The Hep B Moms Program: A Primary Care Model for Management of Hepatitis B in Pregnancy

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Charles B. Wang Community Health Center (CBWCHC)
Charles B Wang Community Health Center (CBWCHC) in NYC

- Non-Profit & Federally Qualified Health Center
- Multidisciplinary care- primary care (adult, pediatric, OB/GYN), specialists, social work, dental, mental health
- Serve more than 50,000 patients and 275,000 service visits in 2015
- Research and Evaluation Department
- Health Education, Marketing & Communications Departments
How many chronic hepatitis B (HBV) patients do we see?

Serves a largely Chinese population in greater New York with a high prevalence of HBV

1 in 8 (~13%) CBWCHC patients have current infection (HBsAg+)

1 in 2 (~52%) CBWCHC patients have been exposed to HBV at one point in their life (anti-HBc+)

The OB/GYN dept at CBWCHC sees…
~1100 pregnancies a year
~13% with maternal HBsAg+

Active CHB patients were seen for an annual physical or follow-up visit from 9/1/15 to 9/1/2017

**HBCP = Hep B Care Program for high risk uninsured chronic HBV patients include care management and subsidized imaging tests
**Cases of HBV Infected Infants at CBWCHC (2007-10)**

From 2007-2010, 5 infants at CBWCHC acquired HBV via vertical transmission. Cases of VT were examined to identify gaps in care. Hep B Moms program was formed from the lessons learned.

<table>
<thead>
<tr>
<th>Last recorded viral load before delivery (copies/mL)</th>
<th>Discuss antiviral tx</th>
<th>Anti-viral Tx</th>
<th>Date &amp; Type of delivery</th>
<th>HBIG</th>
<th>Sent to China?</th>
<th>Initial HBsAg+ Test (infant)</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>118,000,000</td>
<td>N</td>
<td>N</td>
<td>3/08 CS</td>
<td>Y</td>
<td>Y</td>
<td>35 mo</td>
<td>No antiviral tx and VL &gt;10^8, infant went to China at 6 mos, late serology</td>
</tr>
<tr>
<td>1,422,000,000</td>
<td>Y</td>
<td>N</td>
<td>3/09 NSVD</td>
<td>N</td>
<td>N</td>
<td>8 mo</td>
<td>No HBIG given by hosp, no antiviral tx and VL &gt;10^9 copies/ml</td>
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<tr>
<td>911,000,000</td>
<td>Y</td>
<td>LAM for 6 wks</td>
<td>4/09 NSVD</td>
<td>Y</td>
<td>N</td>
<td>10 mo</td>
<td>Antiviral Tx prescribed, but VL still &gt;10^8 c/ml and HBV transmission in sibling</td>
</tr>
<tr>
<td>UN</td>
<td>UN</td>
<td>UN</td>
<td>10/09 NSVD</td>
<td>Y</td>
<td>N</td>
<td>9 mo</td>
<td>Mother was not CBWCHC pt.</td>
</tr>
<tr>
<td>UN</td>
<td>N</td>
<td>N</td>
<td>12/10 CS</td>
<td>Y</td>
<td>Y</td>
<td>9 mo</td>
<td>Mother was not CBWCHC pt., but was on antiviral before pregnancy and discontinued during pregnancy</td>
</tr>
</tbody>
</table>

All mothers with lab data were HBeAg+. No infants were breastfed. All infants completed HBV vaccine series.
Hep B Mom Program

• Goal to prevent perinatal transmission and fill the gaps between transitions of care for mother and infant (OB/HBV provider/delivery hospital/pediatrician)

• HBV tested early in pregnancy and assessed for existing care and if not, referred to CBW IM

• Patients are identified from Women’s Health OB Case Management report run biweekly
  • Care Manager provides face-to-face counseling
  • Links patients to hepatitis B care during and after pregnancy
Overview of Primary Care Model for Hepatitis B Care at CBWCHC

Specialist: GI or ID

Hep B Program Director/Departmental Hep B Champion

Hepatitis B Program Manager

Care Manager Nursing Staff Family Health Workers

Health Education and Materials

MH specialist MH issues associated with hep B, substance abuse, etc.

