

Perinatal Hepatitis B: A National Perspective

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Texas Perinatal Hepatitis B Summit

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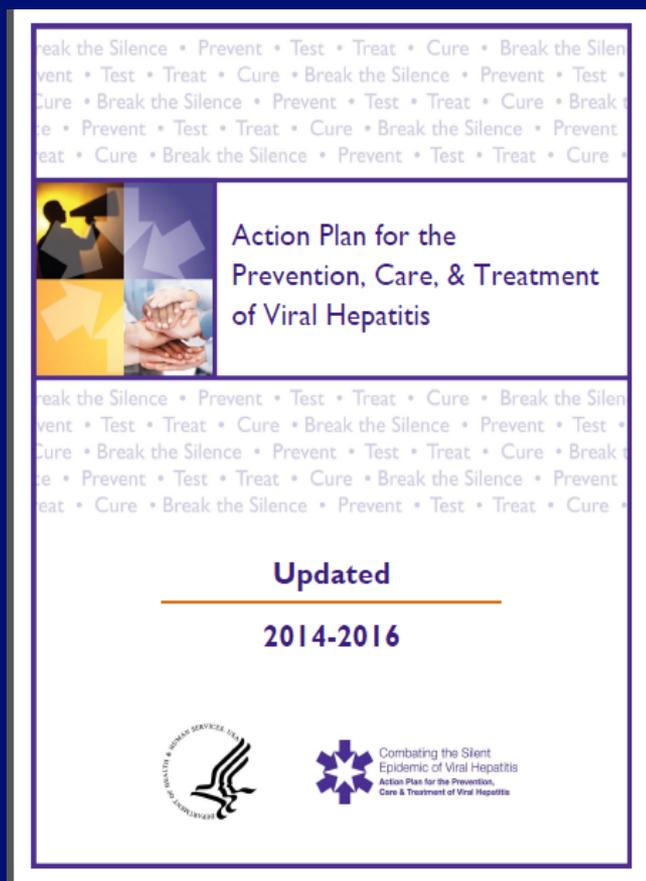
Presentation Objectives

- **Describe the Perinatal Hepatitis B Prevention Program's 4 required program objectives**
- **Identify national progress toward achieving the required Perinatal Hepatitis B Prevention Program (PHBPP) objectives**
- **Identify areas of opportunities to improve PHBPP outcomes**

Why is Prevention of Prenatal Hepatitis B Important?

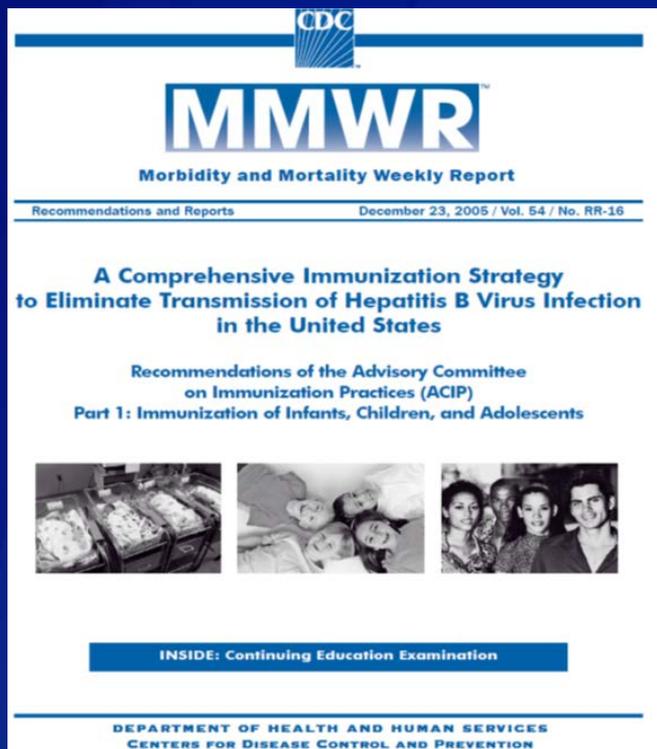
- **Infants born to Hepatitis B infected women are at high risk of Hepatitis B virus (HBV) infection.**
- **90% of HBV infected infants will develop chronic HBV infection compared to < 5% of people infected at age \geq 5 years**
- **Infected infants are usually asymptomatic**
- **Chronically infected persons are the main reservoir for continued transmission**
- **Approximately 25% of persons chronically infected as infants will die prematurely from cirrhosis or liver cancer**

