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

a) Control of Cases and Carriers

No specific restrictions.

b) Control of Contacts

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

2) A person who is a sexual, household, or other at-risk contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the Recommended Childhood Immunization Schedule and recommendations of the Advisory Committee on Immunization Practices (ACIP). (Guidelines for hepatitis B prophylaxis are specified in Section 690.20(a)(1), (2), (11) and (13).

3) 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 after birth, both by intramuscular injection, but at different sites. The infant should be tested for the presence of HBsAg and anti-HBs following completion of the hepatitis B vaccine series (3-4 doses). Testing should be completed no sooner than nine months of age and at least one to two months after the last dose of the regular series of the vaccine. If required (because of failure to develop immunity after the regular series), additional doses should be given in accordance with the current published Advisory Committee on Immunization Practices recommendations as referenced in Section 690.20(a)(11).

4) Susceptible contacts who have been exposed in a manner that allows for transmission of hepatitis B 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.

5) Susceptible contacts should begin hepatitis B vaccination.

c) General Measures

1) All pregnant persons should 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 persons who are at high risk for hepatitis B infection (recent history of sexually transmitted infection, multiple sex partners, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission.

2) Health care providers shall refer pregnant persons who are HBsAg positive within seven 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) Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (see Section 690.20(a)(8)), Updated CDC Recommendations for the Management of Hepatitis B Virus – Infected Health-Care Providers and Students (see Section 690.20(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 690.20(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 IgM anti-HBc, HBsAg, HBeAg, or HBV nucleic acid test (including genotype), along with any positive reportable hepatitis B virus result, including viral hepatitis markers (positive or detected), and alanine aminostransferase (ALT) results.

3) Have a negative or non-detected result for HBsAg or HBV DNA, or negative anti-HBc IgM results.

4) Are children younger than 5 years old, with any HBsAg and HBsAb results (positive, negative, and indeterminate).

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)