Strategies to Increase Hepatitis B Birth Dose Honor Roll Enrollees

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Outline of presentation

• Background of IAC’s *Give birth to the end of Hep B* project and associated honor roll

• Information to help more birthing centers reach the required 90% coverage, including:
  • Using standing orders and other written policies to standardize provision of the birth dose, and
  • Countering possible resistance to the birth dose from hospital administration, the infants' medical providers, nursing staff, and parents.

• Resources to encourage more *qualifying* birthing centers to apply to the honor roll, including ways to apply, promotional flyers to distribute, and examples of positive benefits to institutions.
Background
Give birth to the end of Hep B

An IAC initiative to eliminate hepatitis B virus infection in the U.S. through the prevention of perinatal transmission.
Give birth to the end of Hep B

Hepatitis B: What Hospitals Need to Do to Protect Newborns
A resource for birthing institutions to prevent perinatal transmission

Prepared by the Immunization Action Coalition (IAC)

www.immunize.org/protect-newborns/webinar/slides-iac.pdf
Hepatitis B Birth Dose Honor Roll

Honorees with qualifying HepB birth dose policies

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There are currently 389 birthing institutions on the Hepatitis B Birth Dose Honor Roll.

Alabama

Baptist Medical Center South, Montgomery, AL
Reported a coverage rate of 100% from 1/1/2014 to 12/31/2014 and 99% from 1/1/2015 to 21/31/2015.

Alaska

Alaska Native Medical Center, Anchorage, AK
Reported a coverage rate of 94% from 1/1/2017 to 12/31/2017.

673rd Medical Group, JBER, AK
Reported a coverage rate of 93% from 1/1/2014 to 12/31/2014 and 93% from 6/1/2015 to 6/1/2016 and 97% from 6/1/2016 to 31/1/2017.

www.immunize.org/honor-roll/birthdose/honorees.asp
www.immunize.org/honor-roll/birthdose/apply.aspx
To be included in IAC's Hepatitis B Birth Dose Honor Roll, a birthing institution must have:

- Reported a coverage rate of 90% or greater, over a 12-month period, for administering hepatitis B vaccine before hospital discharge to all newborns, including those whose parents refuse vaccination, and
- Implemented specific written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge.
Reported a coverage rate of 90% or greater, over a 12-month period, for administering hepatitis B vaccine before hospital discharge to all newborns, including those whose parents refuse vaccination.

- As far as parents refusing vaccination, we realize this may be frustrating but have chosen to require these cases be included in the denominator (unlike NQF). Part of the challenge with the birth dose is convincing the parents to vaccinate.

- As far as infants immediately transferred to a higher level of care, you do not need to include these in your denominator if they are not in your care after birth.
Implemented specific written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge.

- Parents are informed about the importance of the hepatitis B vaccine birth dose and that it is recommended for all newborns.
- All newborns routinely receive hepatitis B vaccine after birth, before hospital discharge.
- A review is performed as to whether the correct screening test, hepatitis B surface antigen (HBsAg), was ordered for the mother during this pregnancy.
- The result of the mother's HBsAg screening test is reviewed.
Criteria continued...

- An HBsAg blood test is ordered ASAP if an incorrect test was ordered on the mother or if no test result is included on her chart.

- Infants born to HBsAg-positive mothers receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.

- Infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth.

- Infants who weigh less than 2,000 grams and are born to mothers whose HBsAg status is unknown receive HBIG (in addition to hepatitis B vaccine) within 12 hours of birth.
Criteria continued...

- Routine newborn admission orders include a standing order to administer hepatitis B vaccine to all infants (similar to standing orders to administer Vitamin K and ophthalmic antibiotic).

- Notification of the state or local health department’s perinatal hepatitis B prevention program is done prior to discharge (or as soon as known, if after discharge) for all mothers whose HBsAg test result is positive.

Note: Feel free to contact IAC if you vaccinate 90% or more of newborns but might not have implemented one of these criteria. There may be some wiggle room.
Hepatitis B Birth Dose Honor Roll Honorees
Birth Dose Honorees by State/Territory
Information to help more birthing centers reach the required 90% coverage
Using standing orders and other written policies to standardize provision of the birth dose
Using standing orders and other written policies

- Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified healthcare professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition.

