



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

April 1, 2019

Dear Medical Professional:

As you know, opioid-use disorder is the worst public health crisis we've seen in Pennsylvania in more than a generation. This disease does not discriminate by age, race, economic standing or location. Most concerning, however, is that this crisis has produced an increase in the prevalence of opioid-dependency in pregnancy.

As part of our goal to reduce the incidence of the Hepatitis B virus in newborns, the Pennsylvania Department of Health (DOH) is contacting hospitals to provide further education on the importance of screening all pregnant women at the time of delivery for substance abuse. Screening for intravenous opioid use is especially important because the Hepatitis B virus (HBV) is a bloodborne and sexually transmitted virus.

The Centers for Disease Control & Prevention (CDC) recommend that all delivery hospitals are to screen for the Hepatitis B surface antigen (HBsAg) at the time of admission to the hospital for delivery if the patient is in any of the following high-risk categories:

- Recent or current injection drug use;
- More than one sex partner in previous six months;
- HBsAg + sex partner;
- Evaluation or treatment for a sexually transmitted disease; and
- Symptoms of clinical Hepatitis.

This recommendation has been in existence for several years and can be found in the *Guidelines for Prevention of Perinatal Hepatitis B Infection for Medical Care Providers (Attachment A)* and at: <http://perinatalhepb.health.pa.gov>. In addition, the Department of Health supports universal substance use screening for all pregnant women and all newborns consistent with the *Prescribing Guidelines for Pennsylvania Obstetrics and Gynecology Pain Treatment* announced in January 2016. The Departments of Human Services, Health and Drug and Alcohol Programs' joint document on *Pennsylvania Plan of Safe Care Guidance* recommends a public health, population-based approach to screening consistent with the American College of Obstetrics Gynecologist recommendations, where all pregnant women are screened for substance use.

All delivery hospitals should have written policies and procedures for pregnant women with high-risk behaviors. The policies and procedures should include screening for opioid and intravenous drug use. If a pregnant woman has any high-risk behaviors, testing for Hepatitis B surface antigen status on admission to the hospital for delivery is required.

Due to recent increases in reported congenital syphilis cases across the state (highest number of cases in 24 years) the department recommends **all** pregnant females be offered syphilis testing during

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the first prenatal visit, the beginning of the third trimester of pregnancy; and upon delivery of a child (or a stillborn child).

In addition to routine testing for Hepatitis B and syphilis, the department also recommends high risk pregnant females (females who report any of the following: previous STD such as gonorrhea or chlamydia; multiple partners; and/or drug use) be offered Hepatitis C and HIV testing during the third trimester of pregnancy and rapid HIV testing during labor (if not previously tested).

For additional information on these recommendations, please refer to *Hepatitis B, Hepatitis C, HIV and STD Testing Recommendations for Pregnant Women (Attachment B)*.

**Additional Information**

Health care providers needing additional information are asked to call the following number:

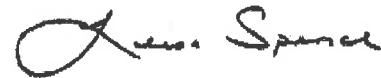

Pennsylvania Department of Health

Division of TB/STD  
717-787-3981

Division of Immunizations  
717-787-5681

Division of HIV  
717-783-0572

Sincerely,



Rachel L. Levine, MD  
Secretary of Health

Loren K. Robinson, MD, MSHP, FAAP  
Deputy Secretary for Health Promotion  
and Disease Prevention

Leisa Spence, RN  
Nursing Services  
Consultant

## Attachment A

### PREVENTION OF PERINATAL HEPATITIS B INFECTION AND MANAGEMENT OF PREGNANT WOMEN Guidelines for Medical Care Providers

#### I. Routine Prenatal Hepatitis B Screening

A. All pregnant women are to be screened for the Hepatitis B surface antigen (HBsAg) on the first prenatal visit, or within 15 days, but no later than the time of delivery, as stated in PA Code §27.99 (a).

❖ *If the patient is HBsAg negative:*

- Record status in the medical record.
- Provide a copy of the original lab report to the woman's delivery hospital.
- Repeat HBsAg at the time of admission to the hospital for delivery if the patient is in any of the following high-risk categories:
  - Recent or current injection drug use;
  - More than one sex partner in previous 6 months;
  - HBsAg + sex partner;
  - Evaluation or treatment for a sexually transmitted disease; and
  - Symptoms of clinical Hepatitis.

❖ *If the patient is HBsAg positive:*

- Record status in the medical record.
- Report the case to the Pennsylvania Department of Health Perinatal Hepatitis B Prevention Program by completing and submitting the **Perinatal Hepatitis B Case & Contact Report** to your local state health center or county/municipal health department, or through electronic laboratory reporting (ELR), and enter the information in the PA National Electronic Disease Surveillance System (PA-NEDSS).
- Recall patient to clinic to inform of positive status, provide education and support and order any further serologic tests and medical evaluation.
- Notify the hospital's maternity/neonatal/pediatric services of mother's HBsAg status.

B. Medical records of all pregnant women in the prenatal setting and all birthing hospitals should be reviewed for the HBsAg test when a woman is admitted for delivery.

C. If a pregnant or delivering woman is admitted to the hospital and has not been screened or the test result is unavailable, HBsAg testing should be performed immediately by the hospital at the time of admission.

D. It is recommended that all newborn infants born to mothers of HBsAg positive or unknown status receive the first dose of single-antigen Hepatitis B vaccine within 12 hours of birth.

E. Full-term infants who are medically stable and weigh  $\geq 2,000$  g born to HBsAg negative mothers should receive the first dose of single-antigen Hepatitis B vaccine before hospital discharge.