National Goal to Eliminate Mother to Child Transmission of Hepatitis B



- HHS released original plan in 2011
- Updated in 2014
- Six Priority Areas
- Priority Area 4: Eliminating Transmission of Vaccine-Preventable Viral Hepatitis
 - Goal 4.1: Eliminate mother to child transmission
 - Corinna Dan will present on efforts towards achieving Goal 4.1 tomorrow

Perinatal Hepatitis B Program Background



- Established in 1990
- Funded in CDC Immunization Cooperative Agreements (Section 317 funding)
- Programs in 64 jurisdictions (50 states, 6 cities, 5 territories & 3 freely associated island nations)
- Program works collaboratively with other CDC centers (NCHHSTP)
- Program Required Objectives are based upon selected ACIP recommendations (MMWR, December 23, 2005)

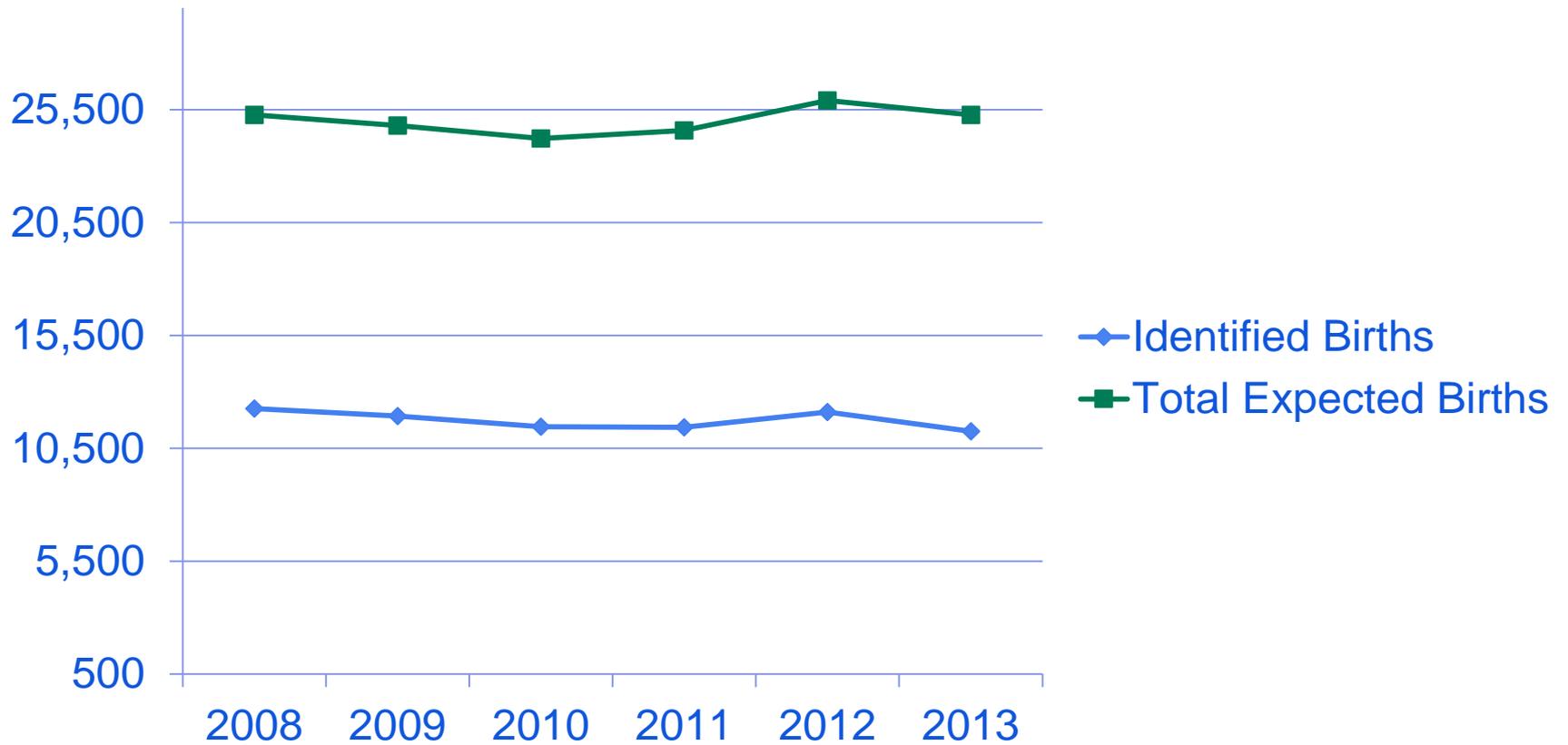
PHBPP Required Objectives (2013-2018)

