Appendix B
Flowcharts and Diagrams
This page intentionally left blank.
Guideline 1: Case Management of Mothers with Discrepant HBsAg Results

Mother’s HBsAg Results

- Prenatal: HBsAg (-) Delivery: HBsAg (+)
- Prenatal: HBsAg (+) Delivery: HBsAg (-)

Begin / continue case management on Mother Case Management Report form

To determine status, in 6 months, test for:
- HBsAg
- anti-HBs
- anti-HBc

Keep case open until status is determined.

- HBsAg (+) anti-HBs (-) anti-HBc (+)
  - Mother is chronically infected. Refer for medical follow-up and continue case management for infant(s) and contacts ≤ 24 months.

- HBsAg (-) anti-HBs (-) anti-HBc (+)
  - Interpretation unclear; four possibilities:
    1. Resolved infection (most common)
    2. False-positive anti-HBc, thus susceptible
    3. “Low level” chronic infection
    4. Resolving acute infection

- HBsAg (-) anti-HBs (-) anti-HBc (-)
  - Mother is susceptible, refer to provider for vaccination; close all cases as ineligible.

- HBsAg (-) anti-HBs (-) anti-HBc (+)
  - Continue case management and call the State PHBPP Coordinator for instructions:
    (800) 252 - 9152

Rev. 12/2014
This page intentionally left blank.

Screen all pregnant women for HBsAg.

- **Prenatal: HBsAg (-)**
  - **Delivery: HBsAg (-)**
    - **No prenatal care**
    - **Delivery: HBsAg (-)**
      - Not a case. Ineligible for PHB Prevention Program.

- **Prenatal: HBsAg (+)**
  - **Delivery: HBsAg (+)**
    - **HBsAg (-)**
      - **anti-HBs (+)**
        - **anti-HBc (+)**
          - Mother’s acute infection has resolved; immune.
          - Services completed. Continue case management of infant(s) and contacts ≤ 24 months.

  - **HBsAg (-)**
    - **anti-HBs (-)**
      - **anti-HBc (-)**
        - **Mother is susceptible, Refer to medical provider for vaccination. Close all cases as ineligible.**

  - **HBsAg (+)**
    - **anti-HBs (-)**
      - **anti-HBc (+)**
        - Interpretation unclear; four possibilities:
          1. Resolved infection (most common)
          2. False-positive anti-HBc, thus susceptible
          3. "Low level" chronic infection
          4. Resolving acute infection
          - Continue case management and call the State PHBPP Coordinator for instructions: (800) 252 - 9152

- **Prenatal: HBsAg (+)**
  - **Delivery: HBsAg (+)**
    - **HBsAg (-)**
      - **anti-HBs (-)**
        - **anti-HBc (+)**
          - **Chronically infected; initiate case management.**
          - Refer for medical evaluation and follow-up. Services complete for mother.
          - Continue case management of infant(s) and contacts ≤ 24 months.

  - **Not a case. Ineligible for PHB Prevention Program.**

* If 6 months have not passed, follow guidance to retest.
**Guideline 3: Case Management of Infants Born to HBsAg-positive Women**

**Monovalent series**

- HBIG and hepatitis B #1 (birth dose)

**Pediarix® series**

- Hepatitis B #2
- Hepatitis B #3
- Hepatitis B #4

**PVST 3 months after final dose of series (HBsAg and anti-HBs)**

- HBsAg (+)
  - Anti-HBs (-)

- HBsAg (-)
  - Anti-HBs (-)
  - Susceptible
  - Immediately initiate hepatitis B #1 of 2nd vaccine series (monovalent).
  - Hepatitis B #2 of 2nd vaccine series.
  - Hepatitis B #3 of 2nd vaccine series.
  - PVST 3 months after final dose of 2nd series (HBsAg and anti-HBs).
  - HBsAg (+)
    - Anti-HBs (-)
  - HBsAg (-)
    - Anti-HBs (-)
    - Non-responder, counsel. Services completed.
  - HBsAg (-)
    - Anti-HBs (+)
    - Immune. Services completed.

**Pedinax® series**

- Hepatitis B #2

*National Electronic Disease Surveillance System.

If case manager does not have access, case should be submitted to overseeing Epidemiology Team for reporting.
**Guideline 4: Follow-up for Contacts ≤ 24 months of age**

Documented history* of serology testing for HBsAg and anti-HBs?

- **NO**
  - Perform serologic testing for the following markers if not already documented:
    - HBsAg
    - Anti-HBs
  - HBsAg (+) Anti-HBs (-)
    - Infected
    - Refer for medical evaluation and follow-up. Services complete.
  - HBsAg (-) Anti-HBs (-)
    - Susceptible
    - Initiate vaccine series (2nd series if already completed) and repeat PVST (HBsAg and anti-HBs).
  - HBsAg (-) Anti-HBs (+)
    - Immune
    - Services complete.

- **YES**
  - HBsAg (-) Anti-HBs (-)
  - Refer to provider for follow-up. Services complete.

- **HBsAg (+) Anti-HBs (-)**
  - Infected
  - Refer for medical evaluation and follow-up. Services complete.

- **HBsAg (-) Anti-HBs (+)**
  - Immune
  - Services complete.

- **HBsAg (-) Anti-HBs (-)**
  - Non-responder
  - Counsel and refer to provider for follow-up. Services complete.

* Serologic testing history is defined as a written and dated laboratory report.
This page intentionally left blank.