**Section 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Control of Cases and Carriers. Standard Precautions shall be followed. Terminal cleaning is not required.

b) Control of Contacts.

1) No restrictions.

2) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.

3) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

4) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours of birth, both by intramuscular injection, but at different sites.

5) Non-immune contacts who have been exposed in such a manner to allow for transmission of hepatitis B or hepatitis D should receive hepatitis B immune globulin (HBIG) as early as possible following exposure, preferably within 24 hours but not more than 14 days after exposure.

6) Non-immune contacts should begin hepatitis B vaccination.

c) General Measures.

1) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available.  Pregnant women who are at high risk for hepatitis B infection (recent history of sexually transmitted disease, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission.

2) Health care providers shall refer pregnant women who are HBsAg positive within 7 days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts.

3) Persons previously known to test positive for HBsAg shall not donate blood.

4) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part 1: Immunization of Infants, Children, and Adolescents" (see Section 690.1010(a)(8)), the "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(1)) and the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis" (see Section 690.1010(a)(2)) shall be followed.

d) Laboratory Reporting. Laboratories shall report to the local health authority patients who:

1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).

2) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B and/or hepatitis D infection.

3) Have results of alanine aminotranferase and/or aspartate aminotransferase testing within 30 days after the positive test for hepatitis B and/or hepatitis D. These results should be reported concurrently with the positive assay.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)