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Perinatal hepatitis B transmission: What every GP should know

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Chronic hepatitis B (CHB) is one of the biggest causes of liver cancer and, along with chronic hepatitis C, causes more than 70 per cent of liver cancers globally.

Hepatitis B is most commonly acquired early in life. More than 90 per cent of affected infants will develop lifelong chronic infection and inherit the liver cancer risk in addition to an increased risk for advanced fibrosis. Perinatal transmission therefore remains a significant concern in Western Australia (WA) and nationally.

If all appropriate preventative measures are taken, the risk of perinatal transmission can be reduced from up to 90 per cent to ≤ 1 per cent in most patients.¹

GPs are crucial in WA's frontline response. You do not need to be a hepatitis B expert to make a difference in the outcomes for infants in WA.

These are the five things every GP should know

1. Screen with every pregnancy, not just the first

Irrespective of vaccination status, previous negative tests, country of birth or perceived risk, the only way to get the full picture on hepatitis B status is to do all three of these tests, every time:

1. Hepatitis B surface antigen (HBsAg)
2. Hepatitis B surface antibody (HBsAb)
3. Hepatitis B core antibody (HBcAb)



2. A positive HBsAg is just the beginning

Pregnancy is not a reason to delay assessment or referral. If a positive HBsAg is returned, a DNA viral load and hepatitis B e-antigen (HBeAg) should be requested promptly, as well as an overall assessment of liver function.

If not done already, a coinfection screen should be completed including syphilis, human immunodeficiency virus (HIV), and hepatitis A, C and D.

3. Hepatitis B viral load is key

The normal treatment rules for CHB change in pregnancy, with antiviral treatment becoming antiviral prophylaxis.

Those with a high viral load ($>200,000$ IU/ml) should receive tenofovir disoproxil in the third trimester, to substantially reduce the risk of perinatal transmission when combined with neonatal immunoprophylaxis.

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Perinatal hepatitis B transmission (cont)

4. The job doesn't end at delivery

Regardless of whether the mother is taking anti-viral treatment or has an undetectable viral load, all infants born to those with hepatitis B should:

- receive hepatitis B immunoglobulin (HBIG) as soon as possible (within 12 hours of birth).
- receive a full course of hepatitis B vaccination.
- have follow-up serology checked three months after the final vaccine dose (usually 9-12 months), both to exclude perinatal transmission and ensure immunity post-vaccination.

All infants, regardless of the mother's status should receive a birth dose of hepatitis B vaccine (within 24 hours) and be vaccinated according to the [WA immunisation schedule](#). The schedule includes three further doses of vaccine, with an additional dose for premature and low-birth-weight infants at 12 months. Vaccination also has an important role in preventing household or horizontal transmission in early childhood.

GPs have an important role in discussing the infant plan with the mother prior to delivery. If advice is needed regarding infant management, the Infectious Diseases team at Perth Children's Hospital can be contacted for advice.

5. Think beyond the pregnancy

Each pregnancy provides an opportunity to diagnose unknown hepatitis B, test sexual, close and household contacts, and vaccinate those who are susceptible. Everyone with CHB needs regular and lifelong monitoring, regardless of disease activity or phase of infection.

Avoid the pitfalls

Myth: *They were vaccinated for hepatitis B, so testing is not required.*

Fact: Normalising testing and avoiding assumptions about CHB risk/status is vital to avoid missed diagnoses. Screen with every pregnancy, completing all three tests: 1. HBsAg, 2. HBsAb, 3. HBcAb.

Myth: *Normal liver function tests (LFTs) mean no antivirals.*

Fact: In pregnancy, decisions to commence antiviral prophylaxis at the third trimester are driven by viral load, rather than LFTs.

Myth: *Breastfeeding and vaginal delivery should be avoided.*

Fact: There is no evidence of hepatitis B transmission due to breastfeeding, provided infants receive HBIG/vaccinations.²

RANZCOG recommends that modes of delivery should not be altered – decisions regarding caesarean section should be made for the usual obstetric indications.