F. Preterm infants weighing less than 2,000 g born to HBsAg negative mothers should receive the first dose of single-antigen Hepatitis B vaccine 1 month after birth or at hospital discharge (see Section IV).

## II. Management of Infants Born to HBsAg Positive Women

- ❖ *Vaccination series for infants of birth weight  $\geq 2,000$  grams:*
  - Within 12 hours of birth, administer single antigen Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) at different sites.
  - The second dose of Hepatitis B vaccine should be administered at 1 or 2 months of age with a minimum of 4 weeks from the first dose.
  - The third dose of Hepatitis B vaccine should be given no earlier than age 24 weeks but with an interval of at least 8 weeks between the second and third dose.
  - Infants should be tested for HBsAg & anti-HB after completing the Hepatitis B vaccine series at age 9-12 months (1-2 months after the third dose)
- ❖ *Vaccination series for pre-term infants of birth weight  $< 2,000$  grams:*
  - Within 12 hours of birth, administer single antigen Hepatitis B vaccine and HBIG at different sites.
  - Do not count the birth dose as part of the vaccine series because of the potentially reduced immunogenicity of Hepatitis B vaccine in these infants; three additional doses (for a total of four doses) should be administered.
  - The second dose of Hepatitis B vaccine should be given at the chronological age of 1-2 months.
  - The third dose of Hepatitis B vaccine should be given 1-2 months after the second
  - The fourth dose of Hepatitis B vaccine should be given at the chronological age of 6 months but with an interval of at least 8 weeks between the third and fourth dose.
  - Infants are to be tested for HBsAg & anti-HB after completing the Hepatitis B vaccine series at chronological age 9-12 months (1-2 months after the fourth dose).

## III. Management of Infants Born to Women of Unknown HBsAg Status

- ❖ *Vaccination series for infants of birth weight  $\geq 2,000$  grams:*
  - Within 12 hours of birth, administer single antigen Hepatitis B vaccine (without HBIG).
  - If the mother is determined to be HBsAg positive, her infant should receive HBIG as soon as possible but no later than age 7 days; the Hepatitis B vaccine series is to be completed according to the schedule for HBsAg positive mothers.
  - If the mother is determined to be HBsAg negative, the Hepatitis B vaccine series should be completed according to the recommended schedule for infants born to HBsAg negative mothers.
  - If the mother has never been tested to determine her HBsAg status, the Hepatitis B vaccine series should be completed according to the recommended schedule for infants born to Hepatitis B positive mothers. Administration of HBIG is not necessary for these infants.
- ❖ *Vaccination series for pre-term infants of birth weight  $< 2,000$  grams:*
  - Administer single antigen Hepatitis B vaccine within 12 hours of birth.
  - If the maternal HBsAg status cannot be determined within 12 hours of birth administer HBIG (0.5mL) because the immune response is less reliable in preterm infants weighing less than 2,000 grams.
  - Do not count the birth dose as part of the vaccine series because of the potentially reduced immunogenicity of Hepatitis B vaccine in these infants; three additional doses (for a total of four

doses) should be administered beginning when the infant reaches the chronological age of 1 month.

- The second dose should be given at the chronological age of 1-2 months.
- The third dose of Hepatitis B vaccine should be given 1-2 months after the second.
- The fourth dose of Hepatitis B vaccine should be given at the chronological age of 6 months but with an interval of at least 8 weeks between the third and fourth dose.
- Infants should be tested for HBsAg & anti-HB after completion of the Hepatitis B vaccine series at age 9-12 months (1-2 months after the fourth dose).

#### **IV. Preterm Infants weighing <2,000 g born to HBsAg Negative Mothers:**

- Should have their first dose of Hepatitis B vaccine delayed until 1 month after birth or hospital discharge. For these infants, a copy of the original laboratory report indicating the mother was HBsAg negative during this pregnancy should be placed in the infant's medical record.

#### **V. For All Infants Born to HBsAg + Mothers or Mothers of Unknown Status:**

- Document immunization on the PA Immunization Card with the name, dose, date of vaccine and give to the infant's parent/ guardian.
- Call 1-877-PAHEALTH or your local health department for case management.
- Instruct the parent/guardian to bring the PA Immunization Card to each medical appointment and update the card at each visit.

#### **VI. Testing for Post-Exposure Prophylaxis**

❖ *Infants of HBsAg positive mothers should be tested for HBsAg & anti-HBs after completion of the Hepatitis B vaccine series at age 9-12 months*

- Testing should be performed 1-2 months after last dose.
- HBsAg negative infants with anti-HBs levels  $\geq 10\text{mIU/mL}$  or reactive results are protected and need no further medical management.
- HBsAg negative infants with anti-HBs levels  $<10\text{mIU/mL}$  or non-reactive results should be revaccinated with a second three-dose series and retested 1-2 months after the final dose of vaccine.
- Infants who are HBsAg positive should receive appropriate follow-up.
- The results are to be forwarded to the local State Health Center or county/ municipal health department.

#### **VII. Household and Sexual Contacts of HBsAg Positive Women**

❖ *All close contacts of HBsAg positive women are to be included on the attached Perinatal Hepatitis B Case and Contact Report.*

- List the date of birth and vaccination history.
- Close contacts should be offered Hepatitis B testing and vaccination.
- Once this form is completed and forwarded to the state/local health department, appropriate contact and follow-up will be completed to provide Hepatitis B testing and possible vaccination for the close contacts for those with no financial means

The link to CDC's The Pink Book, Hepatitis B Chapter:

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepb.pdf>