February 4, 2019

Susan J. Curry, PhD
Chairperson
U.S. Preventive Services Task Force
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

RE: USPSTF Draft Recommendation Statement - Hepatitis B Virus Infection in Pregnant Women: Screening

Dear Dr. Curry,

On behalf of the Hep B United Coalition, we write to express our appreciation and strong support of the U.S. Preventive Services Task Force (USPSTF) reaffirmation of an “A” grade, recommending screening for hepatitis B virus (HBV) infection in pregnant women. The recommendation for universal prenatal screening for HBV infection is critical towards ensuring the U.S. continues on the path to eliminate hepatitis B.

We fully support this draft recommendation, which aligns with global and national goals to eliminate hepatitis B as a public health threat by 2030. The recommendation also supports and underscores important strategies to eliminate perinatal hepatitis B transmission as recommended by the National Viral Hepatitis Action Plan and the National Academies of Sciences, Engineering, and Medicine (NASEM) report.

To clarify and strengthen the draft recommendation statement, we offer the following points for your consideration:

**Draft: Clinical Considerations**

- Screening Tests – while the primary screening test for detecting maternal HBV infection is to test for HBsAg, we believe it is important to include screening tests for hepatitis B surface antibody (anti-HBs) and total hepatitis B core antibody (anti-HBc) in order to gain a complete understanding of HBV infection or immunity and ensure appropriate maternal case management. This is especially important as it would capture women with an occult hepatitis B infection, and alert women who have recovered from hepatitis B infection about the risk of future reactivation.
Treatment – maternal antiviral therapy has been shown to be effective in reducing perinatal HBV transmission among pregnant women with a high viral load. In the 2017 NASEM report, a National Strategy for the Elimination of Hepatitis B and C - Phase Two Report, the committee found evidence that prophylactic antiviral therapy in the third trimester can further reduce vertical transmission of HBV infection among highly viremic women; the committee recommended that HBsAg+ pregnant women have early prenatal HBV DNA and liver enzyme tests to evaluate whether antiviral therapy is appropriate to prevent transmission and for follow-up treatment of chronic HBV infection. Furthermore, it is important that HBsAg+ pregnant women be managed by a healthcare provider experienced in the management of hepatitis B; HBsAg+ women who are immune active during pregnancy need treatment and would need to be monitored for flares of HBV post-partum.

Useful Resources – a useful resource to include in the recommendation statement is the Screening and Referral Algorithm for hepatitis B Virus (HBV) Infection among Pregnant Women endorsed by the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists available at: https://www.cdc.gov/hepatitis/hbv/pdfs/prenatalhbsagtesting.pdf

Additionally, we recommend as a reference/useful resource and as further evidence of effective case management models, the CDC Perinatal Hepatitis B Prevention Program Auxiliary Prevention Projects which provided support to five jurisdictions to facilitate or enhance the success of current immunization practices to prevent mother-to-child transmission of Hepatitis B.

We appreciate this opportunity to comment on the draft recommendation statement and we commend the USPSTF for reaffirming an “A” grade. We believe the elimination of perinatal hepatitis B transmission in the United States is within reach and this recommendation and the updated evidence review provide patient advocacy organizations with important tools and resources to accomplish this goal.

Hep B United is a national coalition representing over 40 organizations and local HBV coalitions in 20 states dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States. We look forward to the finalization of the recommendation statement and disseminating this information to patients and health care providers.

Sincerely,

Hep B United