

## Hepatitis A & B, Vaccines & Pregnancy

Tiffany returns to your office 3 years later. She never did follow through on any vaccines and had been lost to follow-up. She had a positive pregnancy test last week and thinks her LMP was about 8 weeks ago.

**In addition to usual pre-natal care, what other tests would you order at this time?**

*(Hep Bs Ag) CMP, Total anti-HBc, Hep C viral load, Total anti-HAV*

She is HepBsAg positive, anti-HBc positive, rubella immune, RPR NR and has not been exposed to Hep A.

**How would you explain these results to her?**

*She has been exposed to Hep B since seen last by you and likely is a chronic carrier.*

**Would you offer her any vaccines at this time and why?**

*HAV vaccine is indicated since she is high risk for complications with underlying Hep C.*

*She should also be offered a flu shot.*

*Though not a vaccine I might also place a PPD given her risk factors*

She declines any vaccines at this time.

Tiffany is concerned about whether she will pass on Hepatitis to her baby.

**What can you tell her about vertical transmission of Hep B and Hep C?**

*Hep B – transmission usually intrapartum – about 10-20% without treatment, 90% if also HepE*

*Can be prevented with administration of HBIG and HBV vaccine at birth*

*If infection occurs during the pregnancy, then transmission much more likely*

*Infants are tested for HepBsAg and anti-HBs 1-2 months after completing 3 dose series*

*Hep C – transmission related to viral loads, increased if concurrent HIV*

*Currently no treatment available during pregnancy*

**Should she have a C/S? NO! Should she bottle-feed instead of breast-feeding? NO!**

Tiffany would like to know why her baby will be vaccinated against Hep B at birth and she wasn't.

**What are the adult recommendations for Hep B vaccination?**

*Routine vaccination at birth was recommended in 1992, majority compliant by 1996*

*Adult vaccination recommended for those at risk – including having more than one sexual partner in the last 6 months, or anyone who seeks evaluation for STI.*

Several weeks later Tiffany calls you to say that the health department has contacted her as someone who was exposed to Hep A through eating food at a restaurant involved in a Hep A outbreak. She feels fine.

**Please explain to her how she could have become infected.**

*Hep A is transmitted through a fecal-oral contamination cycle. 28 d incubation period.*

*Often asymptomatic in young children who act as carriers.*

**Should she receive prophylaxis? Should she be vaccinated?**

*Yes to both – both are safe in pregnancy. IG if within 2 weeks of exposure + HAV vaccine x 2*

**What is the risk to her infant? Should her infant be vaccinated for Hep A at birth?**

*Baby will be vaccinated with two doses, 6 months apart, between 12-24 months old*