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Perinatal Hepatitis B Prevention Program



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October 2026 | NYSACHO Consortium

HEPATITIS B



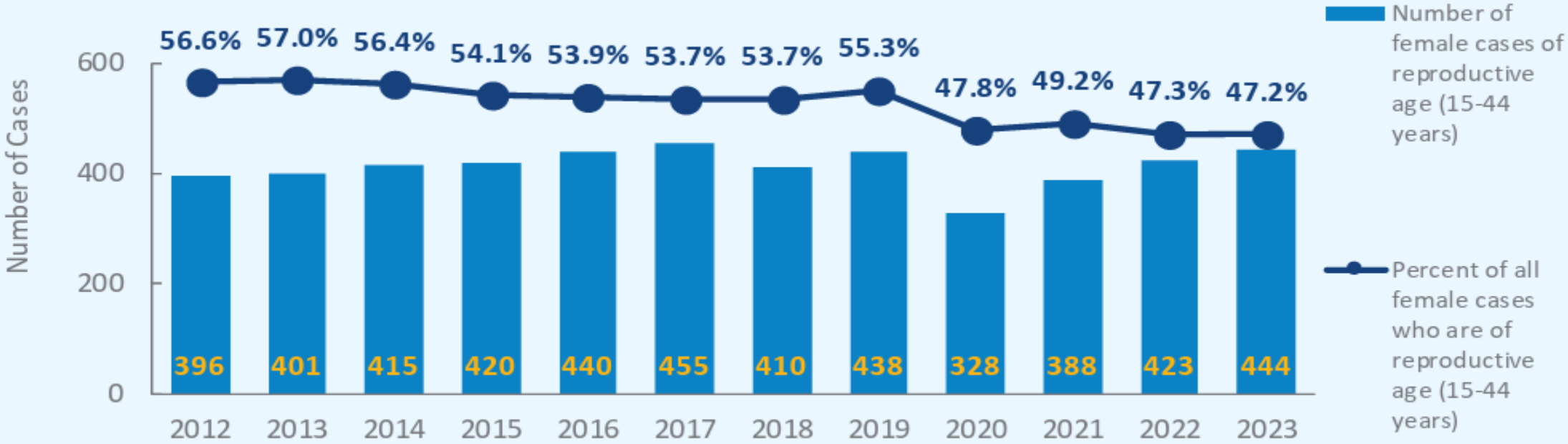
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- ⚠️ Hepatitis B virus (HBV) transmission occurs through percutaneous or mucosal exposure to blood or body fluids from an infected person.
- ⚠️ About 1 in 2 people with hepatitis B do not know they are infected. People can spread the virus even when they have no symptoms.
- ⚠️ The CDC estimates that about 640,000 adults in the US have chronic (long-term) hepatitis B.
- ⚠️ HBV is more transmissible than HIV because it can be 100 times more concentrated in an infected person's blood.
- ⚠️ Chronic HBV can lead to severe complications, including liver failure, liver cancer, and even death.
- ⚠️ Hepatitis B is the world's leading cause of liver cancer.

Source: MMWR, Prevention of Hepatitis B Virus Infection in the United States, 2018; <https://www.cdc.gov/hepatitis-b/index.html>

PERINATAL HEPATITIS B RISK IS ON THE RISE

Figure 2.3: Newly Reported Hepatitis B Cases Among Females of Reproductive Age (15-44 Years), NYS (excl. NYC), 2012-2023



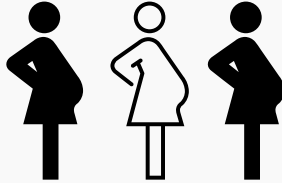
Although the number of newly reported hepatitis B cases among females of reproductive age has increased by approximately 35% since 2020, the **percentage of females who are of reproductive age (e.g., between the ages of 15 and 44) has declined since 2019.**



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PERINATAL HEPATITIS B PREVENTION PROGRAM

Our Mission:



To prevent perinatal transmission of the hepatitis B virus.

-  HBV transmission occurs through percutaneous or mucosal exposure to infectious blood or body fluids, as occurs during the birthing process.
-  Without post-exposure prophylaxis, approximately 90% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection.
-  Approximately one-fourth of those children who are chronically infected will eventually die prematurely from chronic liver disease.

