

2. OVERVIEW

The Advisory Committee on Immunization Practices (ACIP), American College of Obstetrics and Gynecology (ACOG), American Academy of Pediatrics (AAP), and the American Academy of Family Practice (AAFP) recommend that all pregnant females be routinely tested for HBsAg during an early prenatal visit, in each pregnancy, and again in the third trimester for women with high-risk behaviors (Multiple partners, HBsAg positive partner, IV drug use, or a recent STD).

Tracking for infants and contacts is important to stop transmission of HBV, a Class B reportable disease. As detailed in the Ohio Administrative Code (under section 3701-3), all positive lab findings of Class B reportable diseases are required to be reported to the LHD within whose jurisdiction the client resides. In addition, females who are hepatitis B positive need to be reported for every pregnancy, regardless of prior reporting. As an infectious disease and a Class B reportable disease, public health is exempt from HIPAA requirements for patient consent [per HIPAA 164.512 (2) (b) (1) (i) and (2) (d) (iv)].

Serologies testing for household and sexual contacts of a known perinatal hepatitis B case and post vaccine serology are available through ODH and arranged by the LHD. Hepatitis B vaccine is provided by ODH to the LHD for household and sexual contacts at no cost. HBIG is provided by ODH to the LHD for sexual contacts of the acute pregnant female if sexual contact has occurred within the prior two weeks. Contact PHBPP Coordinator at ODH to obtain HBIG.

ODH PHBPP has always worked with LHD's and Primary Care Providers (PCP's). In the past, primary case management responsibility rested with ODH PHBPP. In recent years, ODH recognized the need for transitioning this responsibility from primarily an ODH function to a case management function of the LHD. One of the most important reasons for this is that the case load has dramatically increased due to program reorganization and increased surveillance of chronic cases. Additionally, case management is more effectively conducted at the local level, given:

- the close proximity to cases
- the ability to make home visits as needed
- the knowledge and frequent contact with PCP's
- the familiarity with local referral services

In response to this need, the ODH Perinatal Hepatitis B workgroup was formed. The group is composed of nurses from LHD's representing urban, suburban and rural areas of Ohio as well as an ODH PHBPP consultant. The workgroup has developed this protocol, streamlined the case management requirements by developing a timeline for the LHD and ODH, and facilitated the transition of shared partnership with the LHD's.