

8. Hepatitis B (Prevention of mother to child transmission)

Prevention of mother-to-child transmission (PMTCT) of hepatitis B is one of the most effective strategies to eliminate hepatitis B as a public health threat because most chronic HBV infections are acquired during infancy or early childhood.

Importance of Hepatitis B PMTCT

- Prevents chronic hepatitis B infection: Infants infected at birth have about a 90% risk of developing chronic hepatitis B, compared with a much lower risk in adults.
- Reduces liver-related complications: Preventing vertical transmission lowers the future risk of cirrhosis, liver failure, and hepatocellular carcinoma (liver cancer).

Highly effective interventions

- Universal hepatitis B birth-dose vaccination (within 24 hours of birth).
- Completion of the routine infant hepatitis B vaccine series.
- HBsAg testing for all pregnant women where feasible.
- Tenofovir prophylaxis during late pregnancy for
 - pregnant women with high HBV viral load (HBV DNA $\geq 200,000$ IU/mL) or,
 - where HBV DNA testing is unavailable, those who are HBeAg-positive, to further reduce mother-to-child transmission.
 - In settings where neither HBV DNA nor HBeAg testing is available, prophylaxis with tenofovir disoproxil fumarate (TDF) for all HBsAg-positive pregnant women from week 28 of pregnancy until 3 months after delivery may be considered to prevent MTCT of HBV.

References

- World Health Organization. Updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring (includes updated recommendations on hepatitis B PMTCT). Geneva: WHO; 2021.

- World Health Organization. Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection. Geneva: WHO; 2015.
- World Health Organization. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2022–2030. Geneva: WHO; 2022.