positive women of the importance of **postexposure prophylaxis** and **postvaccination serologic testing** for their infants, and that **breastfeeding** is safe if their infant receives HBIG and hepatitis B vaccine at birth.
- **Refer** HBsAg-positive pregnant women to a specialist for **medical management and counseling** even if her HBV DNA  $\leq 20,000$  IU/mL if she is not already receiving such care.

Figure.





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## Guidelines for Prenatal Care Providers

Table.

Screening Pregnant Women for Hepatitis B Virus (HBV) Infection: Ordering Prenatal Hepatitis B Surface Antigen (HBsAg) Tests from Major Commercial Laboratories						
Laboratory	Test Option	Test Name	Reflex to Confirmation Test*	Test Code/ID	CPT Code	Web Link
ARUP Laboratories	Panel	Prenatal Reflexive Panel	✓	0095044	87340**	<a href="http://ltd.aruplab.com/Tests/Pub/0095044">http://ltd.aruplab.com/Tests/Pub/0095044</a>
	Standalone	Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal	✓	2007573	87340	<a href="http://ltd.aruplab.com/Tests/Pub/2007573">http://ltd.aruplab.com/Tests/Pub/2007573</a>
LabCorp	Panel	Prenatal Profile I with Hepatitis B Surface Antigen	✓	202945	80055	<a href="https://www.labcorp.com/wps/portal/provider/testmenu/">https://www.labcorp.com/wps/portal/provider/testmenu/</a> (Enter test code or CPT code to search for test)
	Panel	Hepatitis Profile XIII (HBV Prenatal Profile)	✓	265397	87340**	<a href="https://www.labcorp.com/wps/portal/provider/testmenu/">https://www.labcorp.com/wps/portal/provider/testmenu/</a> (Enter test code or CPT code to search for test)
	Standalone	N/A	N/A	N/A	N/A	
Mayo Medical Laboratories	Panel	Prenatal Hepatitis Evaluation	✓	PHSP	87340**	<a href="http://www.mayomedicallaboratories.com/test-catalog/Overview/5566">http://www.mayomedicallaboratories.com/test-catalog/Overview/5566</a>
	Standalone	Hepatitis B Surface Antigen Prenatal, Serum	✓	HBAGP	87340	<a href="http://www.mayomedicallaboratories.com/test-catalog/Overview/86185">http://www.mayomedicallaboratories.com/test-catalog/Overview/86185</a>
Quest Diagnostics	Panel	Obstetric Panel	✓	20210	80055	<a href="http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=20210&amp;labCode=MIA">http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=20210&amp;labCode=MIA</a>
	Standalone	N/A	N/A	N/A	N/A	

\*When an HBsAg test result is reactive, laboratories may automatically perform a confirmatory test without additional provider order.  
 \*\*This CPT code corresponds only to the HBsAg screening component of this laboratory panel; additional CPT codes might be associated with other component tests in this laboratory panel.

Notes: CDC recommends healthcare providers use prenatal HBsAg tests (vs. non-specific tests) for pregnant women, which allows for reporting of positive results along with pregnancy status to public health jurisdictions. Refer all HBsAg positive pregnant women to Perinatal Hepatitis B Prevention Program coordinators for case management of mother and infant.  
<http://www.cdc.gov/vaccines/vpd-vac/hepb/perinatal-contacts.htm>.  
 Laboratories reserve the right to add, modify, or stop performing tests at any time – providers should review any test notifications from laboratories for changes.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



The American College of Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

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For additional information, go to the [CDC Perinatal Hepatitis B Prevention Program](http://www.cdc.gov/vaccines/programs/perinatal-hepb/index.html) website at <https://www.cdc.gov/vaccines/programs/perinatal-hepb/index.html> or the [CDPH Perinatal Hepatitis B Prevention Program](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Perinatal.aspx) website at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Perinatal.aspx>