- **Identify HBsAg-positive pregnant women**
- **Assure Hepatitis B virus exposed infants obtain ACIP recommended Post-exposure Prophylaxis at birth**
- **Assure HBV exposed infants complete the ACIP recommended hepatitis B vaccine series**
- **Assure HBV exposed infant obtains Post Vaccination Serologic Testing (PVST)**

OUTCOMES FOR THE PHBPP REQUIRED OBJECTIVES

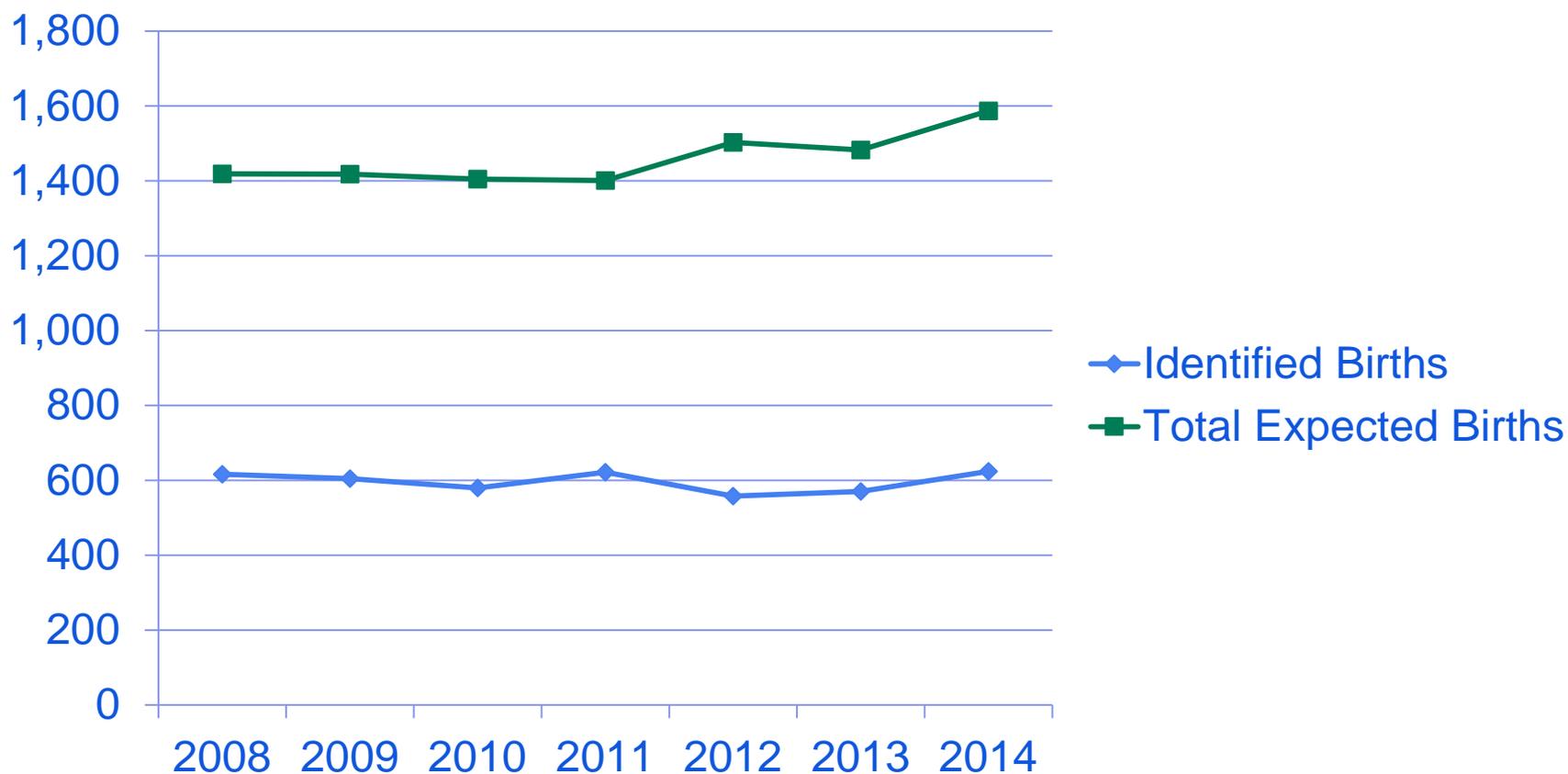


Identified births to Total Expected Births National PHBPP: 2008-2013



Source: CDC Peritable 2008-2013

Identified births to Total Expected Births Texas PHBPP: 2008-2014



Source: CDC Expected Birth Tables 2008-2014 and Texas PHBPP Annual Report 2008-2014

National Infant Outcomes

US Birth Cohort (BC)	Percent of BC with ACIP Post Exposure Prophylaxis (PEP) at Birth	Percent of infants with PEP & Hep B series complete by 12 months	Enrolled infants with Post Vaccination Testing by end of reporting period 1
Birth Cohort 2010	96%	84%	60%
Birth Cohort 2011	96%	84%	61%
Birth Cohort 2012	96%	84%	63%
Birth Cohort 2013	96%	84%	65%

Source: CDC Peritable 2008-2013

Texas Infant Outcomes

Texas Birth Cohort (BC)	Percent of BC with ACIP Post Exposure Prophylaxis (PEP) at Birth	Percent of infants with PEP & Hep B series complete by 12 months of age	Enrolled infants with Post Vaccination Testing by end of reporting period ¹