Procedures and Protocols

EMR Tools: Forms, Reminders, Registry

Patient

Patient

Patient

Patient

Education & Training

Health System Support

Education & Training

Health System Support

PCP

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- **Patient**
- **Patient**
- **Patient**
- **Patient**

**Education & Training**

**Health System Support**
CBWCHC Policies and Procedures for Screening, Vaccination, and Management of Hepatitis B During Pregnancy

Title: Screening, Vaccination and Management of Hepatitis B During Pregnancy
Section: Departmental Policies and Procedures
Department: OB/GYN
Shared with: Internal Medicine
Effective Date: April 28, 2014
Supersedes: February 1, 2016

Author(s): Allan Ho, MD, MPH
Amy Shen Tang, MD

Reviewer(s): Samuel Wong, MD
Perry Pong, MD

Last Updated Date: December 22, 2016
Date Discontinued: N/A

Keywords: Hepatitis B; Hepatitis B Vaccine; Hepatitis B immunoglobulin; Hepatitis B Guidelines; vertical transmission, perinatal infection; immunoprophylaxis.

PURPOSE:
- Identify pregnant women at risk of hepatitis B virus (HBV) infection and vaccinate those women susceptible to HBV infection
- Identify and manage pregnant women with chronic HBV (CHB) infection
- Reduce the risk of HBV vertical transmission during the perinatal period

SCOPE: All patients receiving obstetrical care

POLICY: The Charles B. Wang Community Health Center (CBWCHC) reviews and adapts guidelines for screening, diagnosis and management of hepatitis B infection from the most current recommendations by the: Centers of Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), American College of Obstetrics (ACOG), and the American Association for the Study of Liver Diseases (AASLD).

PROCEDURE:
1. Coordination of Care for HBV Infection During Pregnancy:
   a. Since the prevalence of Hep B is high in our patient population, all OB providers are to keep current on the management of HBV during pregnancy.
   b. For patients not co-managed with gastroenterologists, hepatologists, or internists, follow up arrangements for after pregnancy care should be made at or before patients' post-partum visits.
   c. For patients co-managed with other providers, the OB provider maintains the
CDC Testing for Hepatitis B Virus Infection During Pregnancy Flowchart for Prenatal Providers

NY State law requires HBsAg to be tested for EVERY PREGNANCY

Testing for Hepatitis B Virus Infection During Pregnancy Flowchart for Prenatal Providers

- Routinely test all women in every pregnancy for hepatitis B surface antigen (HBsAg)
  - Test in the first trimester, if possible
  - Test regardless of past testing status

**HBsAg**

Maternal HBsAg results

- Report HBsAg positive test results to public health department perinatal hepatitis B coordinator
- Provide a copy of lab report indicating woman’s HBsAg status to the hospital where delivery is planned
- Attach alert notice to woman’s medical record to remind delivery hospital that newborn needs HepB and HBIG vaccine within 12 hours of birth
- Instruct delivery hospital to place a copy of lab report in infant’s chart
- Notify pediatric provider (if known)

**Recommended Follow-up**
- Provide woman with a card noting her HBsAg status
- Refer woman to a medical specialist for evaluation of chronic hepatitis B
- Educate woman about need to test all contacts (household, sexual, and/or needle sharing)
- Educate woman about importance of completing infant’s vaccine series

Yes

- Start HepB vaccine series
  - Retest for HBsAg prior to delivery at least 30 days after most recent vaccine dose

**Per ACIP recommendations**

HBsAg present?