Preventing perinatal hepatitis B involves:

Screening

Every pregnant person, first trimester, for hepatitis B surface antigen (HBsAg)

Identifying

Prenatal HBsAg for hepatitis infection, as soon as possible for earliest education and notifying our extended clinical teams

Treating

Exposed infants with post exposure prophylaxis:

- 1) Hepatitis B vaccine birth dose and Hepatitis B immuno-globulin (HBIG) within 12 hours of birth
- 2) Hepatitis B vaccine at 1-2 months
- 3) Hepatitis B vaccine at 6 months, not earlier.

Confirming Immunity

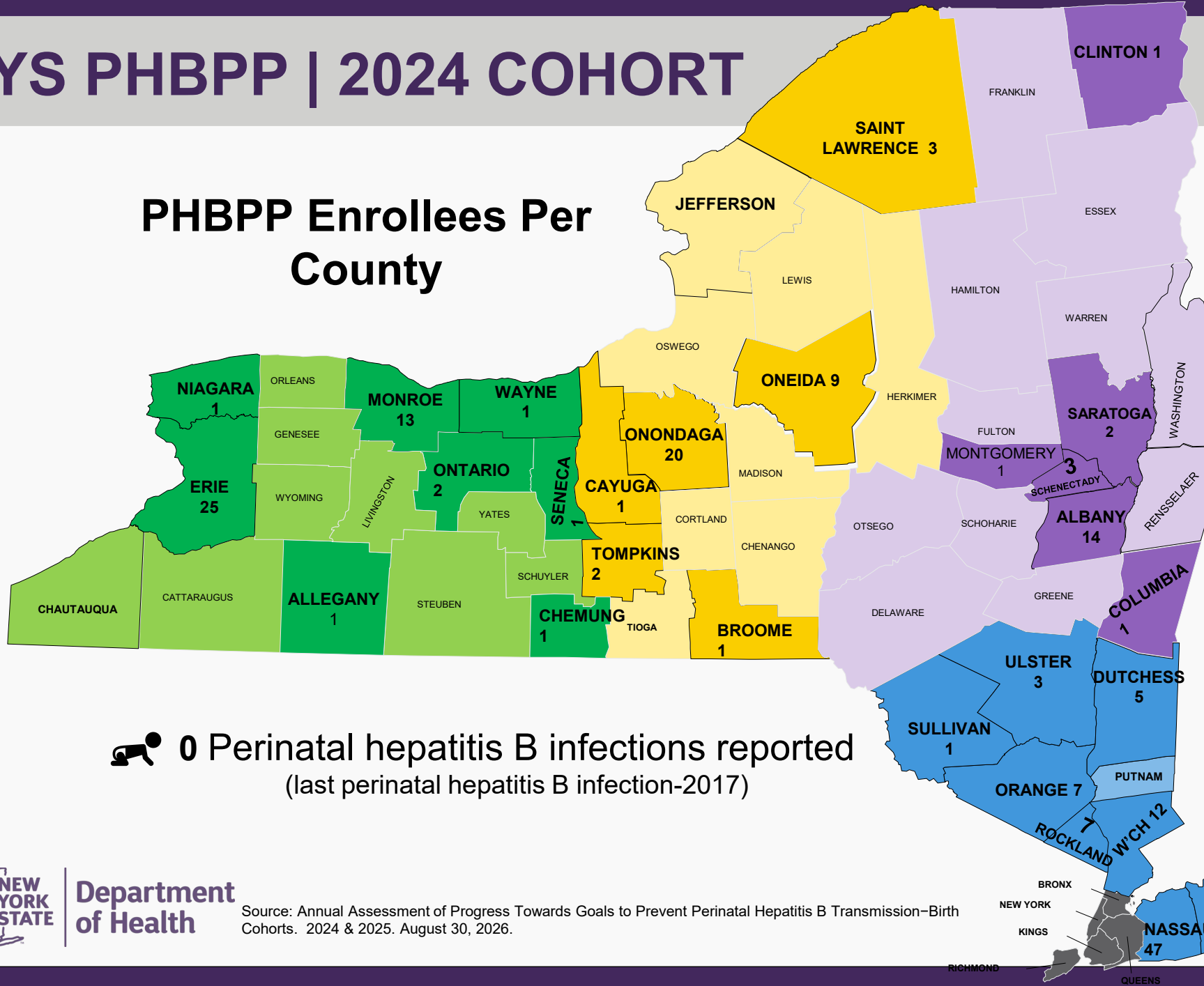
Test infant no earlier than 9 months of age, or one month after last hepatitis B vaccine dose if the series was delayed.