Myth: *The maternity team will manage the CHB.*

Fact: General practice offers opportunities to initiate testing, coordinate referrals, provide antenatal counselling and follow-up care for both mothers and infants.

Practical checklist for GPs

- Complete all three tests for pregnant women, every time – 1. HBsAg, 2. HBsAb, 3. HBcAb.
- Normalise hepatitis B screening in your practice – everyone should know their status and be offered vaccination if susceptible.
- Act on a positive HBsAg result – complete further testing (e.g. hepatitis B viral load, HBeAg and coinfections) and refer.
- Screen all sexual, close and household contacts of any positive case for hepatitis B, and vaccinate if susceptible.
- Ensure an updated hepatitis B viral load result is known by 28 weeks.
- Maintain communication and discuss neonatal prophylaxis with maternity team and mother.
- Ensure regular and lifelong monitoring for everyone with CHB.

Where to find help and more information

- [WA STI & BBV Guidelines](#)
- [Hep B Hub WA – Hepatitis B Support for GPs](#)
- [ASHM Decision Making in Hepatitis B Toolkit](#)
- [ASHM Hepatitis B Toolkit – Hepatitis B in Pregnancy](#)
- [WA Statewide Maternity Shared Care Guidelines](#)
- [WA Department of Health – Immunisation schedule and catch-up vaccines](#)
- [Australian Immunisation Handbook – Hepatitis B](#)
- [Clinician Assist WA – Chronic Hepatitis B Pathway](#)

References:

1. Yao N, Fu S, Wu Y, et al. Incidence of mother-to-child transmission of hepatitis B in relation to maternal peripartum antiviral prophylaxis: A systematic review and meta-analysis. *Acta Obstet Gynecol Scand.* 2022;101(11):1197-1206. doi:10.1111/aogs.14448
1. Shi Z, Yang Y, Wang H, et al. Breastfeeding of newborns by mothers carrying hepatitis B Virus: a meta-analysis and systematic review. *Arch Pediatr Adolesc Med.* 2011;165(9):837-846. doi:10.1001/archpediatrics.2011.72

Hospital Liaison GP updates

Royal Perth Hospital dermatology outpatient referral guidance update

Royal Perth Hospital has introduced a [dermatology referrals webpage](#) providing comprehensive guidance on recommended referral information, to improve the accuracy of triaging and ensure patients are seen within appropriate timeframes.

Acne referral information is crucial to identify which patients need early review. The adult acne referral guidance section includes a short, copy-and-paste acne referral template which can be inserted into a CRS referral free-text box.

Guidance for additional dermatological presentations will be added to the website over time.

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VCGS request form now required for NIPT testing at PathWest

Effective 3 September 2026, PathWest collection centres are only collecting non-invasive prenatal testing (NIPT) specimens on a current [Victorian Clinical Genetics Services \(VCGS\)* request form](#) and will no longer collect NIPT specimens for other NIPT providers.

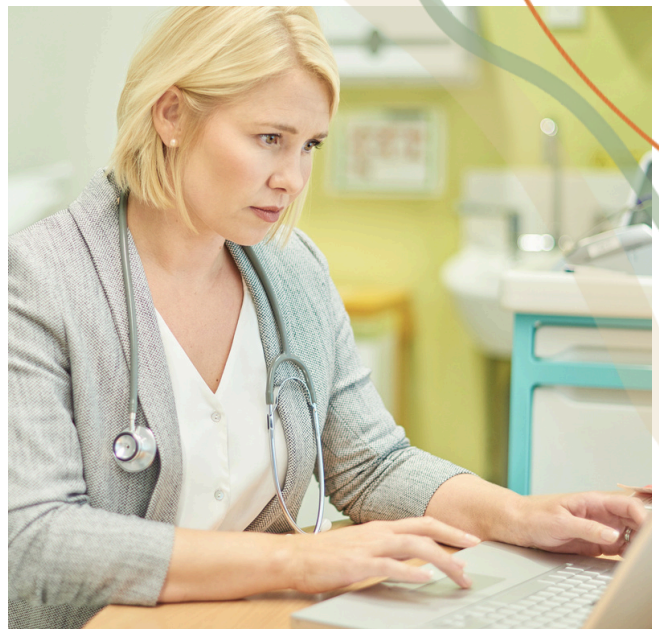
The [PathWest Test Directory](#) has been updated to reflect this change. Please advise patients that PathWest will only collect NIPT specimens requested on a VCGS form and direct patients to the relevant provider's collection centres, if using another NIPT provider.