- The use of standing orders for vaccination facilitates the delivery of immunization services and has been found to increase vaccination coverage rates.

Reference: Community Preventive Services Task Force
www.thecommunityguide.org/findings/vaccination-programs-standing-orders
IAC’s related resources

- **Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission**
  www.immunize.org/catg.d/p2130.pdf

- **Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose**
  www.immunize.org/catg.d/p2131.pdf

- **Labor & Delivery HBsAg Admission Checklist for Birthing Mother**
  www.immunize.org/catg.d/p2225.pdf
IAC’s related resources

• 10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting
  www.immunize.org/catg.d/p3067.pdf

• Using Standing Orders for Administering Vaccines: What You Should Know
  www.immunize.org/catg.d/p3066.pdf

• How to Implement Standing Orders in Your Practice (slide set)
  www.immunize.org/catg.d/s8075.pdf
Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

Routine orders for all newborns

1. Review a copy of the mother’s original lab report to ensure that the correct serologic test (HBsAg) was ordered and that it was ordered during this pregnancy. Perform a repeat HBsAg blood test on the pregnant woman (mother) if she was HBsAg negative during a previous visit but was at risk for acquiring HIV infection during this pregnancy (e.g., more than one sex partner in the previous 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection-drug use, or HBsAg positive sex partner), or had clinical hepatitis since her previous testing.

2. Determine if the newborn is at high risk and needs immediate postexposure prophylaxis within 12 hours of birth. The infant is at high risk if the mother’s HBsAg status is positive or unknown.

For routine hepatitis B vaccination of normal weight infants: the mother is HBsAg negative

1. Administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL Intramuscular (IM), in an anterolateral thigh within 24 hours of birth (longer if the infant is discharged before 24 hours). Prior to vaccination, give the parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. Give the parent a record of the vaccination. If parent is unwilling to give consent, notify physician ASAP. Document vaccine administration or vaccine refusal in hospital record.

2. For infants weighing less than 2 kg (<4 lbs), administer the vaccine at hospital discharge or at 1 month of age, whichever occurs first.

For highest-risk infants: the mother is HBsAg positive

1. Administer Hepatitis B Immune Globulin (HBIG) 0.5 mL IM, in an anterolateral thigh in the delivery room or ASAP within 12 hours of birth. Document HBIG administration in hospital record. Give parent a record of the HBIG dose.

2. At same time and in opposite anterolateral thigh, administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL IM, ASAP within 12 hours of birth. Document vaccine administration in hospital record. Give parent a record of the vaccination.

3. Prior to administering both HBIG and hepatitis B vaccine, give parents a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. If parent unwilling to give consent, notify physician ASAP. Consider notifying Child Protective Services if parent continues to refuse despite discussion with physician.

4. Notify the local or state health department of the infant’s birth and the date and time of administration of HBIG and hepatitis B vaccine doses.

5. Obtain the name, address, and phone number of the newborn’s primary care provider.

6. Notify primary care provider of newborn’s birth, the date and time that HBIG and hepatitis B vaccine doses were administered, and the importance of a additional dose of vaccine if the first dose was not “counted” and postvaccination testing of the infant for HBsAg and anti-HBS (antibody to HBsAg) 1–2 months after completion of the hepatitis B vaccine series and no earlier than when the infant is 6–12 months of age.

The appropriateness for serologic testing to document a vaccine response is 1–2 months after the first dose of the hepatitis vaccine series. Results of the tests can be requested postpartum for the first 30 days after vaccination. Serologic testing should be performed no sooner than 2 months from the first dose. newborns who receive hepatitis B vaccine at birth and are not vaccinated has not been established.

