

**Webinar: Exploring National and Local Approaches to Perinatal Hepatitis B Prevention
May 1, 2019
Webinar Q & A**

View recording at: https://youtu.be/2kYzv4T_qoU

Q1: A mother with hepatitis B positive, delivered, but has not gotten hep B immunoglobulin for baby. Can the baby be put breast?

A1 (Dr. Noele Nelson, CDC): Yes, HBsAg found in breast milk is unlikely to lead to transmission, and hence HBV infection is not a contraindication to breastfeeding. Related article: <https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>

Q2: We have had a couple moms enrolled in PHBPP where they were HBsAg + for 2 pregnancies and HBsAg - on their 3rd preg. Should these infants still get HBIG and enrolled for services? How common is it for a chronic carrier to have a HBsAg- test?

A2 (Dr. Noele Nelson, CDC): Yes, these infants should receive HBIG and be enrolled in the Perinatal Hepatitis B Prevention Program. The mother should be tested for HBV DNA. It is unlikely that the mother has cleared the HBV infection after being positive for 2 pregnancies. Persons with occult HBV infection (i.e., those who test negative for HBsAg but have detectable HBV DNA) also might transmit infection.

Q3: Does the CDC have any data about home births and deliveries at birth centers (outside of hospital) for pregnant people with hep B?

A3 (Dr. Noele Nelson, CDC): No, the CDC does not have information on home births and deliveries at birth centers for hepatitis B. One study that might be helpful can be found here: <https://www.ncbi.nlm.nih.gov/pubmed/30537156>

Q4: We are still not finding the amount of cases that the CDC estimates, what else is being done to build education and outreach to midwives, doulas, and birth assistance who influence delivery interventions and can identify infected mothers?

A4 (Essi Havor, Houston Health Dept.): The CDC estimates are only available at state, and few cities level, I have not seen any data at county level. Even though Houston is identifying more infants born to HBsAg-positive mothers than before, we are still not meeting CDC estimates. It is a work in progress. I am not sure if you have looked into your delivery hospitals yet, or even conduct assessment in the labs. In regards to midwives, doulas...you can educate them just like we do for other providers in the community. I personally don't think I will get better results for the amount of effort in conducting assessment in birthing centers. If I have the resources, I may be able to. I will highly recommend it for jurisdictions that have many birthing centers.

Q5: Does the CDC fund Houston and the rest of Texas separately? Why? How?

A5 (Essi Havor, Houston Health Dept.): In Texas, we have 3 CDC awardees (Texas, Houston, and San Antonio). I am not sure why.

Q6: How were you able to fund the work for audit? The funds we get from our state (and granted from CDC) only cover basic case management for the infants?

A6 (Essi Havor, Houston Health Dept.): This audit is part of our CDC objectives. I will recommend you look into getting students who are looking for practicum hours. Or reach out to your state coordinator.

Q7: Do you have any data about the "tourism effect"? How do we know if this is happening in our jurisdiction?

A7 (Essi Havor, Houston Health Dept.): Yes, I have my program data, with mothers moving out of the country within 1-3 months after delivery. We have hospitals that voiced this concern as well. We educate the hospital to ensure they still submit the positive cases. Also keep your eyes on no of limited prenatal care mothers that you cannot find after delivery, or move out of the country.

Q8: If a mother is HBsAg positive and her viral count is low should the baby receive HBIG or just Hep B vaccine?

A8 (Dr. Noele Nelson, CDC): If the mother is HBsAg positive, the infant should receive HBIG and HepB vaccine within 12 hours of birth, regardless of the maternal viral load. If the mother's viral load (HBV DNA) is >200,000 mIU/mL, antiviral therapy should be considered for the mother to reduce perinatal HBV transmission.

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>

Q9: Do you have to get permission from the state to audit the birthing hospitals?

A9 (Essi Havor, Houston Health Dept.): No, I don't. I have the authority over my jurisdiction, and I would inform the state or get permission if I plan to step out of my jurisdiction. I will probably reach out to the local hep B coordinators if needed.

Q10: Does Texas require mandatory reporting, or will there be a centralized location for electronic records?

A10 (Essi Havor, Houston Health Dept.): Texas: Chronic hepatitis B in the general population is not reportable, only pregnant women, and children less than 24 months. Acute hep B is reportable. I am not aware of any centralized records. We are able to gain remote access from

some hospitals once the records we want to review are selected or go to their medical record location. For multiple hospitals within the same system, we may go to their warehouse.

Q11: How would you respond to a physician/provider who stated she did not want to promote the birth dose because of the blood brain barrier immaturity and the infant born to a HBsAg- mother will get the Pediarix at 2 months anyway...?

A11 (Dr. Noele Nelson, CDC): The birth dose provides a safety net for infants of HBsAg-positive women not identified for post-exposure prophylaxis (PEP) because of: Medical errors in interpreting or documenting maternal screening results, failure to test women at delivery who are admitted without prenatal HBsAg test results, and infants who have contact with a HBsAg-positive caretaker or household member.

Unvaccinated infants and children are at risk for horizontal transmission from infected household and other contacts, prior to 2 months of age.

Q12: Which of the birth route has more risk of transmitting the HBV, normal birth or Cesarean?

A12 (Dr. Noele Nelson, CDC): Available data do not support the need for a cesarean delivery, particularly among HBV-infected pregnant women with low HBV DNA. Caesarian section is not recommended for reducing mother to child transmission in the US.