

Identification and Management of HBV-Infected Pregnant Women

- All pregnant women should be tested for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been tested or vaccinated previously
 - All HBsAg-positive pregnant women should be tested for HBV DNA to guide the use of antiviral therapy
 - AASLD suggests maternal antiviral therapy when the maternal HBV DNA is >200,000 IU/mL
 - HBsAg-positive pregnant women are reportable to DPH within 7 days via SendSS (sendss.state.ga.us) or by phone at 404-651-5196
- Women not tested prenatally, those with clinical hepatitis and those whose behaviors place them at high risk for HBV infection should be tested at the time of admission to the hospital for delivery

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

CDC estimates that over 700 HBV exposed births occur in Georgia each year; however the Georgia Department of Public Health (DPH) identifies less than half of these births annually. In years 2013-2017, 1,641 births occurred to hepatitis B-infected women; Georgia averages ~328 HBV-exposed births each year. The highest concentration of HBV-exposed births occurred in metro-Atlanta accounting for 69% of all HBV-exposed births. Of these births, 77% (1,264) were born to mothers who reported being born outside of the US. For these mothers, the most reported countries of birth were: China, Vietnam and Nigeria, where HBV is endemic.

Prenatal care providers play a critical role in preventing perinatal transmission by identifying these high-risk women during pregnancy. Providers should test for hepatitis B surface antigen (HBsAg) and report positive results to DPH, in order to identify HBV-infected pregnant women.

Hepatitis B infection in pregnant women is a reportable condition by Georgia law (O.C.G.A. 31-12-2). It is important that every woman is tested every pregnancy for HBsAg. Failure to test increases the likelihood that HBV-infected women and their newborns will not receive critical interventions and case management services provided by Public Health. Pregnant women with reactive/positive HBsAg laboratory results must be reported to DPH within seven days of laboratory confirmation. Cases can be reported electronically through the State Electronic Notifiable Disease Surveillance System (SendSS) at <http://sendss.state.ga.us> or via fax to 404-657-6871 or phone call to 404-651-5196.

Hepatitis B-Exposed Births (n=1,641), Georgia, 2013-2017