- Risk Factors:
  - 2 or more sex partners in previous 6 months
  - STD
  - Injection drug use
  - HBsAg+ partner
  - Clinical hepatitis

No

HBsAg

- Provide a copy of lab report indicating woman’s HBsAg status to hospital where delivery is planned
- Educate pregnant woman about importance of vaccine birth dose

Resources available at www.CDC.gov/hepatitis/perinatalHepB
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- Health Education and Materials
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- EMR Tools: Forms, Reminders, Registry
- Procedures and Protocols
- Patient
- Patient
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- Patient
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- Health System Support
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HBV Management EMR Support

HBV Screening Prompt

<table>
<thead>
<tr>
<th>Protocol &quot;HEP B Screening&quot;</th>
<th>Patients of either sex.</th>
</tr>
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<tbody>
<tr>
<td>Observation YRENTUSA has a Last Value that Exists over the patients life. OR Observation HBSAG has Any Value tagged as Is null over the patients life.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Schedule</th>
<th>Last Done</th>
<th>Last Rslt</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>HBSAG</td>
<td>Every 100 years</td>
<td></td>
<td></td>
<td>Due Now</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Protocol &quot;HCV Testing&quot;</th>
<th>Patients of either sex with an age of greater than 53 years, and less than 73 years.</th>
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<tbody>
<tr>
<td>Should have the following:</td>
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<table>
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<tr>
<th>Test</th>
<th>Schedule</th>
<th>Last Done</th>
<th>Last Rslt</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV AB</td>
<td>Every 100 years</td>
<td></td>
<td></td>
<td>Due Now</td>
</tr>
</tbody>
</table>

Preventive Care

- MAMMOGRAM
- COLORECTAL SCREENING
- PNEUMOVAX
- WGT/HEIGHT/COUNS
- PHQ2 SCORE
- HBSAG
- HCV ABL
HBV Management EMR Support
HBV Registry
HBV Management EMR Support

HBV Flowsheet
HBV Education Reminders in EMR
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  MH issues associated with hep B, substance abuse, etc.
- Health Education and Materials
- Procedures and Protocols
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- Education & Training
- Health System Support
- PCP
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Specialist: GI or ID

Care Manager
Nursing Staff
Family Health Workers

Hep B Program
Director/Departmental Hep B Champion

Hepatitis B Program Manager

Patient

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Health Education and Materials

Health System Support

Education & Training

Procedures and Protocols

EMR Tools: Forms, Reminders, Registry

System Support

PCP

Director/Departmental Hep B Champion

Hepatitis B Program Manager

Patient

PCP

Specialist: GI or ID

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Health System Support

Patient

Patient

Patient

Patient
CBWCHC Hep B Moms Program

HBV (HBsAg) Screening at the Initial Prenatal Visit

Positive

Enrolled in the Hep B Moms Program.

Linked to maternal HBV care

- Identify high risk patients and offer anti-viral treatment
  - Repeat HBV lab tests at 26-28 weeks. If HBV DNA VL > 200,000 IU/mL, treated to prevent vertical transmission

Meet with care manager

- Provide in-person counseling (including breastfeeding)
  - Confirms patient receive HBV care and follows recommendation
  - Review and confirm infant receive proper prophylaxis

Infant Delivery

- Ensure HBIG and HBV Vaccine 1 is given within 12 hours of birth

Pediatric Care

- HBV Vaccine 2 & 3
  - Post-vaccine HBsAg/ HBsAb serology testing

Vaccinate if negative HBsAg

Recommended to screen for HBsAb and anti-HBc to screen for immunity and prior infection
Peripartum HBV Surveillance

- Notify mother about hepatitis B positive status and link to IM care
- Counsel and educate mother as well as contact about hep B
- HBV evaluation tests (HBV DNA VL, LFT, HBeAg)

24-28 week
- Repeat blood tests (HBV DNA VL, LFT, HBeAg)

3rd Tri
- Start Tx if VL > 200,000
- Provide education on medication compliance, safety on breast feeding, notify to get baby serology (HBIG)

Post-partum
- Contact mothers to come back for Hep B follow-up and continue hep B care
Indications for Antiviral Treatment to Prevent HBV Vertical Transmission

- Women with viral loads of >200,000 IU/ml are recommended for antiviral treatment to decrease the risk of transmission to the baby; however, there must be a discussion on the risks and benefits of antiviral treatment.