For high-risk infants: the mother’s HBsAg status is unknown

1. Administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL IM, within 12 hours of birth. For infants weighing less than 2 kg (<4 lbs), also administer hepatitis B immune globulin (HBIG, 0.5 mL IM) within 12 hours. Do not wait for test results to return before giving this dose of vaccine and HBIG for infants weighing less than 2 kg (<4 lbs). Document vaccine administration in hospital record. Give parent a record of the vaccination.

2. Confirm that the laboratory has received blood for the mother’s HBsAg test.

3. Verify when the mother’s HBsAg result will be available and that it will be reported to the newborn unit ASAP.

4. If the laboratory test indicates the mother’s HBsAg test result is positive, do the following:
   a. Administer Hepatitis B Immune Globulin (HBIG) 0.5 mL, IM, ASAP to the newborn weighing less than 2 kg (<4 lbs) or more. (Those weighing less than 2 kg (<4 lbs) at birth should have already received HBIG.) Hepatitis B vaccine should be given within 12 hours of birth to all infants of mothers with unknown HBsAg status.
   b. Follow steps 4–7 of the previous section (see “For highest-risk infants: the mother is HBsAg positive”)

REFERENCES


2. CDC Vaccine Schedule and Information on immunization strategies for hepatitis B (mmwr, 2013.52(RR-17), 1–22, at www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm).


For additional detailed information about text that you might incorporate into newborn admission orders, including orders for premature infants, refer to Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission available at www.immunize.org/htg/gd.asp/2136.pdf.
Countering possible resistance to the birth dose from hospital administration, the infants' medical providers, nursing staff, and parents
In 2008, IAC surveyed hepatitis B coordinators and healthcare professionals about issues related to the universal administration of the birth dose of hepatitis B vaccine. One of the goals of this survey was to investigate why all U.S. infants were *not* receiving the first dose of hepatitis B vaccine before hospital discharge despite such a recommendation from ACIP, AAP, AAFP, and ACOG. This question explored such possible barriers as healthcare provider knowledge of the related ACIP recommendations, agreement/disagreement with the recommendations, convenience of office versus hospital vaccine administration, financial considerations for provider and parents, use of combination vaccines (including knowledge of how to use them with a monovalent dose of hepB vaccine at birth and acceptance/resistance to giving four doses of hepB vaccine instead of three), and parental refusal.
The survey responses demonstrated that there are many challenges to hospitals and birthing centers in implementing, and following, comprehensive policies and procedures to prevent perinatal HBV. In fact, when you consider that there are at least 4 separate groups with possible objections to such policies, it's a wonder that the birth dose rate is as high as 71.1% and more infants aren't infected every year.
Hospital administration
Medical providers
Nursing staff
Parents
You will realize that many of these objections are intertwined and have an influence on each other. For example, the greater the percentage of vaccine-resistant parents, the less likely it is that nurses will want to ‘waste time’ talking to families about the birth dose, or physicians will want to push the practice when they feel their patients are not at risk. Or if a number of a the hospitals’ attending physicians do not want their patients getting the birth dose, it is less probably likely that administration will push such a policy.
Hospital Administrators

- Providing a ‘birth dose’ of HepB vaccine is the gold standard of medical practice, and recommended by:
  - The Advisory Committee on Immunization Practice
  - The Centers for Disease Control and Prevention
  - The American Academy of Pediatrics
  - The American Academy of Family Physicians
  - The American College of Obstetricians and Gynecologists

In addition, the birth dose coverage rate has been adopted as a measure of hospital quality by the National Quality Forum.
Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices
Universal Vaccination of Infants
All infants should receive the HepB vaccine series as part of the recommended childhood immunization schedule, beginning at birth as a safety net.

For all medically stable infants weighing ≥2,000 grams at birth and born to HBsAg-negative mothers, the first dose of vaccine should be administered within 24 hours of birth (new recommendation). Only single-antigen HepB vaccine should be used for the birth dose.

Infants weighing <2,000 grams and born to HBsAg-negative mothers should have their first vaccine dose delayed to the time of hospital discharge or age 1 month (even if weight is still <2,000 grams). For these infants, a copy of the original laboratory report indicating that the mother was HBsAg negative during this pregnancy should be placed in the infant’s medical record. Infants weighing <2,000 grams at birth have a decreased response to HepB vaccine administered before age 1 month.
Hospital Administrators

Based on average rates of newborn hepatitis B vaccination in hospitals and on vaccine efficacy, CDC estimates that more than 800 newborns become chronically infected with HBV each year.

