

Implementing Childhood Hepatitis Recommendations

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Updated Hepatitis A Vaccine Recommendations

- All children at 1 year of age (i.e., 12-23 months); 2 doses administered at least 6 months apart
- States, counties and communities with existing programs for children 2-18 years of age are encouraged to maintain these programs

Updated Newborn Hepatitis B (HepB) Vaccination Recommendations

Admission maternal HBsAg status	<u>Birth Weight</u>	
	≥ 2,000 g	<2,000 g
Negative	HepB vaccine before discharge	HepB vaccine 1 month after birth or hospital discharge
Positive	HepB vaccine & Hepatitis B Immune globulin (HBIG) within 12 hrs	HepB vaccine* & HBIG within 12 hrs
Unknown	HepB vaccine within 12 hrs HBIG within 7 days if HBsAg +	HepB vaccine* & HBIG within 12 hrs

* Birth dose does not count; 3 additional doses required

Withholding Birthdose of HepB Vaccine

- Infant chart documentation recommendations
 - Physician's order to withhold vaccine
 - A copy of the maternal HBsAg laboratory report

Delivery Hospital Policies and Procedures

- Ensure identification and immunoprophylaxis
 - Review HBsAg test results for all pregnant women at the time of admission for delivery
 - Test women for HBsAg:
 - if prenatal test is not documented
 - if at risk for HBV infection during pregnancy
 - Identify and administer immunoprophylaxis to:
 - all infants born to HBsAg-positive mothers
 - all infants born to mothers with unknown HBsAg status
 - Document maternal HBsAg test results and infant hepatitis B vaccination status on infant's medical records

Components of Case Management Programs

1. Ensure prenatal testing and documentation of results for all women
2. Ensure reporting and tracking HBsAg + pregnant women
3. Ensure appropriate management of infants born to HBsAg + and unknown mothers
4. Annual evaluation of the Case Management Program

State Regulations Encouraged

- Prenatal and admission testing for HBsAg
- Reporting of HBsAg + pregnant women
- Requiring hepB vaccine for daycare and school entry