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Source: MMWR, Prevention of Hepatitis B Virus Infection in the United States, 2018; <https://www.cdc.gov/hepatitis-b/index.html>

PHBPP Enrollees Per County



 **206** (222) Infants Case
Managed Across NYS

 **99% (98%)** Received timely post-exposure prophylaxis.

 **94% (95%) Completed**
hep B vaccine series
by 12 months of age.

 **81% (76%) Completed PVST by end of the reporting period.**

 **0 Perinatal hepatitis B infections reported**
(last perinatal hepatitis B infection-2017)

ADDITIONAL 2024 PHBPP CASE STATS

97% (96%) identified with maternal HBsAg (+) status
4% (4%) unknown status

46% (26%) + HBsAg birthing people identified prior to birth

2% (5%) Enrollees lost to follow-up prior to completion of PHBPP activities

(Re)Education
to more providers
in each county will
continue to improve
our program
successes.



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Source: Annual Assessment of Progress Towards Goals to Prevent Perinatal Hepatitis B Transmission–Birth Cohorts. 2024 & 2025. August 30, 2026.



COMMON CHALLENGES:

To Prenatal Screening:

- 👉 *Pregnant people with no prenatal care*
- 👉 *Prenatal providers and/or hospital providers ordering incorrect screening tests*
- 👉 *Several communities across NYS are unlikely to receive maternal HBsAg screening*

To Identifying Maternal Hepatitis B Infection:

- 👉 *Prenatal providers and/or hospital providers interpreting incorrect screening tests.*
- 👉 *Discrepant labs*
- 👉 *Home births*
- 👉 *Emergency room deliveries*

To Treating an Infant Exposed to Hepatitis B:

- 👉 *Difficult for LHD to maintain contact with family to reinforce processes.*
- 👉 *Educating parents who believe the hepatitis B vaccine will harm their child*
- 👉 *Families moving*

To Confirming Immunity to Hepatitis B:

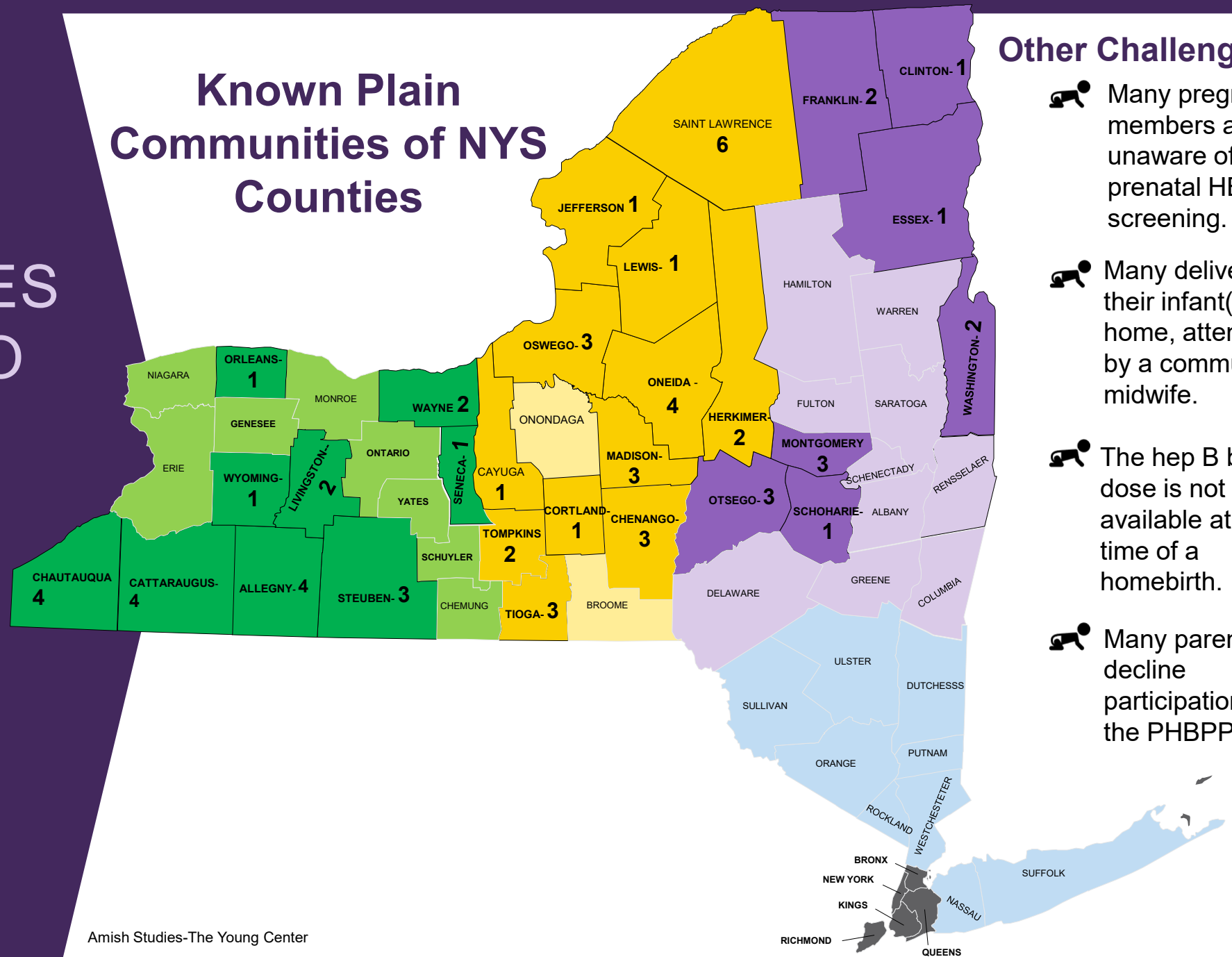
- 👉 *2% Enrollees lost to follow-up prior to the completion of PHBPP activities.*
- 👉 *Providers and/or hospital providers ordering incorrect screening tests*
- 👉 *Lab site off premises of providers office*



