May 18, 2020

Dear Health Care Provider:

The Missouri Department of Health and Senior Services (DHSS), Perinatal Hepatitis B Prevention Program (PHBPP), is dedicated to supporting the goals of the Health and Human Services’ Action plan for the elimination of mother to child transmission of hepatitis B. We urge you to join our efforts to stop perinatal hepatitis B transmission through identification of all hepatitis B surface antigen (HBsAg) positive pregnant women.

* It is very important that prenatal care providers test every pregnant woman, during every pregnancy, even if they have been previously vaccinated or tested. Testing those pregnant women known to be chronically infected with HBV provides documentation of the positive HBsAg test result obtained during pregnancy and helps to ensure that their infants will be identified for timely prophylaxis.
* Per Missouri reporting rule 19 CSR 20-20.020, providers are required to report positive or suspected positive results of all HBsAg-positive pregnant women to their jurisdiction’s PHBPP for case management to ensure that their infants receive timely prophylaxis and follow-up. A copy of the original laboratory report indicating the pregnant woman’s HBsAg-positive status should be provided to the hospital or birthing facility where the delivery is planned and to the HCP who will care for the newborn infant.
* All HBsAg-positive pregnant women should receive information concerning HBV that discusses the potential use of antiviral therapy, the importance of prophylaxis for their infant (HepB vaccine and HBIG within 12 hours of birth), completion of the vaccine series, and post-vaccination serologic testing.
* All HBsAg-positive pregnant women should be tested for HBV DNA to guide the use of maternal antiviral therapy during pregnancy for the prevention of perinatal HBV transmission (new recommendation).
* AASLD suggests maternal antiviral therapy when the maternal HBV DNA is >200,000 IU/mL (new recommendation).

Women not tested prenatally, those with clinical hepatitis, and those whose behaviors place them at high risk for HBV infection (e.g., recent or current injection-drug use, having had more than one sex partner in the previous 6 months or an HBsAg-positive sex partner, having been evaluated or treated for a STI) should be tested at the time of admission to the hospital or birthing facility for delivery.

Please find the following enclosed: *Referral Algorithm for Hepatitis B Virus (HBV) Infection among Pregnant Women.* If you have questions, please contact (573) 526-1465.

Sincerely,

Tricia Cregger, MPH

Perinatal Hepatitis B Prevention Program Coordinator