British Viral Hepatitis Group
UK guidelines for the initial management of hepatitis B infection
London 27 June 2008

BVHG Consensus Statement –
UK guidelines for the management of babies born to women who are HBsAg positive

A High quality evidence based recommendations relying on randomised controlled trials
B Some evidence but not based on randomised controlled trials
C Expert opinion

1) All women who are found to be HBsAg positive during pregnancy should undergo appropriate testing, assessment and referral as outlined in the BVHG Guidelines for Initial Testing and Referral of Individuals who are HBsAg Positive (B).

2) For women who are HBeAg positive the infant should receive both active and passive vaccination after delivery – i.e. the infant should receive a vaccine based on HBsAg AND hepatitis B immunoglobulin (HBIg) (B).

In addition women who have high viral loads (i.e. HBV DNA $>10^7$ IU/ml) should be considered for therapy with a potent antiviral agent from the 32nd week of pregnancy. The risks and benefits and the limited evidence for this approach should be discussed with the patient (C).

3 For women who are HBeAg negative the infant should receive active vaccination after delivery – i.e. the infant should receive a vaccine based on HBsAg (A).

In addition women who have high viral loads (i.e. HBV DNA $>10^7$ IU/ml) should be considered for therapy with a potent antiviral agent from the 32nd week of pregnancy. The risks and benefits and the limited evidence for this approach should be discussed with the patient (C).

Women who may be at above average risk of transmission (i.e. those who have previously infected an infant during childbirth) may be offered antiviral therapy (as above) with or without HBIg. The risks and benefits and the limited evidence for this approach should be discussed with the patient (C)

4) Local Primary Care Trusts should audit vaccination delivery and a target of 100% successful completion of all vaccinations should be the goal. The number of transmissions occurring despite implementation of the guidelines should be documented.

5) The pharmaceutical industry should establish a registry of women treated during pregnancy to determine the safety and efficacy of antiviral therapy during the third trimester of pregnancy.

6) Dr Ryder (Nottingham) is planning a UK wide study to evaluate the efficacy of antiviral therapy in the final trimester of pregnancy and the study is supported by BVHG.