

THIS IS AN OFFICIAL WEST VIRGINIA HEALTH ADVISORY #235

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HEALTH ADVISORY # 235

Enhanced Identification, Reporting, and Follow-Up of Perinatal Hepatitis B and Hepatitis C Exposures in West Virginia

TO: West Virginia Healthcare Providers, Hospitals, and Other Healthcare Facilities

FROM: Shannon McBee, MPH, CHES State Epidemiologist, West Virginia Department of Health, Bureau for Public Health

DATE: June 9, 2026

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, pediatricians, obstetricians, and other applicable partners

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Summary

West Virginia continues to experience a substantial burden of viral hepatitis, including some of the highest rates of hepatitis B virus (HBV) and hepatitis C virus (HCV) infection in the United States. HCV infection is increasingly prevalent among women of reproductive age, and an estimated 2.9% of live births in West Virginia occur to women with evidence of HCV infection. Additionally, West Virginia consistently reports the nation's highest rates of acute HBV infection.

Perinatal transmission of viral hepatitis remains a significant and preventable cause of chronic liver disease. Timely identification, reporting, and follow-up of infected pregnant persons and exposed infants are essential to preventing transmission and ensuring appropriate medical care.

Healthcare providers, birthing facilities, pediatric providers, obstetric providers, and local health departments play a critical role in identifying exposed infants and ensuring completion of recommended follow-up activities.

Background

Infants exposed to HBV or HCV during pregnancy or delivery may not exhibit symptoms at birth but remain at risk for chronic infection and long-term complications, including cirrhosis, liver failure, and hepatocellular carcinoma.

Without appropriate post-exposure prophylaxis (PEP), approximately 90% of infants infected with HBV at birth will develop chronic HBV infection. Timely administration of hepatitis B vaccine and hepatitis B immune globulin (HBIG), when indicated, is highly effective in preventing perinatal transmission.

Recent surveillance data suggest that the number of reported perinatal HCV exposures and infections is substantially lower than expected based on the prevalence of HCV among pregnant women in West Virginia. This discrepancy may reflect missed opportunities for identification, testing, reporting, and follow-up of exposed infants.

Reporting Requirements

Pursuant to West Virginia Code of State Rules §64-7-1 et seq., healthcare providers, hospitals, laboratories, and other reporting entities are required to report the following:

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Categories of Health Alert messages:

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Hepatitis B Virus (HBV)

Report all cases of acute, chronic, and perinatal HBV infection, including infected pregnant women and infants, to the **local health department** within **24 hours** of identification.

Hepatitis C Virus (HCV)

Report all cases of acute and perinatal HCV infection, including infected pregnant women and infants, to the **West Virginia Bureau for Public Health (WVBPH)** within **one week** of identification.

Recommended Actions for Healthcare Providers and Birthing Facilities

- Ensure all pregnant women are screened for HBV and HCV in accordance with current clinical recommendations.
- Document maternal HBV and HCV status in the medical record and discharge documentation.
- Notify pediatric providers of maternal HBV or HCV infection status prior to infant discharge.
- Report all required cases promptly to the appropriate public health authorities.
- Facilitate referral and follow-up of exposed infants according to current clinical guidelines.

For Infants Exposed to HBV

- Ensure administration of hepatitis B vaccine within 12 hours of birth.
- Administer HBIG within 12 hours of birth when indicated.
- Complete the recommended hepatitis B vaccine series.
- Conduct post-vaccination serologic testing at the recommended age to confirm protection and identify any infection.

For Infants Exposed to HCV

- Ensure documentation of maternal HCV infection status.
- Arrange appropriate pediatric follow-up and testing in accordance with current CDC recommendations; HCV RNA for all perinatally exposed infants at 2 to 6 months of age. Maternal antibodies can persist for up to 18 months, making antibody tests ineffective in early infancy.
- Ensure exposed infants remain linked to care until testing is completed and infection status is determined.

Public Health Follow-Up

Pregnant women identified as hepatitis positive, those with unknown hepatitis status at delivery, and their exposed infants may be enrolled in the West Virginia Perinatal Hepatitis Prevention Program. The program supports timely prophylaxis, HBV vaccine series completion, and post-vaccination testing. Local and state public health staff provide education, surveillance, and coordination of follow-up activities for mothers and infants affected by hepatitis infection to support appropriate testing and linkage to care.

Requested Reporting at Discharge

To facilitate timely public health follow-up, healthcare facilities are encouraged to notify the appropriate local or state health department at the time of discharge regarding HBV-positive mothers, HCV-positive mothers, mothers with an unknown HBV or HCV status, all infants born to HBV-positive, HCV RNA-positive, or unknown-status mothers (mothers not screened during pregnancy and/or whose results are pending).

Protecting maternal and child health requires the immediate and timely reporting of viral hepatitis infections. The WVBPH strongly recommends that healthcare facilities review and strengthen all internal discharge and reporting processes without delay to ensure comprehensive follow-up for exposed infants. If you have questions, contact the Epidemiologist-On-Call directly at (304) 558-5358.

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