- Tenofovir (Pregnancy Category B): Recommended drug due to efficacy to reduce viral load and decreased likelihood of resistance (compared to Telbivudine and Lamivudine)

- **Antiviral treatment is recommended to be initiated at least 10 weeks prior to delivery**
  - Singleton pregnancy: 28-30 weeks GA
  - Twin pregnancy: 24-26 weeks GA
  - Triplet pregnancy: 20-22 weeks GA

- If the sole goal is to prevent vertical transmission, then antiviral therapy in most cases is discontinued postpartum from time of birth to 3 months after delivery. When treatment is discontinued, women should be monitored at least every 3 months for 6 months for hepatitis flares.
Antiviral Treatment Candidates

- Retrospective cross-sectional study of unique pregnancies among HBsAg-positive women evaluated with HBV DNA during prenatal care from 2007 to 2017
- 978 unique pregnancies among the 804 HBsAg-positive women

- 933 (95.4%) pregnancies were mothers not on HBV antiviral treatment at the initial OB visit.
  - 26 (2.8%) were immune active: Earlier treatment needed
  - 203 (21.8%) had a HBV DNA level ≥200,000 IU/mL: Risk for MTCT. Need treatment during 3rd trimester
    - 185 (91.1%) were HBeAg-positive
    - 15 (7.4%) were HBeAg-negative
Newborn Vaccination and Prophylactic Immunoglobulin to Prevent HBV Vertical Transmission

• Proper prophylaxis and completion of the hepatitis B vaccine series can reduce neonatal infection by 95%. New York State Public Health Law mandates that all pregnant women be tested for hepatitis B infection and that all infants born to infected mothers should be given HBIG and hepatitis B vaccine within 12 hours of birth.

• If HBIG is not given within the recommended 12 hours, it should be given to the infant as soon as possible but no later than 7 days after birth.

• The hepatitis B series should be completed at 6 months of age and infants should receive follow-up HBsAg and antibody to hepatitis B surface antigen (anti-HBs) testing at age 9-12 months to determine if immunization was successful.
Infant Follow up: HBV Vaccine Completion and Post Vaccination Serologic Testing (PVST)
Hepatitis B and Breastfeeding

- Although HBsAg can be detected in breast milk, there is no evidence that HBV can be transmitted by breastfeeding. Per WHO and CDC, breastfeeding is acceptable and encouraged.
- Among infants receiving post-exposure prophylaxis, there is no known increased risk of infection among breastfed infants.
- Immunization of the baby at birth should protect the infant from possible exposure to HBV from cracked or bleeding nipples. All mothers who breastfeed should be instructed on proper nipple care.
- May consider stopping anti-viral treatment after delivery if the mother wishes to breastfeed in order to minimize exposure of the medication through breast milk.

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W |
| 1 | PD | Name | Viral 2 | Viral 2 Date | Viral 3 | Viral 3 Date | VL | VL Date | ALT | ALT Date | USG | Medication | GI | M Before pt | Visit in this pt |
| 1 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Negative | 03/15/2016 | 03/19/2016 |
| 2 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 3 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 4 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 5 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 6 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 7 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 8 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 9 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 10 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 11 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 12 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 13 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 14 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 15 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
| 16 | 1 | 2016-01-05 | 2.01E+01 | 10/19/2016 | 2.01E+01 | 10/19/2016 | Positive | 03/15/2016 | 03/19/2016 |
# Infant HBV Vaccination and Post Vaccination Serologic Testing (PVST) Tracking Database

<table>
<thead>
<tr>
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<tr>
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<td>NBdt</td>
<td>Age</td>
<td>NBpad</td>
<td>NB Name</td>
<td>C/S or NSVD</td>
<td>Complication/Risk</td>
<td>HBIG</td>
<td>HEPB1</td>
<td>HEPB2</td>
<td>HEPB3</td>
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**Notes:**
- PMD: Post Menopausal
- C/S: Caesarean Section
- NSVD: Normal Vaginal Delivery
- HBsAg: Hepatitis B Surface Antigen
Overview of Primary Care Model for Hepatitis B Care at CBWCHC

