Frequently Asked Questions for Medical Providers

1. **Is hepatitis B a reportable disease, and by whom?**
   Yes. It is a Class A-3 reportable disease to be reported by the laboratory doing the testing and the physician ordering the test. Reporting should be made to the health department in the county in which the woman resides. This allows for the referral of the woman to the Ohio Department of Health Perinatal Hepatitis B Prevention Program.

2. **How can the Perinatal Hepatitis B Program PHBPP) help?**
   The PHBPP offers free hepatitis B testing for household/sexual contacts with inability to pay, free Hepatitis B Immune Globulin (HBIG) and hepatitis B vaccine as needed. The program provides case management of the infant to increase the likelihood of completion of the three-dose series followed by testing to assure immunity. HBIG and HBV are provided at no charge to all Ohio birthing facilities for use with the high-risk infant.

3. **Is it necessary to test every pregnant woman with each pregnancy?**
   Yes. The American College of Obstetrics and Gynecology, American Academy of Pediatrics, Advisory Committee on Immunization Practices and American Academy of Family Practice highly recommend that all pregnant women be routinely tested for HBsAg during an early prenatal visit, in each pregnancy. Assuming a woman is not high-risk and who was negative for HBsAg with a prior pregnancy puts the infant at risk if she has contracted the virus since the last testing.

4. **If the pregnant woman is chronic for hepatitis B is there a risk for the unborn baby?**
   Yes. Chronicity indicates infectious status. The infant will be exposed to the mother's blood during the birth process. Exposed infants have a 75 percent or greater chance of developing the disease and 90 percent of those will become chronic carriers of hepatitis B. Those with chronic hepatitis B have much higher incidence of developing liver cancer or cirrhosis.

5. **What blood tests should be used to screen a pregnant woman for hepatitis B?**
   HBsAg is the ONLY test that tells if a woman has an active HBV infection that can be transmitted to her infant. If a woman is found to be HBsAg positive, the most useful additional test would the IgM anti-HBc with a repeat HBsAg which would tell if the woman has an acute infection or if she is chronically infected. Chronicity can also be determined by two positive HBsAg tests six months, or more, apart.

6. **Should any recommendations be made for household/sexual contacts of the HBsAg positive woman?**
   Ideally all household/sexual contacts should be tested and vaccinated and counseled as needed. Inform the women that any other children should have received the three dose series as well a post-vaccine serology to determine the development of antibody response or disease unless it can be documented that the woman was negative for HBsAg with the prior pregnancies.

7. **Can COMVAX be used with the high-risk hepatitis B child?**
   It is not recommended because the dosing schedule does not match the high-risk schedule of 0, 1, 6 months. (However, the use of COMVAX not a conflict for Universal Dosing [first dose of hepatitis B vaccine in the hospital for infants at low-risk for hep B]

as the child will receive four doses of hepatitis B vaccine without adverse affects.)

8. **If a person is HBeAg negative and HBsAg positive is she infectious?**
   Yes. HBeAg indicates high viral replication activity, so an individual who is actively replicating hepatitis B virus (HBV) will be highly infectious. If a person is HBsAg positive and HBeAg negative viral replication exists, but at a less intense level than if the patient were HBeAg positive. Hence, a person who is HBsAg positive IS infectious.

9. **The hospital OB staff tell me they need the date of the HBsAg on the pregnant woman. Why is this necessary?**
   See No. 3 above. If the woman's HBsAg status is unknown the infant is to be treated as high-risk for hepatitis B exposure. If not tested with the current pregnancy it is recommended the woman be tested for HBsAg on admission for delivery. If the results cannot be obtained within 12 hours of delivery the infant should receive HBIG and HBV.

10. **The Red Book states HBV should be given within 12 hours of birth and HBIG can be administered up to seven days after birth if the mother's HBsAg status is unknown. Why do you say it should be given sooner?**
    The Red Book bases this on the high cost of HBIG. Ohio provides the HBIG and HBV free of charge to all birthing facilities. Also, the HBIG insert states, "Efficacy of prophylactic Hepatitis B Immune Globulin (Human) in infants at risk depends on administering Hepatitis B Immune Globulin (Human) on the day of birth. It is therefore vital that HBsAg-positive mothers be identified before delivery…Hepatitis B Immune Globulin (Human) efficacy decreases markedly if treatment is delayed beyond 48 hours."

11. **When should the Post Vaccine Serology (PVS) be done, and what does it consist of?**
    The PVS should be done three months after the last dose of HBV, but no sooner than 9 months of age. A Hepatitis B Surface Antigen (HBsAg) and Hepatitis B Surface Antibody (HBsAB also written anti-HBs) should be drawn at the same time. This will determine if the infant has seroconverted or developed the disease.

12. **How are the results of the PVS interpreted?**
    HBsAg (-) and anti-HBs (+) = seroconversion
    HBsAg (-) and anti-HBs (-) = additional vaccine needed
    HBsAg (+) and anti-HBs (-) = infant has hepatitis B virus

13. **If additional vaccine is needed what schedule is followed?**
    Additional vaccine can be administered one of two ways:
    Give one to three additional doses of HBV, on a zero, one, four month schedule followed by a PVS, one month after each dose
    Repeat the entire three dose series on a zero, one, four month schedule followed by a PVS one month after the last dose.