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COMMUNITIES UNLIKELY TO RECEIVE MATERNAL HBsAg SCREENING

Known Plain Communities of NYS Counties



Other Challenges:

-  Many pregnant members are unaware of prenatal HBsAg screening.
-  Many deliver their infant(s) at home, attended by a community midwife.
-  The hep B birth dose is not available at the time of a homebirth.
-  Many parents decline participation in the PHBPP.



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Amish Studies-The Young Center

STRATEGIES
TO INCREASE
HBsAg
SCREENING
AND
IMMUNIZATION
RATES:



Educate,

EDUCATE

And...

**RE-
EDUCATE**

LHDS PROVIDING COMMUNITY EDUCATION

Introduce yourself:

- ✉ Connect with a dedicated contact at each providers office attending to pregnant people and infants as “their” public health resource.

Offer training opportunities:

- 🔑 Visit obstetric and pediatric providers and their clinical staff in person or via webinar- **Schedule an *annual visit*.**
- 🔑 Fax a monthly resource to the largest practices in your community- **“October’s Monthly PHBPP Mailing”.**

Become Trusted Messengers*:

- ♥ Communicate with empathy, clarity, and cultural humility equally across various communities.
- ♥ Be present and reliable; share and offer appropriate consistent resources.
- ♥ Meet people where they are with respect; listen more than talk and acknowledge their concerns.



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*Source: Trusted Messengers: The Beating Heart of Community Outreach
November 6, 2025. <https://rootchange.org/wp-content/uploads/2024/09/Root-Change-Bill-of-Rights-and-Responsibilities.pdf>



NYSDOH PHBPP AND LHD STAFF CONDUCT HOSPITAL ON- SITE VISITS:



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- 🛒 To review PHL Article 10, 2500e: **Public Health Law: Article 25, Section 2500-e. Pregnant women, blood test for hepatitis B; follow-up care.**
- 🛒 We discuss the hospital's criteria met to conduct OSV
- 🛒 We align hospitals and local health departments on expectations and public health law
- 🛒 We review data and identify gaps like missed maternal screening and work together on solutions
- 🛒 These visits are about collaboration not enforcement
- 🛒 The goal is continuous improvement making sure systems support timely and accurate care



Honorable Mention:

Most of the work the LHD PHBPP coordinators do to protect infants from perinatal hepatitis B infection remains unknown to the families they protect; they are guardian angels amongst their communities!



THANK YOU FOR ALL YOU DO!!!



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CONTACTS FOR NYSDOH PHBPP

NYSDOH CENTRAL OFFICE PHBPP CONTACTS:

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