

Challenges to Reinstating the Hepatitis B Birth Dose in NYS



Debra Blog, MD, MPH, Stephen Friedman, MD, MPH,
Elizabeth Herlihy, RN, BSN, MS, Julie Lazaroff, MPH,
Jane Zucker, MD, MSc

Thimerosal Alert- A Giant Step Backwards

July 1999:American Academy of Pediatrics (AAP) and the United States (U.S.) Public Health Service statement to postpone the birth dose for infants born to HBsAg negative women.

Aug/Sept 1999: Hepatitis B vaccine without thimerosal as a preservative was quickly developed and received Food and Drug Administration (FDA) approval within months

MMWR. September 10, 1999;48:780-2 – Statement to reinstate the birth dose.

**Unfortunately, resumption of the birth dose
has not occurred in many hospitals
throughout
New York State and the U.S!!**

2003 Birth Dose Survey

Findings of survey sent to upstate NY birthing hospitals:

- Prior to thimerosal alert:
 - ~ 55% of upstate NY hospitals had a birth dose policy
- Immediately after thimerosal alert –
 - ~ 0% hospitals had a birth dose policy.

Concern that even some high risk infants may not get appropriate prophylaxis!

2003 Birth Dose Survey con't

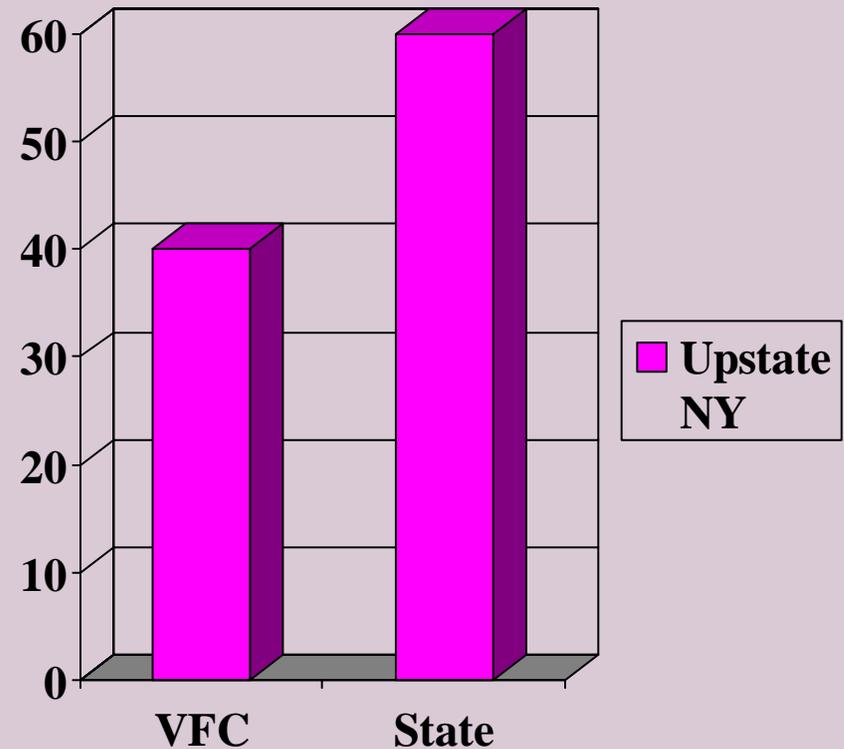
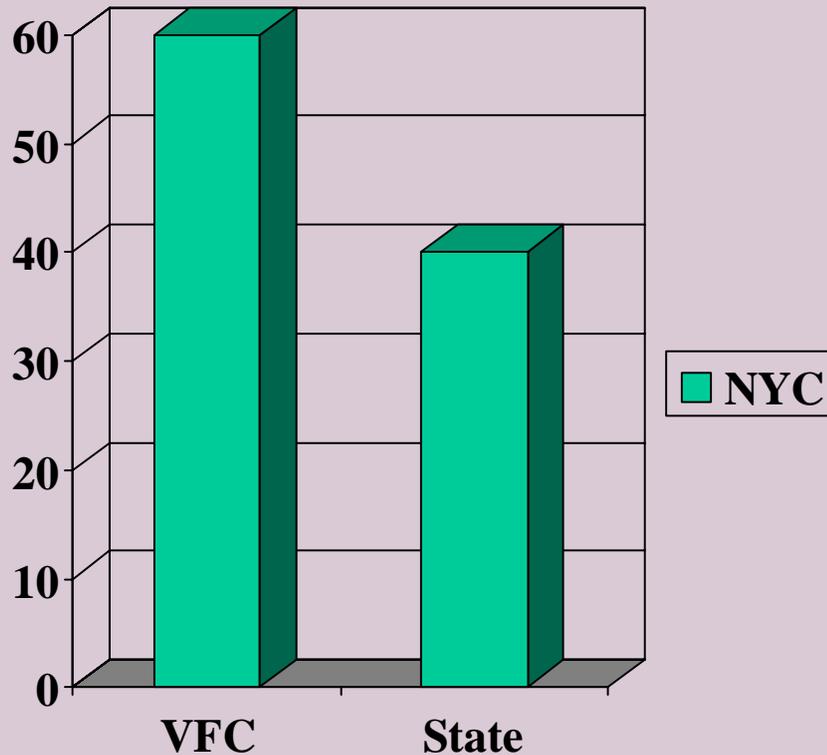
- Spring 2003 survey results:
 - ~18% of upstate NY hospitals had a birth dose policy – However, several physicians were countermanding the standing order in many of the hospitals.