Chicago

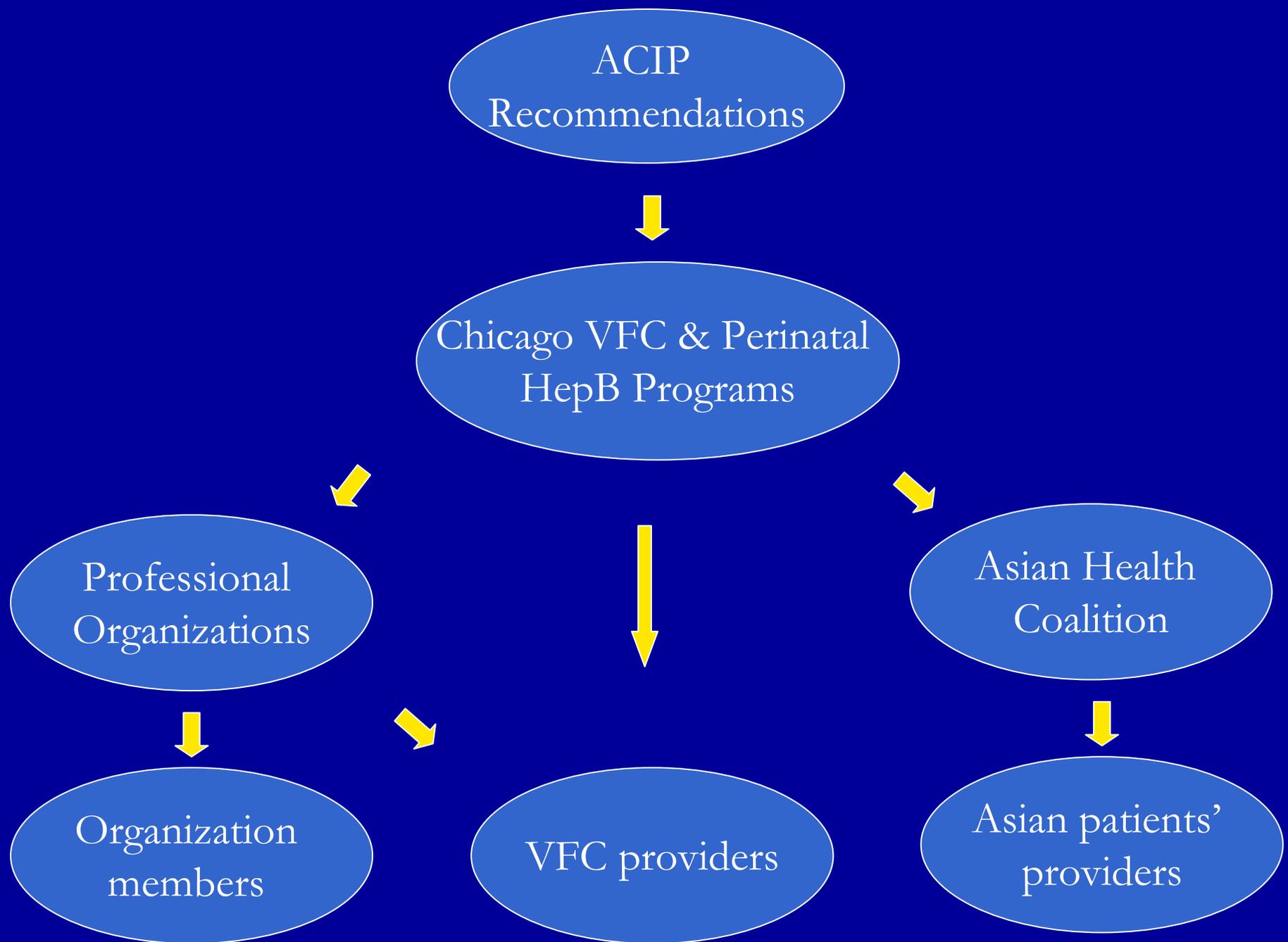
- Total population: 2.9 million
 - Annual births: ~48,000
 - Average hepatitis A incidence (1996-2000): 13.2/100,000
 - Estimated annual HBsAg + births: 194-286
 - Delivery hospitals: 24
 - VFC providers: ~700
- Perinatal Hepatitis B Program Staff: 3.5
- VFC Program Staff: 17

Existing Illinois Regulations

- Early prenatal HBsAg testing for all pregnant women, admission testing for women without prenatal results
- HBsAg + pregnant women reported to local health authority within seven days
- Infants with prenatal hepB exposure reported by hospital staff to a statewide reporting system
- Maternal HBsAg status included on metabolic screening cards
- Hepatitis B vaccine for daycare and 5th grade entry

Chicago's Implementation Plan

- Disseminate updated hepatitis A and B recommendations to health care providers
- Encourage implementation of recommended hospital policies
 - Assessment, Feedback, Incentives and eXchange (AFIX) Model



ACIP
Recommendations

Chicago VFC & Perinatal
HepB Programs

Professional
Organizations

Asian Health
Coalition

Organization
members

VFC providers

Asian patients'
providers

Step 1. Communicating Hepatitis A and B Recommendations

- VFC and Asian patients' providers
 - Newsletters
 - Regional meetings
- Members of Illinois chapters of AAP, AAFP, ACOG
 - Peer to peer education program