Birth Cohort 2010	95%	85%	62%
Birth Cohort 2011	99%	80%	59%
Birth Cohort 2012	96%	77%	57%
Birth Cohort 2013	96%	83%	65%
Birth Cohort 2014	98%	87%	75%

HBV exposed infants without ACIP recommended PEP at Birth

A Lyrical Reminder:

“Don’t Give Up on Us- Baby(ies)...
Don’t make a wrong seem right...
We’re still worth one more try...”

-David Soul 1976

Song:“Don’t Give Up on US”(1976) Label:Private Stock



National Outcomes: Infants without ACIP Recommended PEP at Birth

US Birth Cohort	Percent of BC without Recommended PEP at Birth	Percent of infants without PEP that completed Hep B series by 12 months of age	Percent of Infants without PEP obtained PVST by end of reporting period 1
Birth Cohort 2011	4% (N=434)	55% (N=240)	30% (N=131)
Birth Cohort 2012	4% (N=418)	66% (N= 276)	34% (N=142)
Birth Cohort 2013	4%(N=426)	58% (N=259)	33% (N=140)

Source: CDC Peritable 2011-2013

Texas Outcomes: Infants without ACIP Recommended PEP at Birth

Texas Birth Cohort	Percent of BC without Recommended PEP at Birth	Percent of infants without PEP that completed Hep B series by 12 months of age	Percent of Infants without PEP obtained PVST by end of reporting period 1
Birth Cohort 2011	1% (N=4)	0% (N=0)	0% (N=0)
Birth Cohort 2012	4% (N=21)	10% (N=2)	10% (N=2)
Birth Cohort 2013	4% (N=25)	12% (N=3)	12% (N=3)
Birth Cohort 2014	2% (N=15)	60% (N=9)	47% (N=7)