**Cost of vaccine was identified as an issue
for many hospitals!**

NYS Birth Dose Initiative

- Initiated in October 2003
- Provides free hepatitis B vaccine to all NYS birthing hospitals (including NYC) that adopt a universal birth dose policy
- Hospital must have a hepatitis B birth dose standing order in place stating that all newborns, regardless of maternal HBsAg status, individual provider preference, or infant's insurance status will be offered hepatitis B vaccine.
- Parental consent is obtained as per NYS law.

NYS Birth Dose Initiative Funding



All infants receive vaccine regardless of insurance status.
Funding is configured by the state, not by the hospital.

Enrollment as of Dec 2005

	# Hospitals	% Hospitals	% Births
Upstate NY	69/105	66 %	59 %
NYC	26/48	54 %	52 %
Total Statewide	95/153	62 %	55.5 %

NYS Birth Dose Initiative

- Incentives for enrolled hospitals:
 - Free hepatitis B vaccine
 - Upstate hospitals get acknowledgment in the NYS Immunization Newsletter and a “Certificate of Excellence” signed by the Commissioner is awarded.

Benefits of Hepatitis B Birth Dose

- “Safety Net” - Eliminates the possibility of missed prophylaxis of infants born to HBsAg-positive mothers
- Reduces the risk of early childhood infection
- Ensures that infants born to mothers with unknown HBsAg status at delivery receive timely prophylaxis
- Only vaccine that is reliably immunogenic in the newborn period
- Only vaccine that prevents cancer

Benefits of Hepatitis B Birth Dose

- An opportunity to immunize during one of the few dependable medical encounters (at delivery in a hospital)
- Places the importance of immunization as an early and visible priority for parents – studies show greater chance that hepatitis B series and overall immunization series will be completed on time
- Foundation of the overall strategy to eliminate HBV infection in the U.S.

Underscoring the Importance of the Birth Dose

“Medical Errors put infants at risk for chronic hepatitis B virus infection – 6 case reports in NYS”

Six cases that recently occurred in upstate NY underscore the importance of the birth dose!

**[http://www.health.state.ny.us/diseases/
communicable/hepatitis/infants_hepb.htm](http://www.health.state.ny.us/diseases/communicable/hepatitis/infants_hepb.htm)**

Birth Dose – Remaining Issues

- Lack of understanding that the birth dose provides a “safety net” for missed prophylaxis of high risk infants, and can prevent early childhood transmission
 - Misconception that hepatitis B infection is no longer a problem in our state
 - Complacency because we have a state law to screen all pregnant women

Birth Dose – Remaining Issues

- Physician concerns about administering 4 doses when combination vaccines are used for follow up doses even though:
 - The issue has been reviewed by ACIP and is recommended as a safe and effective practice
and
 - The VFC program will pay for additional doses

Birth Dose – Remaining Issues

- Desire by some physicians to administer the 1st dose of hepatitis B vaccine in the office setting rather than at birth. Why?
 - Encourages parents to bring infant to office for 2-3 week visit
 - Insurance reimbursement gained by vaccinating in the office may be an incentive for some physicians

Birth Dose – Remaining Issues

- Some physicians have indicated they object to government (CDC, NYSDOH, JACHO) involvement in how they should practice

Outreach to Non-enrolled Hospitals

- Promote birth dose at pediatric Grand Rounds
- Hospital record reviews (LQAs):
 - Promote birth dose during exit interview
 - Follow up letter recommending birth dose
- Professional organizations – newsletters
- Letter to non-enrolled hospitals when new ACIP birth dose recommendations are published
- Recruit key physicians to champion the cause

Summary

- Birth dose serves as an important “safety net” for missed prophylaxis of high risk infants and to prevent early childhood transmission.
- New ACIP recommendations for standing order should have a positive impact.
- Outreach to non-enrolled hospitals and education of physicians and hospital staff is a priority.