- Specialist: GI or ID
- Hep B Program Director/Departmental Hep B Champion
- Hepatitis B Program Manager
- Care Manager Nursing Staff Family Health Workers
- Health Education and Materials
- MH specialist MH issues associated with hep B, substance abuse, etc.
- EMR Tools: Forms, Reminders, Registry
- Procedures and Protocols
- Patient
- Patient
- Patient
- Patient

Education & Training
Health System Support

- Charles B. Wang Community Health Center
- MH specialist MH issues associated with hep B, substance abuse, etc.
Overview of Primary Care Model for Hepatitis B Care at CBWCHC

Education & Training

Health System Support

EMR Tools: Forms, Reminders, Registry

Procedures and Protocols

Specialist: GI or ID

Hep B Program Director/Departmental Hep B Champion

Hepatitis B Program Manager

Care Manager Nursing Staff Family Health Workers

Health Education and Materials

MH specialist MH issues associated with hep B, substance abuse, etc.
Monthly QA Meetings

- Inter-departmental (IM-OB/GYN-PEDS) monthly meeting to ensure that the Hep B Moms…
  1) Got appropriate HBV DNA VL testing at 24-28 weeks
  2) Started treatment if needed at 28-32 weeks
  3) Meet in person and was counseled
  4) Infants were tracked and ensured they received HBIG and HBV Vaccine 1, 2, 3 as well as 9-12 month serology

- Discuss specific or complicated cases
- Discuss changes in guidelines
Partnership with NYC DOH

- All positive hep B pregnant woman are reported to the NYC DOH.
- DOH reinforces and calls mom to ensure infant is vaccinated and PSVT test is done at 9-12 months.
- Reaches out to household contacts and encourage screening and vaccination
- As of Dec 2017, CBW developed a consent form in agreement with DOH to obtain vaccination and serology test results of infants who were lost to follow up or follow up elsewhere
Overview of Primary Care Model for Hepatitis B Care at CBWCHC

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- Education & Training
- Procedures and Protocols
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- Patient
- Patient
- Patient
- Patient

- PCP
- Hep B Program
- Director/Departmental Hep B Champion

- Family Health Workers
- Nursing Staff
- MH specialist

- Health System Support
- EMR Tools: Forms, Reminders, Registry

- Charles B. Wang Community Health Center
Overview of Primary Care Model for Hepatitis B Care at CBWCHC

- **Specialist:** GI or ID
- **Hep B Program Director/Departmental Hep B Champion**
- **Hepatitis B Program Manager**
- **Care Manager Nursing Staff Family Health Workers**
- **Health Education and Materials**
  - [http://www.cbwchc.org/HepatitisB.asp](http://www.cbwchc.org/HepatitisB.asp)

- **Education & Training**
- **Health System Support**
  - **EMR Tools:** Forms, Reminders, Registry
  - **Procedures and Protocols**

- **Patient**
  - **PCP**
  - **MH specialist:** MH issues associated with hep B, substance abuse, etc.
### CBWCHC Hep B Moms Program – Perinatal Care Management

**HepB Moms Program - Perinatal Care Management**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PID#:</th>
<th>Provider:</th>
<th>EDD:</th>
<th>ASSESSMENTS</th>
<th>Education Provided by:</th>
<th>Date of Birth:</th>
<th>IM Initial:</th>
<th>Counseling Date:</th>
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**When are you first aware of having HBV?**

Explained to patient that HBV is a chronic disease and usually lifelong. Most people with HBV do not have signs or symptoms, and HBV can lead to cirrhosis or liver cancer.