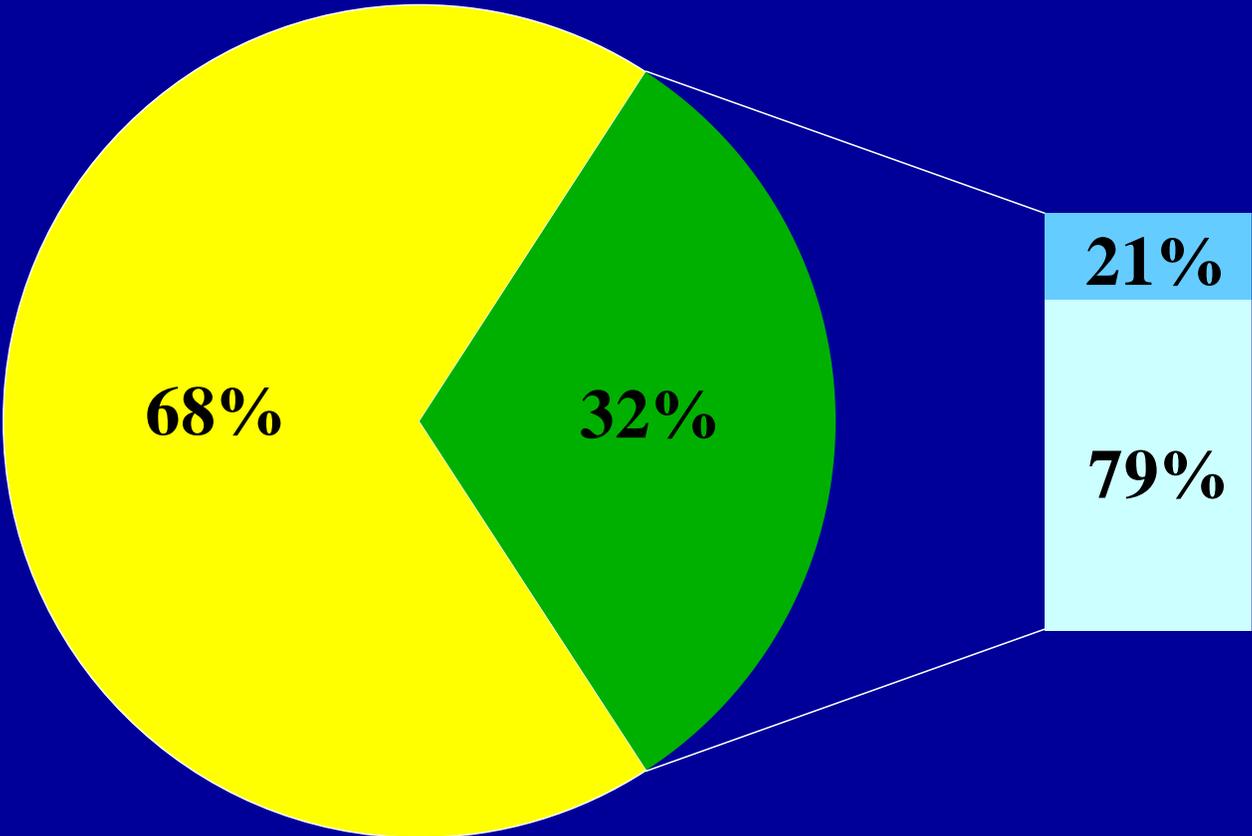
Step 2. Hospital AFIX

AFIX Pilot, 2002

- Conducted by Perinatal HepB Nurse Coordinator, case management staff (2) and a graduate student
- Assessment
 - Lot Quality Assurance protocol
 - Engaged medical record, nursery and labor and delivery staff
 - Health Department staff reviewed 20-60 maternal and infant chart pairs at 18 (75%) delivery hospitals
 - Prenatal and admission HBsAg testing
 - Administration of hepB vaccine birth dose
 - Documentation of testing and vaccination

Prenatal and Admission Hepatitis B Testing, Maternal Charts, 2002

N=533



- % with documented prenatal test result
- % without documented prenatal HBsAg test result
- % without documented prenatal HBsAg whose admission test was not located
- % without documented prenatal HBsAg who were tested upon admission

Chart Documentation of Maternal Hepatitis B Screening and Infant Hepatitis B Vaccination

	Maternal HBsAg Status	Infant Hep B Vaccination
Not Documented	298/533 (56%)	154/533 (29%)