Hard copy VCGS request forms are available via the [order resources webpage](#). For further information, call PathWest on 13 PATH (7284) or email info.pathwest@health.wa.gov.au

**VCGS is part of the Murdoch Children's Research Institute at The Royal Children's Hospital in Melbourne. [Refer to the VCGS website](#).*

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Clinical updates

Update on the diphtheria outbreak

At time of publication, 264 diphtheria cases have been notified in the [WA outbreak](#), mostly among Aboriginal people. The third case of severe respiratory diphtheria was recently notified in metropolitan Perth.

GPs are urged to:

- Ensure children, adolescents and adults are up to date with scheduled diphtheria-containing vaccine.
- Promote vaccination to all Aboriginal people in WA, and to all people in the Kimberley, Pilbara, Goldfields or Midwest, who have not received a diphtheria-containing vaccine in the last five years.
- Maintain a low threshold to test for diphtheria in patients with suspicious skin lesions/wounds and/or pharyngitis/tonsillitis, particularly if epidemiological risk factors (e.g. contact with a case) or clinical features raise greater suspicion (e.g. pharyngeal/tonsillar exudate).
- Notify suspected or confirmed cases to your [Public Health Unit](#) or call 1800 434 122 if after hours.

More information:

- [WA diphtheria outbreak case and contact management guidance](#)
- [WA diphtheria outbreak guidance for primary and acute care](#)
- [Diphtheria CDNA National Guidelines for Public Health Units](#)
- [Therapeutic Guidelines](#) for further detailed treatment recommendations.

Changes to hepatitis B prescribing accreditation

Effective 1 September, the prescriber accreditation requirement for hepatitis B medicines under the PBS Section 100 (s100) Highly Specialised Drugs (HSD) Program has been removed.

As a result, all medical and authorised nurse practitioners will be able to prescribe hepatitis B antiviral treatment.

Expanding prescribing to all GPs and authorised nurse practitioners removes barriers to treatment and improves access to life-saving care.

Further information is available on the [ASHM website](#). If you have questions about the changes, email ASHM via HBVprescriber@ashm.org.au

Dementia Action Week - It's time to talk about dementia

It's Dementia Action Week (21 to 27 September) and this year's theme is 'It's time to talk about dementia'. While some cases of dementia cannot be avoided, Dementia Australia reports that up to 45 per cent of cases globally could be delayed or prevented by addressing 14 modifiable risk factors.

The Australian Government Department of Health, Disability and Ageing has collated a range of [dementia risk reduction resources](#) for health professionals and patients including a personalised dementia risk reduction tool called [CogDrisk](#), and practical tools and resources to support preventive care discussions. This webpage also includes resources for [Aboriginal and Torres Strait Islander people](#) and [multicultural communities](#).

Having conversations about brain health and dementia can help reduce stigma, increase understanding of dementia and support discussion about dementia risk reduction.

See the [Dementia Action Week Digital Toolkit](#) to download and share promotional resources through your practice channels.

Free information and support for GPs and other health professionals is also available on the [Dementia Australia website](#). GPs can also access free training and education through [Dementia Training Australia](#). Patients can be directed to the National Dementia Helpline on 1800 100 500, 24 hours a day, 7 days a week or dementia.org.au.

