

***Immunization Hot Topics: Perinatal Hepatitis B and Influenza
September 20, 2011
Questions Received After Program Concluded***

Question: Which vaccine do you recommend for pregnant women under the age of 18?

Answer: Any of the influenza vaccines approved for a person under 18 *EXCEPT* FluMist nasal spray is acceptable to use for pregnant women under 18. The following products would be appropriate for use with this kind of patient:

- Fluvirin;
- Fluzone;
- Fluarix;
- Afluria.

Question: At our clinic, we see many undocumented immigrants from the Caribbean and South America, fresh from their country of origin. I assume there is a baseline incidence of Hep B in a lot of those countries. Are there any recommendations by the CDC about screening pre-teen and teenage immigrants for Hep B?

Answer: One option would be to screen but also give the first dose of Hepatitis B vaccine. Since you may not see the patients again, it would be best to at least start a series, while determining their status.

The CDC provides a document entitled *Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus* (MMWR RR September 19, 2008). Pages 6 -10 of this document address prevalence and pre-vaccination screening.

<http://www.cdc.gov/mmwr/PDF/rr/rr5708.pdf>

These documents also provide information on incidences of HepB in Caribbean and Latin American countries.

Safety of blood supply in the Caribbean countries: role of screening blood donors for markers of hepatitis B and C virus

<http://www.ncbi.nlm.nih.gov/pubmed/16461244>

Hepatitis Screening, Immunization and Testing for Mobile Populations and Immigrants from Mexico, Central and South America, and the Caribbean

http://www.migrantclinician.org/files/resourcebox/Hep_MCN_Position_Paper.pdf

Question: If most children are born in hospitals in Connecticut and all pregnant women are supposed to be screened for Hep B before delivery, why is there such a poor success rate of diagnosing Hep B?

Answer: Many factors may influence why so many HBsAg-positive women are not being identified by the Perinatal Hepatitis B Prevention Program (PHBPP).

- Not all lab tests are being identified and pregnancy status determined. It may not be the case in Connecticut but in a large state with limited resources – it may be a (big) factor.
- Not all prenatal providers screen their patients. Some providers may use a test result from a previous pregnancy.
- Some woman have home births or receive no prenatal care
- Delivery hospitals may not have written protocols about reviewing test results at time of delivery or testing women for HBsAg status at time of delivery.
- A significant number of the identified pregnant women with HBsAg-positive status are identified by the PHBPP from review of lab results which is a labor intensive process and some woman may get missed.
- Finally, education and partnerships must be in place between the PHBPP and all providers that care for pregnant women and/or their children. It should be second nature for the care giver (provider or hospital), when caring for an HBsAg-positive woman or infant born to a positive mother, to notify the PHBPP and make sure the program is aware of the mother or infant. The PHBPP can work with other units in the health department, such as disease surveillance, to identify cases and review immunization registries for infants that had HBIG administered.

Addressing these factors should improve case identification.