Source: Texas PHBPP Annual Report 2011-2014

AN OBSERVATION FROM THE 2015 ANNUAL REPORT

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES Welcome Nancy Fenlon

PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS

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ANNUAL IMMUNIZATION PROGRESS REPORT FOR CY2015

ANNUAL ASSESSMENT OF PROGRESS TOWARDS GOALS TO PREVENT PERINATAL HBV TRANSMISSION 2014 & 2013 BIRTH COHORTS

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GRANTEE: TEXAS

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Click to open [Guidance](#) for Perinatal Hep B Assessment report. You may also click on the Guidance link next to questions that have guidance information.

SECTION ONE: POLICY

(ALL SECTION ONE QUESTIONS LISTED ARE NOW OPTIONAL. PLEASE LEAVE ANSWER BLANK IF YOU CHOOSE NOT TO ANSWER THE QUESTION)

A Few Minutes on Minimal Intervals

Recommended Immunization Schedules for Persons Aged 0 Through 18 Years UNITED STATES, 2016

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2016.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed since the last dose. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Children age 4 months through 6 years			
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses	
		Dose 1 to Dose 2	Dose 2 to Dose 3
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.

Minimal Intervals and Valid doses

- **The minimum age for the final dose of hepatitis B vaccine is 24 weeks (168 days of age).**
- **The minimum age for the final dose of hepatitis B vaccine with the 4 day grace period applied is 164 days of age.**
- **If the final dose of the hepatitis B vaccine series is administered before 164 days of age it is considered invalid and the infant must be revaccinated after 24 weeks of age.**
- **Hepatitis B vaccine Birth dose administered to a LBW infant (<2,000g) should not be counted as part of the hepatitis B vaccine series**

Opportunities to Improve PHBPP Outcomes

- Identification of HBsAg-positive pregnant women by PHBPP
- Post Vaccination Serologic Testing (PVST)
- Improving outcomes of infants that did not obtain the ACIP recommended PEP at birth
- Assuring all hepatitis B vaccine doses in the series are valid doses



Improving Infant & Program Outcomes

- **To learn more and to get ideas on how to improve outcomes of HBV exposed infants attend the following presentations at the Summit:**
 - Elimination of Perinatal Hepatitis B Transmission & the National Viral Hepatitis Action Plan
 - Corinna Dan, HHS
 - Strengthening laboratory surveillance and reporting of HBsAg in pregnant women
 - Alaya Koneru, CDC
 - Eliminating Transmission of Vaccine-Preventable Hepatitis B between positive hepatitis B infected mothers and their infants in Hospitals
 - Lynn Pollock, Immunization Action Coalition

Improving Infant & Program Outcomes (Continued)

- **When administering immunizations or collecting immunization histories on infants double check and make sure that all doses in series are valid doses**
- **Increase case management contact to infants without PEP at birth**
- **Find out reasons why infants did not obtain recommended PEP at birth**
 - What are the reasons?
 - Are there common reasons among the infants?
 - Can the program implement activities to address the reasons?

Where to go to get more information

2005 ACIP Recommendations

<http://www.cdc.gov/mmwr/pdf/rr/rr5416.pdf>

Perinatal Hepatitis B Coordinators List

<http://www.cdc.gov/hepatitis/partners/perihepbcoord.htm>

Coordinator Net Conferences (2014)

<http://www.cdc.gov/vaccines/ed/hep-b/>

IAC Website: Birth dose initiative

<http://www.immunize.org/protect-newborns/>

CDC Pink Book

<http://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html>

ACIP Recommended Immunization Schedule 2016

<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Asian Liver Center

<http://liver.stanford.edu/>

HHS Viral Hepatitis Action Plan

<http://aids.gov/pdf/viral-hepatitis-action-plan.pdf>

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Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.