

**VIRGINIA DEPARTMENT OF HEALTH
DIVISION OF IMMUNIZATION
VIRGINIA PERINATAL HEPATITIS B PREVENTION (VPHBP) PROGRAM**

**Protocol for Case Management of Hepatitis B Surface Antigen (HBsAg)
Positive Mothers and Contacts**

INTRODUCTION

All health districts should have protocols in place for identification and management of HBsAg positive pregnant women and their sexual and household contacts. Below are protocols that should be used in conjunction with those already established in your districts.

◆ ***Identify and track HBsAg positive pregnant women:***

1. *Review all HBsAg positive lab results for child-bearing age (15-45 years) women.*
2. *Determine pregnancy status by contacting prenatal provider who requested lab.*
3. *If pregnant, request from provider estimated date of delivery and planned delivery hospital; verify address and phone numbers; and ask provider to fax any hepatitis related labs.*
4. *Write delivery date on lab result and fax (804/864-8089) along with any other labs to VPHBP Program. Program will assign perinatal case number (pcn) and e-mail pcn to case manager. Forms and pamphlets will be mailed to case manager. (Forms are also available at: <http://www.vdh.virginia.gov/epidemiology/immunization/vphbp.htm>).*
5. *Interview client for names and ages of household and sexual contacts, date of delivery, planned delivery hospital, and other information needed to complete mother form. Inform client about importance of letting hospital staff know that she is hepatitis B positive.*
6. *Educate client on importance of baby receiving HBIG and vaccine at birth, completing hepatitis B vaccine series on schedule and receiving post-vaccination testing.*
7. *Provide educational materials to client and answer any questions she may have.*

◆ **Sexual and Household Contacts:**

1. Interview contacts for history of vaccine or disease.
2. Offer testing for contacts without written documentation of vaccine dates or previous test results.
3. Draw blood and complete LabCorp form as specified in the “Protocol for Hepatitis Serology Testing”.

(The VPHBP Program will fax results to local health department so be sure to include **Perinatal Case Number** on the form.)

4. When results are received, notify all contacts of results and offer vaccine to **susceptible** (all tests results are negative) contacts.
5. Complete Contact Information Form, indicating results and fax (along with Mother Information Form, if not previously submitted) to VPHBP Program (804) 864-8089.
6. If susceptible contacts request vaccine, give the vaccine from LHD private stock (but **do not screen contacts for insurance status**). Once the Perinatal Program receives documentation of the date that the vaccine is given, replacement VPHBP vaccine will be sent. Documentation can be sent via fax, e-mail on the form at the end of these procedures.

Sexual partners only – Draw blood 1-2 months after receipt of third dose of vaccine and complete Lab Corp form. Refer to Post-Vaccination testing of current sexual partners in the “Protocol for Hepatitis Serology Testing”.

NOTE: If hepatitis B surface antibody (anti-HBs) results are > 0.1 IU but < 1.0 IU, this is probably due to waning antibodies and no further followup is needed for household contacts. However, it is permissible to give one dose of vaccine to **sexual** partners and retest in 1-2 months for HBsAg and anti-HBs. If this option is chosen, do not complete the series until second test results are received.



COMMONWEALTH of VIRGINIA

Department of Health

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State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

Perinatal Case No. _____

CONTACT RECEIVING HEPATITIS B VACCINE

_____ received hepatitis B vaccine on the
Name of Contact

date(s) indicated below:

(Please complete as appropriate:)

First dose: ____/____/____

Second dose: ____/____/____

Third dose: ____/____/____

Shipping Address:

Health Department _____

Street Address _____

City: _____ Zip Code: _____

Please fax to: (804) 864-8089 or (804) 864-7259

****Replacement VPHBP Program vaccine will be shipped as soon
as this form is received.****