

MEMORANDUM

TO: Local Health Departments, Regional Offices of the Illinois Department of Public Health, Infectious Disease Physicians, Infection Control Professionals, Birthing Hospitals and Facilities, Obstetric Care Providers, Pediatric Care Providers

FROM: Communicable Disease Control Section

DATE: February 20, 2018

SUBJECT: Updated Recommendations on the Prevention of Perinatal Hepatitis B Transmission

On January 12, 2018, the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) published a summary of existing recommendations and provided updated and new recommendations on the prevention of hepatitis B virus infection in the United States. The full report is available at: <https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf>

The purpose of this memorandum is to make providers and public health practitioners aware of this new publication and summarize the new and updated recommendations specific to the prevention of perinatal hepatitis B transmission. The new and updated recommendations for the prevention of Hepatitis B perinatal transmission are summarized below:

General Recommendations:

- For all medically stable infants weighing $\geq 2,000$ grams at birth and born to HBsAg-negative mothers, the first dose of hepatitis B vaccine should be administered within 24 hours of birth.
- Permissive language for delaying the birth dose that was previously used in the recommendations has been removed.

Identification and Management of HBV-Infected Pregnant Women:

- All hepatitis B surface antigen (HBsAg) positive pregnant women should be tested for hepatitis B DNA to guide the use of maternal antiviral therapy during pregnancy for the prevention of hepatitis B virus transmission.
 - A brief summary of the American Association for the Study of Liver Diseases (AASLD) guidelines for the use of maternal antiviral therapy to reduce perinatal Hepatitis B virus transmission is also included in the [MMWR](#).

Management of Infants Born to Women Who Are HBsAg-Positive:

- Infants born to women for whom HBsAg testing results during pregnancy are not available but have other evidence suggestive of maternal hepatitis B virus infection (presence of maternal HBV DNA, maternal HBeAg is positive, or the mother is known to be chronically infected with hepatitis B) should be managed as if born to an HBsAg-positive mother.

- For infants who are transferred to a different facility after birth, staff at the transferring and receiving facilities should communicate with each other regarding the infant's HepB vaccination and receipt of hepatitis B immune globulin (HBIG) to ensure prophylaxis is administered in a timely manner.

Management of Infants Born to Women with Unknown HBsAg Status

- If it is not possible to determine the mother's HBsAg status (e.g., where confidential safe surrender of infant occurs shortly after birth), the vaccine series should be completed according to the recommended schedule for infants born to HBsAg-positive mothers. Post-vaccination serologic testing and revaccination, if needed, is recommended for these infants.
- For HBsAg-negative infants born to HBsAg-positive women who show no serologic immune response after receiving the initial HepB vaccine series, revaccinate the infant with a single challenge dose of HepB vaccine and repeat serologic testing (HBsAg and anti-HBs) one to two months later. If the infant remains HBsAg negative and has an anti-HBs of <10 mIU/mL following single dose revaccination, complete the second series on schedule with the two additional Hep B vaccine doses followed by post-vaccination serologic testing one to two months after the final dose.
 - Alternatively, based on clinical circumstances or parent preference, HBsAg-negative infants born to HBsAg-positive women who show no serologic immune response after receiving the initial HepB vaccine series may instead be revaccinated with a second 3-dose series and retested one to two months after the final dose of vaccine.
 - As a reminder, post vaccination serologic testing of the infant should include HBsAg and anti-HBs. Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥ 10 mIU/mL).

Please review the MMWR article linked above for the complete list of recommendations, and additional new vaccination and schedule recommendations. If you have additional questions about the recommendations shared in this memorandum, contact the communicable disease control section at 217-782-2016.

Reference:

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 (ACIP). MMWR Recomm Rep 2018;67(No RR 1):1-31.