Perinatal Hepatitis B Screening

Coordinator:

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Why is it used?

- To identify and provide case management for hepatitis B surface antigen (HBsAg) positive pregnant women and their babies.
- Track changes in the overall epidemiological characteristics of hepatitis B.
- Assure that infants at risk of perinatal transmission receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine series follow with post vaccination serology testing.
- To monitor for vaccine failures in infants born to hepatitis B positive mothers who receive the preventative regimen.

What data is collected?

- Reports of HBsAG tests on all prenatal patients.
- Demographic and clinical information.
- Dates of HBIG administration and hepatitis B vaccine series administration after birth.
- Date and results of post-vaccination serology testing including both HBsAg and hepatitis B surface antibodies.

How is data collected?

- Following mandatory HBsAg screening for all pregnant women, positive results reported by LHDs or obstetrical provider using EPID 394.
- Birthing hospitals complete EPID 399 (infant exposure to HBsAg positive mother) forms and send via secure fax or email to LHD or the state coordinator.
- Electronic lab submissions and vital record search.
- Internet Information Services (IIS) query to identify infants who have received HBIG.

Data Strengths:

 Provides surveillance and monitoring of known cases of children born to hepatitis B positive mothers.



Data Limitations:

- Information is limited to what is provided by LHDs, obstetrical providers, pediatricians, primary care providers and birthing hospitals. Data is also received from commercial labs and vital statistics.
- Access to the data is limited and inconsistent.
- Providers buy in to report via electronic medical records.
- Providers inconsistently testing and reporting results to LHDs and state coordinator.

How is the system evaluated?

Evaluated annually through a report submitted to the CDC containing:

- The number of births to HBsAg positive mothers.
- Vaccination completion rates.
- Post-vaccination testing rates.

Data Set Availability:

Current registry is a restricted access database housed on a server in Frankfort, Kentucky.

Data Release Policy:

• Kentucky follows the integrated security and confidentiality guidelines for HIV, STD, viral hepatitis and TB surveillance programs mandated by the CDC.

Data Publications:

- Data are released to the CDC for publication in the Morbidity and Mortality Weekly Report (MMWR).
- The Department for Health and Human Services (HHS) uses these data for its viral hepatitis and perinatal hepatitis B programs.

Suggested Citation:

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