**Seen IM doctor for HBV before?**

- [ ] yes
- [ ] no

**If yes, HBV medication given?**

- [ ] yes
- [ ] no

**Family members w/ HBV or liver disease?**

<table>
<thead>
<tr>
<th>Husband</th>
<th>Parents</th>
<th>Siblings</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] screened</td>
<td>[ ] vaccinated</td>
<td>[ ] not sure</td>
<td>[ ] DOH letter</td>
</tr>
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</table>

**Education:**

- [ ] F/U with MD regularly: Need to have blood work routinely to monitor viral load and liver health
- [ ] Avoid liver injury: Avoid alcohol and smoking, healthy diet and adequate rest
- [ ] Avoid self medication: Herbal supplements and OTC meds may harm liver, notify MD if taking
- [ ] Avoid transmission factor: Do not share toothbrushes, razors, nail clippers, or any object that could possibly become contaminated with blood
- [ ] Signs and Symptoms: Notify provider if develop nausea, vomiting, abdominal pain, jaundice (skin & eyes turn yellow)
- [ ] Antiviral medication compliance (if pt taking): Take medications daily and don't miss dose, important to avoid HBV resistance

**HBV Tracker:**

- [ ] Issued
- [ ] Explained

**HBV Mom's Roadmap:**

- [ ] Issued
- [ ] Explained

**Plans for baby:**

- [ ] Send to China: When __________ Caretaker __________
- [ ] Pediatrician in US: __________ CBWCHC __________ Other __________

*Recommended baby to stay in U.S. (or until vaccination done as seen in Roadmap)*

**Future Appointments:**

- Blood work (HBeAg, VL, ALT, HAV & HCV)
- Ultrasound (RUQ)
- RTC in 3rd trimester (28-32 wks)

**Newborn PID#: __________ Date of Birth: __________ Newborn Name: __________ PCP: __________
CBWCHC Hep B Moms Roadmap and Protecting Your Baby from Hepatitis B

**IF YOU HAVE HEPATITIS B, PROTECT YOUR BABY**

**USE THIS CHART TO TRACK YOUR CARE AND YOUR BABY’S CARE**

If you have hepatitis B, the virus can be transmitted to your newborn through your blood at birth. The baby can then carry this serious disease for a lifetime. To prevent infection, make sure your baby is protected with immunizations. Also, see your doctor regularly to take care of your hepatitis B and avoid liver damage.

### DURING PREGNANCY

- Get blood tests.
  - Hep B Viral Load
  - Liver tests
  - Hep B antigen
- If your disease is severe, your doctor may talk to you about taking hepatitis B medication.
- Make sure your spouse and those living with you are tested for hepatitis B.
- See a doctor regularly for hepatitis B.

### AT BIRTH

- Tell the staff at the hospital you have hepatitis B.
- Baby must receive 2 shots within 12 hours of birth to protect from infection.
  - One shot of hepatitis B immunoglobulin (HBIG)
  - 1st shot of the hepatitis B vaccine
- Once baby gets the HBIG shot and hepatitis B vaccine, it is safe to breastfeed.
- Hospital staff will give you an immunization card to track baby’s shots. Bring this card to all of your baby’s doctor visits.

### AFTER DELIVERY

- Make sure your baby receives the 2nd shot of the hepatitis B vaccine.
- Make sure your baby receives the 3rd shot of hepatitis B vaccine. This shot should not be given before 6 months, or baby will not be fully protected.

### 6 MONTHS

### 1-2 MONTHS

### 9-12 MONTHS

- Make sure baby gets a blood test to check if he or she is protected after the shots. This is special for babies born to mothers with hepatitis B.
  - HBsAg
  - HBsAb
- Check the test results:
  - Protected
  - Not Protected
  - Infected
- *If baby is not fully protected from hepatitis B, the doctor will repeat the vaccines.*

### IF YOUR BABY IS CARED FOR IN CHINA

- The caretaker must tell the new doctor that baby’s mother has hepatitis B. It is very important to make sure the baby gets the 2nd and 3rd dose of the vaccine.
- Your baby must get the 3rd shot at 6 months and not earlier.
- Ask the doctor to test your baby by 15 months to check if he or she is protected from hepatitis B. This is not done for all babies, so the caretaker should request it because it is important for your baby. Keep a copy of the results.
- When your child returns to the United States, bring your child’s vaccination records from China, and schedule a check up for your child. Immunization records are needed for children to enter to school.
CBWCHC “The Test” Comic

MY FIRST DAY WORKING AT THE HEALTH CLINIC AND I’M ALREADY HATE.
SOMETHING SURE TO HAPPEN.