Doxycycline Post-exposure Prophylaxis (Doxy-PEP) - an emerging STI prevention option

WA Country Health Service (WACHS) has provided an update for GPs on the use of Doxycycline Post-exposure Prophylaxis (Doxy-PEP) for the prevention of sexually transmissible infections (STIs).

Doxy-PEP is an emerging STI prevention strategy for eligible patients at increased risk of bacterial STIs. It involves taking 200mg of doxycycline within 72 hours after sexual exposure and has been shown to significantly reduce syphilis and chlamydia.

Doxy-PEP should be considered primarily for syphilis prevention in gay, bisexual and other men who have sex with men (GBMSM) and transgender women at increased risk of STIs, following a comprehensive sexual health risk assessment. Prescribing should include discussion of benefits, risks and antimicrobial resistance, alongside ongoing routine STI and HIV screening and access to HIV prevention such as PrEP where indicated.

For further information, refer to the [WACHS information sheet for GPs](#) and [waiting room poster](#). The ASHM Doxy-PEP Hub also includes a decision-making tool and further prescribing resources for GPs. Australian clinical guidelines are currently in development.

Referrals to WACHS Goldfields public specialist outpatient services transitioning to CRS

Effective 8 September, the Central Referral Service (CRS) is now the single intake point for non-immediate referrals to WACHS Goldfields public medical-led outpatient specialties.

This change supports ongoing outpatient reform to streamline referral processes and improve access to specialist care.

Key primary care referrers have been advised of the change and are being supported through Q&A sessions and training resources.

Refer to the [information sheet](#) for a list of affected services and contact details for support with the transition.

RACGP releases updated Standards for general practices

The RACGP has recently released the Standards for general practices 6th edition.

The updated Standards continue to focus on outcomes rather than prescribing how practices should achieve them, providing flexibility for practices of all sizes and settings, while maintaining clear expectations for safe, high-quality, patient-centred care.

The sixth edition Standards can be accessed via the [RACGP website](#).

To support general practice transition to the sixth edition, the RACGP will be developing a range of supporting resources including FAQs, fact sheets and ongoing updates.

There will be a transition period, providing flexibility for practices already progressing through accreditation while allowing time to become familiar with the new requirements.

Further information about the transition arrangements, including timing and accreditation requirements, will be communicated by the [Australian Commission of Safety and Quality in Health Care](#).

For non-traditional general practices seeking accreditation, an updated version of the [Interpretative guide for non-traditional general practices for the purposes of accreditation \(5th edition\)](#) is also available.

Rural generalists can now apply for specialist registration

Rural generalist medicine is now recognised as a specialist field within general practice.

Doctors with approved ACRRM or RACGP qualifications can apply for specialist registration through Aphra, provided they meet CPD and recency of practice requirements.

ACRRM Fellows awarded FACRRM from 2007 are eligible, with further advice to come for those awarded Fellowship before 2007. Internationally qualified rural generalists should seek assessment through the [specialist pathway](#).

Visit the [Aphra website](#) for more information about how to qualify and apply.

COVID-19 vaccines transitioning to National Immunisation Program

From 1 October 2026, COVID-19 vaccines will transition to the National Immunisation Program (NIP), replacing the stand-alone National COVID-19 Vaccine Program (NCVP), established during Australia's COVID-19 pandemic response.

Under the NIP, funded COVID-19 vaccines will no longer be available as a universal program. Funded access will be available for eligible groups at highest risk of severe disease, consistent with existing COVID-19 vaccination recommendations.

Comprehensive resources to support health professionals will be made available to vaccination providers before 1 October 2026.

Until 1 October 2026, COVID-19 vaccines remain available under current NCVP arrangements. Providers should continue to offer COVID-19 vaccination in line with existing program arrangements and clinical recommendations.

