April 6, 2015

Dear Healthcare Providers:

Re: Important Information On Referring and Testing Hepatitis B Surface Antigen Positive Pregnant Women

The Centers for Disease Control and Prevention recommends referring hepatitis B surface antigen (HBsAg) positive patients to a physician experienced in the management of chronic liver disease to assess and monitor the liver function, liver damage and determine eligibility for antiviral therapy. When testing determines the woman is chronically infected and Hepatitis B Virus (HBV) e antigen (HBeAg) positive or the HBV DNA load is $10^8$ copies/mL or greater, there is an opportunity to treat her chronic infection with antiviral therapy during pregnancy.

Current research in Obstetrics and Gynecologists (2014), suggest that HBeAg and HBV DNA testing saves lives and is cost effective. The study demonstrated that HBeAg testing saved $3.3$ million, $3,080$ quality--adjusted life years (QALYs) and prevented $486$ chronic HBV infections when compared to only testing for HBsAg. HBV DNA load testing cost $3$ million more than the current recommendation, but saved $2080$ QALYs and prevented $324$ chronic infections.

Based on data from our Perinatal Hepatitis B Prevention Unit, prenatal healthcare providers are not routinely referring or testing HBsAg positive pregnant women for HBeAg or HBV DNA. Women that are HBeAg positive and have a high HBV DNA are more infectious. Despite receiving the Hepatitis B vaccine and Hepatitis B immune globulin (HBIG) within 12 hours after birth, 5%-10% infants born to HBeAg positive women become infected and are at risk for developing chronic HBV infection.

Seventy to ninety percent of infants born to HBeAg positive women who fail to receive Hepatitis B Vaccine and HBIG within 12 hours after birth, will become chronically infected with the HBV and have a 25% risk of premature death from liver failure or liver cancer.
We are aware that you provide care to HBsAg positive pregnant women. As such, we encourage you to also refer these patients to a physician experienced in the management of chronic liver disease to obtain HBeAg or HBV DNA and other tests to determine eligibility for antiviral therapy. If you already refer your patients or have HBeAg, HBV DNA or anti-HBe results available, please fax to (213) 351-2781 Attn: Christina Eclarino, R.N., M.SN., P.H.N.

Please call Christina Eclarino, R.N., M.SN., P.H.N at (213) 351-7429 or me at (213) 351-7433 if you require additional information.

Sincerely,
Kim Moore, R.N., M.S.N., P.H.N, F.N.P-C.
Perinatal Hepatitis B Prevention Coordinator

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References:


