

Michigan's Perinatal Hepatitis B Prevention Program (PHBPP)

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Program History

- 1988 Michigan's testing and reporting law
 - To test all pregnant women during every pregnancy for hepatitis B surface antigen (HBsAg)
 - To Report all HBsAg positive results
 - To Report all HBsAg positive results in pregnant women within 24 hours
- 1991 Perinatal Hepatitis B Program began



Program History (2)

- Newborn screening (NBS) cards
 - Detect rare birth disorders
 - Blood collected within 24–36 hours
- 1992
 - Added HBsAg
 - Date of blood draw
 - Positive, Negative and Unknown
- 2004
 - Scannable form
 - Added hepatitis B surface antigen (HBsAg)
 - Removed Unknown status

Newborn Screening (NBS) Card

Newborn Screening - Michigan Department of Community Health
 Bureau of Laboratories P.O. Box 30689 3350 N. MLK Jr. Blvd. Lansing MI 48909
 DCH-1153 L-XXXXXXX Print Firmly with Pen

BABY											
LAST NAME					FIRST NAME					GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	
BIRTH DATE M M D D Y Y			BIRTH TIME (Military) H H M M		BIRTH WT. (gms)		WKS GESTATION		<input type="radio"/> SINGLE BIRTH <input type="radio"/> MULTIPLE BIRTH →		
SPECIMEN DATE M M D D Y Y			COLLECTION TIME (Military) H H M M		Collected By: (initials)		NICU/ SPECIAL CARE? <input type="radio"/> NO <input type="radio"/> YES		RBC TRANFUSION? <input type="radio"/> NO <input type="radio"/> YES DATE → M M D D Y Y		
MEDICAL RECORD #					TPN FEEDING? <input type="radio"/> NO <input type="radio"/> YES		<input type="radio"/> HISPANIC <input type="radio"/> NON-HISPANIC <input type="radio"/> WHITE <input type="radio"/> AMERICAN INDIAN <input type="radio"/> MIDDLE EASTERN <input type="radio"/> BLACK <input type="radio"/> ASIAN/PACIFIC ISLAND. <input type="radio"/> MULTI-RACIAL				
LAST NAME					FIRST NAME						
ADDRESS					PHONE						
CITY					STATE		ZIP		SOCIAL SECURITY NUMBER		
MEDICAL RECORD #					BIRTH DATE M M D D Y Y		HEPATITIS B SURFACE ANTIGEN (HBsAg) TEST DATE M M D D Y Y RESULT <input type="radio"/> POSITIVE <input type="radio"/> NEGATIVE				
LAST NAME					FIRST NAME						
PHONE											
MOTHER											
SUBMITTER NAME										HOSPITAL CODE (if applicable)	
ADDRESS					PHONE						
CITY					STATE		ZIP				
PHYSICIAN											
SUBMITTER NAME										HOSPITAL CODE (if applicable)	
ADDRESS					PHONE						
CITY					STATE		ZIP				
SUBMITTER											
SUBMITTER NAME										HOSPITAL CODE (if applicable)	
ADDRESS					PHONE						
CITY					STATE		ZIP				
BIRTH HOSPITAL (if different from submitter)										MDCH use only	

FIRST SAMPLE

MDCH USE ONLY

MI Dept. of Comm. Hlth.
 Card Expires 01/05
 By Authority of Act 368
 MCLA 333.5431



1234567

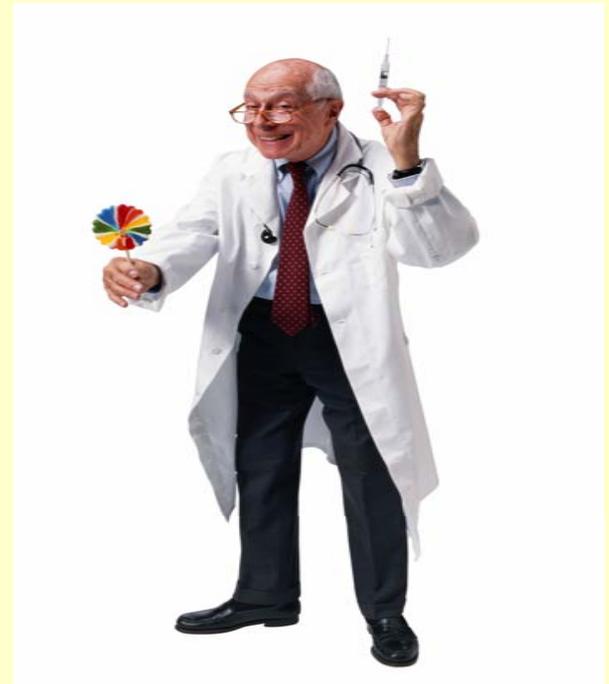
MDCH use only

Process

- NBS card is completed - handwritten
- Indicate mom's HBsAg status (don't hold the card)
- Mailed to the state
- Vital records staff enter the data
- All NBS cards marked positive
 - Are copied
 - Faxed to the PHBPP Case Manager
 - Filed away

Process (2)

- Case manager verifies results
 - Calls hospital
 - Infection Control
 - Medical Records
 - Laboratory
 - Calls Prenatal Care Provider



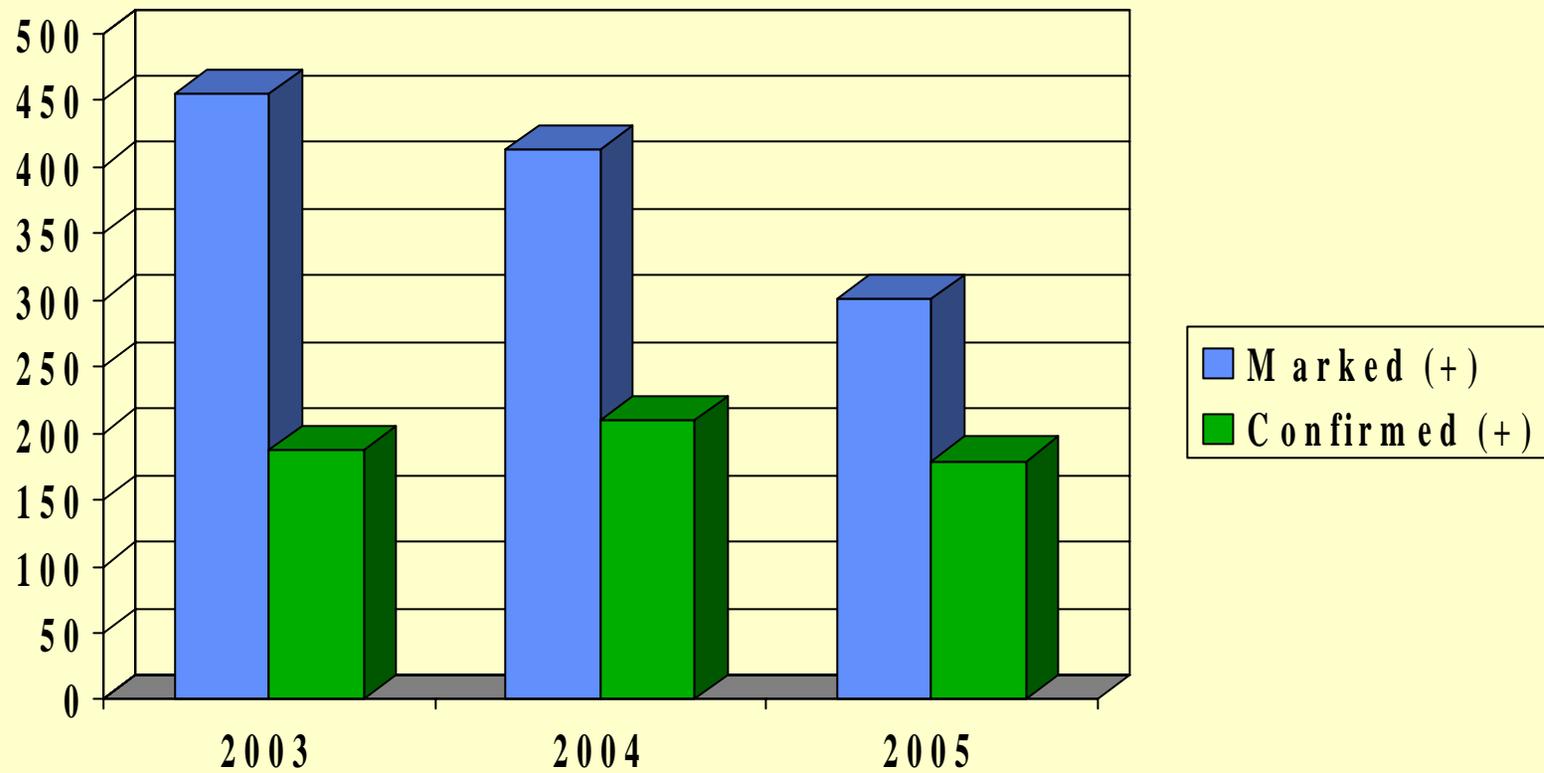
NBS Data

- Data was overwritten until October 2003
- 2004 first year data was available
- 2004
 - 413 positives
 - 100,385 negatives
 - 26,611 blanks
- 2005 (thus far)
 - 311 positives
 - 87,217 negatives
 - 19,978 blanks
- Approximately 129,000 births/year

NBS Data (2)

- 2003
 - 455 marked as positive
 - 187 confirmed to be positive (**41%**)
- 2004
 - 413 marked as positive
 - 210 confirmed to be positive (**51%**)
- 2005 (thus far)
 - 301 marked as positive
 - 179 confirmed to be positive (**59%**)

NBS Data (3)



Disadvantages

- Time consuming (>30 month)
- Hepatitis B and Strep B
- Negative, Unknown or blank NBS cards (never see them)
- No hepatitis B immune globulin (HBIG) or birth dose hepatitis B vaccine information
- 370-565 (396-597)
 - 187, 210, 179
- 14 –17 % (40-50 new cases/year)



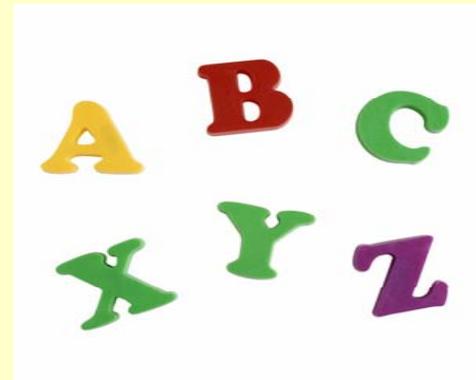
Advantages

- Birth hospital information
- Follow-up doctor's information
- Good demographic information
- To help in follow-up
- Able to provide additional education
- 41%, 51% and 59%
- 14-17% identified (40-50)



What we are working on?

- Follow-up with hospitals
 - The number of NBS cards submitted compared to the number of births per facility
 - Regarding specific results
 - Regarding the number of blanks
 - Ways to improve reporting



Why should you look into this process?

- It can help you identify more cases
- Will increase education
- Will increase communication
- Communication and continuous education is key to the success of this program



Michigan PHBPP Contacts

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Something to think about...

- “Do not go where the path may lead, go instead where there is no path and leave a trail.”
Ralph Waldo Emerson