Feedback, Incentives, and eXchange, 2002

- Feedback Participants
 - Primarily nurses (Labor & Delivery, Nursery)
- Feedback Content
 - Chart audit results
 - Suggestions for improving practices
 - Standardize chart documentation
 - Develop standing orders for admission HBsAg testing and birthdose vaccination
 - Enroll nurseries in VFC Program
- Limited incentives or opportunities for exchange of information

AFix Pilot, Limitations

- Incomplete participation by hospitals
- Incomplete assessment of hospital policies and standing orders
- Inconsistent physician participation in feedback sessions
- Limited and inconsistent incentives and opportunities for exchange of information

Hospital AFIX, 2006

- Hospital-level assessment of HBsAg testing, documentation and vaccination policies and standing orders
 - May use CDC Survey, 2006
- Maternal and infant chart audits to assess HBsAg testing, documentation and vaccination policies and practices
 - LQA protocol or methods for CDC Survey, 2006

Feedback Sessions, 2006

- Engage key hospital personnel
 - L&D and nursery nurses, pediatricians, family physicians, obstetricians, pharmacists
 - Identify a “hepatitis B prevention champion”
- Content
 - Chart audit results
 - Increased emphasis on benefits of:
 - standing orders to improve prenatal and admission testing, documentation and vaccination
 - policies for managing pregnant women with unknown HBsAg status and their infants
 - policies for managing infants born to HBsAg + women
 - enrolling in VFC program
 - Promotion of the statewide immunization registry

Adding the IX to AFIX

- Incentives
 - Provide resource materials
 - Examples of policies and standing orders
 - Provide certificates to high performing hospitals
 - Acknowledge high performing hospitals in newsletters
- eXchange
 - Create a newsletter or listserve for hospital “hepatitis B prevention champions”
 - Coordinate a meeting for champions to share successes and challenges

Anticipated Challenges

- Physician resistance
 - Inundated with new vaccines (i.e., Tdap, MCV4)
 - Concern about adding hepatitis A vaccine at 12, 15 or 18 months
 - Concerns about decreased reimbursement for administering hepB birth dose
 - Documentation for withholding hepB birthdose

Acknowledgements

- Chicago Department of Public Health
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- CDC
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Extra slides

Standing Order Examples

Delivery Hospitals

- Review HBsAg test results on admission
- Perform HBsAg testing on women without documented test results
- Repeat HBsAg testing on women with
 - > 1 sex partner during previous 6 months,
 - evaluation or treatment for STD,
 - recent IDU,
 - HBsAg + sex partner,
 - clinical hepatitis

Standing Orders Examples

- Record maternal HBsAg status in maternal and infant medical record
- For medically stable infants ≥ 2 kg, administer HepB vaccine before hospital discharge
- For infants born to HBsAg + mothers, administer HepB vaccine and HBIG within 12 hours of delivery
- For infants born to HBsAg unknown mothers, administer HepB vaccine within 12 hours of birth and
 - HBIG within 12 hours if infant < 2 kg
 - HBIG within 7 days if infant ≥ 2 kg and mother HBsAg +

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Hepatitis B ¹		HepB	HepB	HepB ¹	HepB			HepB Series							
Diphtheria, Tetanus, Pertussis ²				DTaP	DTaP	DTaP		DTaP			DTaP	Tdap	Tdap		
<i>Haemophilus influenzae</i> type b ³				Hib	Hib	Hib ³	Hib								
Inactivated Poliovirus				IPV	IPV	IPV				IPV					
Measles, Mumps, Rubella ⁴							MMR #1				MMR #2	MMR #2			
Varicella ⁵							Varicella					Varicella			
Meningococcal ⁶							MPSV4					MCV4	MCV4		
Pneumococcal ⁷				PCV	PCV	PCV	PCV			PCV	PPV				
Influenza ⁸						Influenza (Yearly)				Influenza (Yearly)					
Hepatitis A ⁹						HepA Series			HepA Series						

DRAFT #2
10/26/2005
WITH
Universal HepA
Recommendation

Vaccines within broken line are for selected populations

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever

any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

■ Range of recommended ages ■ Catch-up immunization ■ Preadolescent assessment

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