



# **Louisiana Perinatal Hepatitis B Prevention Program**

**State of Louisiana  
Department of Health and Hospitals  
Immunization Program**

Chronic hepatitis B infection impacts an estimated 700,000 – 1.4 million people in the United States, many of whom have been infected for many years and are unaware of their infection. While treatments exist that can reduce viral replication and the liver damage caused by it, there is no cure for hepatitis B. However, there is a safe and effective vaccine to protect infants, children and adults from hepatitis B.

Among the ways that the hepatitis B virus can be transmitted is perinatally – from a pregnant woman to her baby. Without intervention, approximately 45% of all babies born to infected mothers will themselves be infected with HBV. Infants infected with hepatitis B have a 90% risk of developing a chronic infection, and 25% of those chronically infected as infants die prematurely due to hepatitis B-related complications. These potentially devastating consequences can be prevented. Appropriate and timely post-exposure prophylaxis (PEP) is approximately 85% effective in preventing perinatal HBV transmission.

In 1990, the U.S. Centers for Disease Control and Prevention (CDC) created the National Perinatal Hepatitis B Prevention Program (PHBPP), designed to identify pregnant women infected with hepatitis B and to provide case management to ensure that their infants receive timely PEP and the complete hepatitis B vaccine series. While this program has successfully case managed thousands of pregnant women and their babies, still an estimated 1,000 babies have been infected with hepatitis B each year during the past decade <sup>1</sup>.

Eliminating perinatal hepatitis B transmission requires engagement and vigilance from multiple stakeholders, including federal and state agencies, healthcare providers, community-based organizations, policymakers, advocacy groups, payer systems, disproportionately affected communities, and the general public. Case management of mothers infected with hepatitis B and their babies, through the PHBPP as well as in other contexts, represents an important area in which effective and evidence-based practices can improve outcomes. The process of managing perinatal hepatitis B prevention is described as “passing the baton” among providers since successful prevention efforts require coordinated communication and action by multiple providers at various stages of care: preconception planning in primary care; prenatal and post-partum care in OB/GYN offices; labor, delivery, and post-partum care at the birth location; and pediatric care.

Based on the CDC National Perinatal Hepatitis B Prevention Program (PHBPP) being established, the Louisiana Perinatal Prevention Program was then created to ensure the identification of pregnant women with chronic HBV and ensure that their infants complete timely PEP through case management. Elements of the PHBPP include: 1) Identify HBsAg positive pregnant women and enroll them in the PHBPP, 2) Coordinate care (e.g. ensure delivery hospital is aware of woman’s HBsAg positive status and pediatric provider is aware of newborn exposure and understands how

<sup>1</sup> *Technical Consultation on the Elimination of Perinatal Hepatitis B in the U.S.; Dec 2015*

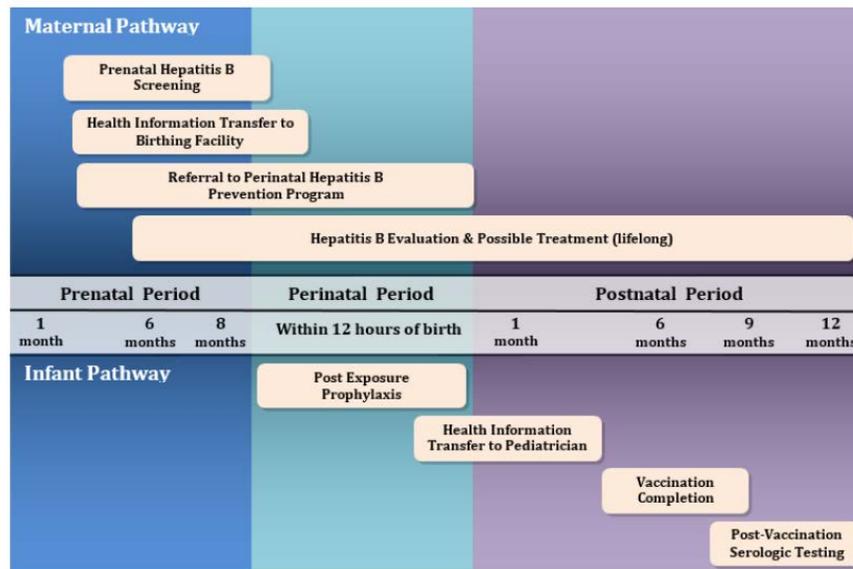


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to manage the infant), 3) PEP completion (administration of HBIG and HepB birth dose within 12 hours of delivery), 4) HBV vaccination series completion 5) Post-vaccination testing, and 6) Monitoring and evaluating the program.

## Perinatal Hepatitis B Prevention Pathways



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