

Minnesota Department of Health

The Role of Local Public Health in Preventing Perinatal Hepatitis B

Once MDH informs you that a pregnant woman in your county has been diagnosed with hepatitis B, your responsibilities include:

- Making sure the pregnant woman understands what she needs to do for herself and what her infant and her contacts will need.
- Making sure OB and pediatric providers understand and complete their roles in preventing perinatal hepatitis B.
- Tracking and reporting test results and vaccinations of the infant and contacts to MDH.

Action steps:

1. Contact the **OB provider** to ask if the woman is aware of her diagnosis and if she's been referred to a specialist. Make sure the provider receives MDH recommendations on their role by giving them *The Role of Prenatal Care Providers in Preventing Perinatal Hepatitis B*: www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/prenatalrole.pdf.
2. Contact the **pregnant woman** (e.g., by letter, phone, and/or visit).
 - a. Explain what it means to be infected with HBV, how to avoid transmitting it to others, how to care for herself, and what medical follow-up she will need.
 - b. Offer print materials, as needed.
 - c. Address her questions and concerns.
3. Make sure the pregnant woman knows her **infant** will need the three-dose hepatitis B vaccination series (starting with the first dose of vaccine and a dose of HBIG within 12 hours of birth), plus post-vaccination serology (PVS). Depending on test results, the infant may need revaccination and/or to see a liver specialist.
4. Talk with the pregnant woman about her **sexual contacts and/or needle-sharing partners**.
 - a. Explain that if any of these contacts are unvaccinated and don't know if they're infected with hepatitis B, they need to be tested (for HBsAg and anti-HBs) and receive the three-dose vaccine series, PVS, and possibly a second series of vaccine.
 - b. Explain that any contacts who test positive should see a liver specialist.
 - c. Tell the pregnant woman that her sex partners should use condoms unless their test shows they are immune after vaccination.
 - d. Obtain the contacts' names, dates of birth, and hepatitis B vaccine histories.
 - e. Fax a separate *Perinatal Hepatitis B Household Contact Follow-Up Report* (www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/contact.pdf) for each contact to MDH.
 - f. Do what you can to track testing and vaccination of these contacts (including checking MIIC) and as needed, fax additional copies of each contact's *Perinatal Hepatitis B Household Contact Follow-Up Report* to MDH to report their vaccinations and test results.
5. Talk with the pregnant woman about her **non-sexual household contacts** (anyone who sleeps in her home):
 - a. Explain that unvaccinated contacts need to be tested and see a specialist if positive or get the vaccine series if negative. (Note: non-sexual household contacts do not need PVS unless they are a child of the infected woman.)
 - b. Obtain the contacts' names, dates of birth, and hepatitis B vaccine histories.



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- c. Fax a separate *Perinatal Hepatitis B Household Contact Follow-up Report* (www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/contact.pdf) for each contact to MDH.
 - d. Do what you can to track pre-vaccination testing and vaccination of these contacts (including checking MIIC), and as needed, fax additional copies of each contact's *Perinatal Hepatitis B Household Contact Follow-Up Report* to MDH to report their pre-vaccination test results and vaccinations.
6. Contact the **pediatric provider**:
- a. Inform the provider that an infant in their care has been exposed to hepatitis B. You can use the *Perinatal Hepatitis B Exposure Notification Letter* template at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/hcp.html. (Note: LPH will receive notification of the baby's birth from MDH.)
 - b. If the infant is preterm, send the provider the *Preterm Infant Hepatitis B Vaccination and Serology Schedule* at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/preterminfantvaxserology.pdf.
 - c. Refer the provider to the *Pediatric Hepatitis B Vaccination and Post-Vaccination Serology* form at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/pedsvaxserology.pdf and *The Role of Pediatric Primary Care Provider in Preventing Perinatal Hepatitis B* at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/pediatricrole.pdf.
 - d. Prompt the provider to complete the infant's three-dose vaccine series and to enter the shots in MIIC, or if not participating in MIIC, to report them to LPH using the *Hepatitis B Vaccination and Post-Vaccination Serology Results* form at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/pedsvaxserology.pdf.
 - e. Prompt the provider to draw PVS on the infant one to two months after their last vaccine dose, but not before the child is 9 months old. (You can ask them to complete the *Hepatitis B Vaccination and Post-Vaccination Serology Results* form, www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/hcp.html, and send it to LPH.)
- f. When you obtain serology results (HBsAg and anti-HBs) from the provider, report them to MDH using the *Perinatal Hepatitis B Immunization and Follow-up Report* you will have received from MDH (also available at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/immfureport.pdf).
 - g. Prompt the provider to give the infant an additional three-dose vaccine series if both HBsAg and anti-HBs are negative and to recheck serology one to two months after third dose. Note: you can use the *Pediatric Hepatitis B Second Vaccination Series and Serology Letter* at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/hcp.html.
7. Report the date of each vaccination the **infant** receives and the vaccine brand to MDH using the *Perinatal Hepatitis B Immunization and Follow-up Report* you will have received from MDH (also available at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/immfureport.pdf).
- a. Check MIIC (or call the pediatric provider) at appropriate intervals to track whether the infant has received each dose in the vaccine series.
 - b. If the infant's vaccinations are not in MIIC within 30 days of when they are due, contact the pediatric provider to prompt them to complete the vaccine series.
8. Make sure providers know that the cost of vaccine should never be a barrier.
- MnVFC covers un- and underinsured children at most pediatric and family practice clinics.
 - Un- and underinsured adults can get free or low cost shots at certain clinics across the state. You can search for these clinics by county at: www.health.state.mn.us/divs/idepc/immunize/adultvax/clinicsearch.html.