Further information is available on the [Australian Government Department of Health, Disability and Ageing website](#).

New endometriosis care planning tool for general practice

The newly released [Endometriosis Management Plan \(EMP\)](#) is a structured tool for use in general practice for patients with suspected or confirmed endometriosis or chronic pelvic pain.

Under the Australian Government Department of Health, Disability and Ageing [National Endometriosis Action Plan](#), the EMP was developed by Monash University's SPHERE Centre of Research Excellence in partnership with the RACGP.

Incorporating key recommendations from the [Australian Living Evidence Guideline: Endometriosis](#), the EMP supports individualised treatment planning and coordination with other care providers.

It also supports structured documentation and shared decision-making, including development of a chronic condition management plan where multidisciplinary care is required.

Access the plan, GP learning module and on-demand webinars via the [RACGP website](#).



Medicare Healthy Kids Check due to commence 1 November

Subject to the passage of legislation, from 1 November 2026, a new MBS health assessment service called the Medicare Healthy Kids Check will be introduced for three-year-old children using the time-tiered health assessment items (701-707 and 224-227).

This forms part of the Government's Thriving Kids initiative and aims to identify developmental needs earlier and connect children and families with appropriate support.

General practice will be an important and accessible point of care, supporting families through early assessment, advice, monitoring and referral where required.

Children who are eligible for other health assessment services, including the Aboriginal and Torres Strait Islander health check, can continue to access these MBS services in addition to their Medicare Healthy Kids Check, provided all services are clinically relevant.

For further information, visit [MBS Online](#) and refer to the [Medicare Healthy Kids Check Fact Sheet](#).

New data reveals more Australian girls and women are receiving hospital care for endometriosis

New Australian Institute of Health and Welfare (AIHW) data shows more Australian girls and women are receiving hospital care for endometriosis, with hospitalisation rates rising 23 per cent over the past decade, from 145 to 180 per 100,000 people.

The increase was much higher than the five per cent rise in all female hospitalisations over the same period.

The report, Endometriosis hospital procedures, provides new insight into the procedures most used to diagnose and treat the condition.

Hospitalisations without a procedure also increased, from six per cent in 2015–16 to nine per cent in 2024–25, suggesting greater access to advanced pain management.

The most common procedures were diagnostic procedures, IUD insertions and laparoscopic surgery.

For further information, refer to the [main findings](#) of the report.

National guidance for doctors assessing workers exposed to respirable crystalline silica dust

The Australian Centre for Disease Control reports an estimated 584,000 Australian workers are currently exposed to respirable crystalline silica dust in the workplace.

To support clinicians, the Australian Centre for Disease Control recently published its national guidance for doctors assessing workers exposed to respirable crystalline silica dust.

This practical resource provides evidence-based guidance on identifying and assessing workers exposed to silica dust and undertaking occupational health monitoring.

For further information, view the [guidance](#) and register to watch the [accompanying webinar](#) recording that provides an overview of the guidance and its practical application.

New prostate cancer guidelines

The 2026 Clinical Practice Guidelines for the Early Detection of Prostate Cancer in Australia are now available. The updated guidelines incorporate more than a decade of advances in evidence, diagnostic technology and clinical practice, with a focus on detecting aggressive prostate cancer earlier while reducing unnecessary harm.

View the updated recommendations on the [Prostate Cancer Foundation of Australia website](#).

National consultation on evaluation of mental health services and supports

Take part in a national consultation on how mental health services and supports should be evaluated for public funding in Australia as part of the project Value in Mind: Assessing the Economic Value of Mental Health Services and Supports in Australia.

The project, led by Monash University and commissioned by the National Mental Health Commission, aims to support decision-makers to make evidence based mental health investment decisions. As part of the first stage of this work, a set of criteria is being developed that will be used to assess the value of mental health services and supports in Australia.

The survey takes approximately 30 minutes to complete and will be open until 27 September. To find out more, visit the [survey webpage](#).

