DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

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To: Immunization Program Managers
STD Program Managers
HIV/AIDS Program Directors
Viral Hepatitis Prevention Coordinators

In response to new recommendations from CDC and the Advisory Committee for Immunization Practices (ACIP), CDC encourages state and local health agencies to increase their support for adult hepatitis B vaccination. In November 2006, CDC and ACIP will recommend universal hepatitis B vaccination in care settings (e.g., STD/HIV prevention and treatment clinics, drug treatment centers, correctional facilities) where a high proportion of clients are at risk for hepatitis B virus (HBV) infection. Although some of these programs already offer hepatitis B vaccination, many do not. Demonstration projects conducted by STD and HIV prevention programs have established the feasibility of providing hepatitis B vaccine as a component of comprehensive STD, HIV, and viral hepatitis prevention services. Offering comprehensive prevention services to persons at risk for multiple infections improves client services, reduces redundancy, and eliminates missed opportunities to provide services that reduce morbidity. However, challenges remain. One major concern often noted is the lack of funds for purchasing adult hepatitis B vaccine.

The publication of new guidelines for adult hepatitis B vaccination presents an opportunity to renew the public health commitment to protecting adults at risk for HBV. In 1991, CDC and other professional medical organizations endorsed a national strategy to eliminate HBV transmission. Since that time, the implementation of childhood and adolescent vaccination has resulted in large reductions in incidence of acute hepatitis B. However, vaccination coverage among adults with behavioral risks for HBV infection remains low. In 2005, approximately 50,000 persons were newly infected with HBV, and adults had the highest incidence of acute hepatitis B. Sexual activity and injection-drug use account for approximately 80% of HBV transmission among adults. After considering various options, the ACIP recommended a setting-based strategy as an efficient way to vaccinate adults with these risk behaviors. If effectively implemented, the new ACIP guidelines will improve vaccination coverage among adults currently at risk and hasten elimination of HBV transmission in the United States. The availability of free or low-cost adult vaccine would remove a major barrier to hepatitis B vaccination of adults at risk for HBV infection.

Immunization grantees are updating their plans for the FY2007 Section 317 vaccine funding with new target budgets that, in many cases, will be larger than their previous Section 317 target amounts. Section 317 funding is used to purchase vaccine for priority adult and pediatric populations, including traditional vaccines, vaccines with newly recommended age groups (e.g., hepatitis A and influenza), and newly recommended vaccines (e.g., MCV4,

rotavirus, Tdap, and HPV). As immunization programs evaluate their local vaccine needs, CDC requests that they consider using Section 317 funds to purchase adult hepatitis B vaccine to help public health programs (e.g., STD clinics and HIV evaluation and treatment sites) implement adult hepatitis B immunization as recommended by ACIP.

In jurisdictions that are able to provide Section 317 funds to purchase adult hepatitis B vaccine, collaboration among immunization, STD, HIV and viral hepatitis prevention programs will help define targeted populations, vaccination settings, number of vaccine doses needed, and the responsibilities of the participating public health programs. To support a collaborative planning process, the hepatitis C coordinator and/or the hepatitis B coordinator will aid in convening and facilitating meetings and drafting a brief summary of planned activities. An action plan template intended to minimize reporting burden and summarize the decisions made during the planning process is attached. By November 10, 2006, CDC requests that hepatitis prevention coordinators send their completed action plans to the CDC project officers in the Division of Viral Hepatitis.

To help providers integrate hepatitis B vaccine into their practice settings, CDC is making training and educational materials available via a comprehensive website, HepRECenter.com (this website will be launched in November 2006; materials are currently available at www.cdc.gov/hepatitis). CDC has prepared brief guides (attached) on 1) principles of integration, 2) program monitoring and evaluation, 3) frequently asked questions, and 4) education and training resources, to assist states in designing, implementing, and evaluating their programs.

CDC divisions will support their state and local counterparts in this effort. The Immunization Services Division (ISD) will provide expertise and technical assistance on implementation of vaccination services, immunization registries, and program evaluation. The Division of Viral Hepatitis (DVH) will provide technical assistance on identifying at-risk populations and appropriate vaccination settings, integrating viral hepatitis prevention into other public health services, and identifying educational materials and training resources. The Division of STD Prevention (DSTDP) will integrate viral hepatitis into training activities provided by the Prevention Training Centers (PTCs), include hepatitis B prevention messages in syphilis prevention and other efforts targeting populations recommended to receive hepatitis B vaccine, and encourage STD prevention programs to provide facilities and infrastructure needed to implement STD clinic–based vaccination efforts, where feasible. The Division of HIV/AIDS Prevention (DHAP) will incorporate viral hepatitis prevention messages into HIV counselor training and collaborate with health departments, HIV prevention community planning groups, and community-based organizations to promote hepatitis B vaccination as an essential part of comprehensive prevention services. DHAP also will promote routine referral for hepatitis B vaccination and other recommended STD prevention services, and will incorporate viral hepatitis prevention messages into educational materials for men who have sex with men, injection-drug users, and high-risk heterosexuals.

Thank you for joining with CDC to eliminate HBV transmission. We look forward to receiving your action plans and helping your agency vaccinate at-risk adults and reduce hepatitis B incidence. If you have questions or comments, please contact your program's CDC project officer.

Sincerely,

Kevin A. Fenton, MD, PhD
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National Center for HIV, Viral Hepatitis, STD and TB Prevention (proposed)

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Attachments