NURSE PRACTITIONER LAURA?
SO? I BET SHE CAN’T MAKE BUBBLE TEA LIKE I CAN.

YOU’RE WORKING AT THE HEALTH CLINIC CAN I ASK YOU A QUESTION?
SURE.

INFECTED?
HOW CAN THIS BE? I FEEL FINE!

MISS, DON’T WORRY. MOST PEOPLE FEEL FINE BUT WE NEED TO TAKE CARE OF THIS NOW.
ON THIS IS TERRIBLE.

IT’S NOT TERRIBLE. LOTS OF PEOPLE ARE INFECTED BUT POSITIVE AND THERE IS TREATMENT AVAILABLE TO PREVENT LIVER COMPLICATIONS.

ACTUALLY YOU SHOULD ALL BE TESTED IF YOU HAVEN’T ALREADY. ESPECIALLY IF YOU OR YOUR PARENTS WERE BORN IN ASIA OR AFRICA.
HEPATITIS A, B, C AFFECT YOUR LIVER BUT HEPATITIS B AFFECTS 1 IN 10 ASIANS. MANY DON’T KNOW THEY ARE INFECTED AND IT CAN CAUSE LIVER CANCER OR DEATH.

A, B, C IT’S VERY CONFUSING.

IT IS CONFUSING BUT IMPORTANT. LET ME HELP YOU SCHEDULE THE TEST.

YOU MIGHT HAVE HAD IT SINCE YOU WERE A CHILD, EVEN A BABY.

HOW DO I GET IT?

THIS IS IMPORTANT. YOU MIGHT FEEL OKAY, BUT YOU CAN PASS IT ON TO YOUR BABY OR OTHER PEOPLE LIKE ME. YOU NEED TO TALK TO ME AND FOLLOW-UP WITH YOUR DOCTOR!
WHAT IS WE GOING TO TALK?

CHARLES B. WANG
COMMUNITY HEALTH CENTER
**B Healthy**
Keeping your liver healthy

Your personal record

**治癒記錄**
醫生將根據你的檢查報告，病情情況與家族史來決定你是否需要治療。

**TRACK YOUR TREATMENT**
Your doctor will decide if treatment is needed based on your test results, health condition and family history.

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Charles B. Wang Community Health Center
Hep B Mom Program 2011-2017 Summary

557 women completed the program and delivered
• 145 (26%) on antiviral treatment during pregnancy

552 babies born to these mothers
• 83.5% (461) completed vaccine series and received PVST while
  16.5% (91) were lost to follow up
  ▪ 319 babies completed vaccine series and received PVST at CBWCHC
  ▪ 142 babies completed vaccine series and received PVST offsite
    (results obtained through NYCDOHMH in aggregate)

• Of the 83.5% with PVST, no known cases of HBV vertical transmission
Conclusions & Recommendations

• Comprehensive management of HBV+ pregnancies involves coordination between obstetrics, HBV provider, delivery hospital, pediatrics and local department of health

• Accurate information exchange amongst all providers is crucial

• Ideally, coordinate data exchange w DOH HBV perinatal program, clinical laboratories

• Culturally relevant patient education can engage mothers and help ensure recommendations are followed
For more information

CBWCHC Website: http://www.cbwchc.org/HepatitisB.asp

Contact:
Janice Lyu, MS
Senior Hepatitis B Program Associate
Email: jlyu@cbwchc.org