New guide to mental health care for serving Australian Defence Force members

The Australian Defence Force has developed a short guide to support emergency departments, inpatient units, general practice and other community mental health services caring for serving members experiencing suicidal distress or other mental health concerns.

The guide was developed in response to Recommendation 70 of the Final Report of the Royal Commission into Defence and Veteran Suicide and aims to improve awareness of Defence health services and strengthen continuity of care between civilian and Defence health systems.

For more information, view or download the [guide](#).

Diseases we vaccinate against video series

The Australian Government Department of Health, Disability and Ageing has expanded its resources supporting childhood immunisation uptake with the [diseases we vaccinate against](#) video series.

The short videos were made to help parents and carers understand the serious complications of vaccine preventable diseases.

The series includes videos for [expectant parents](#), information about the [immunisation schedule](#) and [resources for Aboriginal and Torres Strait Islander people](#).

New easy-read resources about sexual and reproductive health

The Council for Intellectual Disability has launched new easy-read resources for women with intellectual disability, including guides about hormones, puberty, periods, sex, pregnancy and menopause/perimenopause.

View and download the resources from the [Council for Intellectual Disability website](#).

Free support for people affected by someone else's alcohol and/or drug use

The Mental Health Commission's Parent and Family Drug Support (PFDS) provides free support groups and programs for parents, significant others and family members affected by someone else's alcohol and/or drug use.

Facilitated by people who have experienced their own family member's alcohol and/or drug use, the groups provide a safe space for people to discuss what they're going through and receive support from others in similar situations.

For further information, patients can be directed to the [support groups and programs](#) webpage or the 24/7 Parent and Family Drug Support Line on 9442 5050.

GP education and training



Providing holistic health care to children from refugee-like backgrounds

Tuesday 13 October | Online | 6pm to 7pm | WA Primary Health Alliance

Join WAPHA for the fifth webinar in the refugee health in primary care webinar series, presented in conjunction with WA Department of Health. This webinar will provide an insight into the health of children from refugee-like backgrounds, the ongoing impact of their experience and the importance of a multidisciplinary team approach to improve outcomes.

Webinar topics:

- How the previous lack of access to screening, preventive health care, tertiary paediatric care, allied health care, immunisation and schooling can have an ongoing impact on the health of children from refugee-like backgrounds.
- The importance of a multidisciplinary team approach to improve the health and settlement outcomes of children and the resources available
- The impact of adverse childhood experiences on health and development.
- The ongoing health and social risks experienced by children and their families.

[Find out more and register](#)

LGBTIQA+ Cancer Care Education

Tuesday 6 October 2026 | Online | 4:30pm to 5:30pm | ASHM | 1 CPD hour

The LGBTIQA+ Cancer Care Education Series is an eight-part webinar series designed to strengthen health care professionals' ability to provide inclusive, affirming, and person-centred cancer care for LGBTIQA+ communities.

[Find out more and register](#)

Emerging infectious diseases: What WA GPs need to know

Tuesday 13 October | Online | 7pm to 8pm | RACGP | CPD 1 hour EA

This webinar will provide the latest information on infectious disease threats and developments affecting clinical practice, including Avian Influenza (H5N1), a review of the 2026 winter respiratory illness season and lessons learned from the introduction of new vaccines, an update on diphtheria, and a brief overview of Ebola.

Presented by Prof. Paul Effler, Medical Coordinator, Communicable Disease Control Directorate, WA Department of Health. Delivered in partnership with the WA Department of Health.

[Find out more and register](#)

Free training program to help GPs engage and retain men in care

Online | Movember Institute | Accredited by RACGP and ACRRM

Men in Mind for General Practitioners is a free, evidence-informed, interactive and CPD-accredited training program, developed by the Movember Institute.

This GP-specific, self-paced 2.5-hour course explores how masculinities can shape health presentations and supports more effective conversations, assessment and care planning.

[Find out more and register](#)

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