
Provider Alert

Management of Perinatally Hepatitis B Virus (HBV)-Exposed Infants November 23, 2021

Hepatitis B is an infectious liver disease. The infection can be acute or chronic. Chronic infections can lead to cirrhosis, liver cancer, and premature death. According to the CDC, though usually asymptomatic, most infants (90%) who are infected with HBV will develop chronic infection and 25% will die prematurely from liver cancer or cirrhosis. HBV is transmitted through contact with infectious blood or body fluids or from a person who is infected (HBsAg+) to their newborn during delivery.

Perinatal transmission can be prevented by screening for HBsAg during every pregnancy. Infants born to HBsAg+ women should receive HBIG and a dose of single-antigen hepatitis B vaccine ≤12 hours of birth, followed by a complete series of hepatitis B vaccine, which is up to 94% effective in preventing perinatal transmission. The vaccine series is completed with 2 additional doses of single-antigen vaccine (3 total doses) OR with 3 additional doses of combination vaccine (4 total doses). Administer the final dose no earlier than 6 months of age (minimum age 164 days includes 4-day grace period).

Postvaccination serologic testing (PVST) is recommended for infants and children born to women with hepatitis B infection. Serologic testing confirms whether the child has developed immunity or has been infected with HBV. PVST should include hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) only. PVST should occur between 9–12 months of age or 1–2 months after vaccine series completion, if the series is delayed. Note: Tests for antibodies to hepatitis B core antigen (anti-HBc) should *not* be ordered.

According to the California Health and Safety Code, Section 125085, providers are required to test pregnant women for HBsAg. The HBsAg test should be ordered at an early prenatal visit with every pregnancy. In addition, providers are required to report positive HBsAg results with each pregnancy to the local Health Department via CalREDIE (California Code of Regulations, Section 125085, and Title 17, Section 2500 [b]) and submit a copy of the laboratory report documenting the woman's HBsAg status to the birth hospital.

All Perinatally HBV-exposed infants in Santa Barbara County should be managed by the Perinatal Hepatitis B Program Coordinator, Kathleen Clerkin, RN, BSN. You can contact Kathleen through the Immunization Program at (805) 346-8420, email at phdiz@sbcphd.org or visit our website at www.sbcphd.org/iz. For additional information, please review [Preventing Chronic Hepatitis B in Children](#) from CDPH.