What happens if an infant becomes infected because the institution wasn’t following the national recommendation from all these medical groups????
Embarrassment, possible bad publicity and legal action....
Two More Infants Chronically Infected with Hepatitis B Virus…the Medical Errors Continue

Approximately 24,000 women with chronic hepatitis B virus (HBV) infection give birth in the United States each year. Although 85%–93% of perinatal HBV infections can be prevented by post-exposure prophylaxis (hepatitis B vaccine and hepatitis B immune globulin [HBIG]) given within 12 hours of birth, many high-risk newborns (infants of HBsAg-positive mothers) don’t receive this recommended prophylaxis, or even hepatitis B vaccine alone which will prevent 70%–90% of perinatal HBV infections.

Unfortunately, children who become infected when they are younger than one year of age have a 90% chance of developing chronic hepatitis B virus infection with all its serious potential sequelae, including an up to 23% risk of death from cirrhosis or liver cancer later in life.

The following two cases from Colorado illustrate how easily unprotected babies can become chronically infected children.

Case Report #1
This case occurred in December 1999. The mother was of Hmong ethnicity, born in Thailand. She had been diagnosed with chronic HBV infection in 1994 during her first pregnancy; this pregnancy was her third. In her prenatal record she was documented to be HBsAg and HBeAg positive, and this information appeared in several places on the record that was sent to the hospital. Despite this, her baby did not receive HBIG or the first dose of hepatitis B vaccine at the hospital. As a matter of fact, the hepatitis B vaccine order was crossed out in the newborn’s chart. Follow-up with the pediatrician at six days of age indicated that the baby still had not received any prophylaxis. The first dose of vaccine was given when the infant was three weeks of age, the second three months after the first, and the third six months after the first.

Upon contacting the hospital where the baby was delivered to determine why HBIG and hepatitis B vaccine were not given within 12 hours of birth, the state health department representative was told that it was unclear how this baby was missed and perhaps it was because the hospital had no hepatitis B vaccine at the time of delivery. They indicated that the infant was to receive the first dose of vaccine at the pediatrician’s office. However, this did not happen until the baby was three weeks of age, and only after the office was contacted by the state health department to request that it be done. The child’s current status is unfortunate. Diagnosed HBsAg positive at 19 months of age, the child is being followed by a liver specialist for chronic HBV infection.

Case Report #2
This case occurred in August 2001, in a different hospital and city. The mother was also of Asian descent (Indonesian) and had tested positive for HBsAg midway through her pregnancy. The HBsAg lab result was recorded on the prenatal record, which was sent to the hospital. The hospital staff also recorded the HBsAg-positive test result on the hospital’s obstetrical evaluation sheet. It was not acted upon by either the delivering physician or the labor and delivery staff, nor was it the mother’s HBeAg-positive test result communicated or noted by the newborn nursery. The hospital did not have a policy in place to address management of babies born to HBsAg-positive mothers or to mothers of unknown status. The infant received neither HBIG nor hepatitis B vaccine at birth. In fact, the high-risk infant did not receive the first dose of hepatitis B vaccine until two months of age. Unfortunately, this child has also tested HBsAg positive.

www.immunize.org/protect-newborns/guide/chapter2/more-case-reports.pdf

Unnecessary lifelong chronic HBV infection
Unprotected Infant Dies of Fulminant Hepatitis B

The Immunization Action Coalition (IAC) publishes Unprotected People Reports about people who have suffered or died from vaccine-preventable diseases. Nancy Fasano, formerly of the Michigan Department of Community Health, submitted the following case report to IAC. Serious medical errors occurred in this case resulting in the death of a 3-month-old infant.

Case Report

On December 13, 1999, a previously healthy 3-month-old infant of Southeast Asian descent was brought to a local Michigan hospital emergency department and was admitted following a 3-day history of fever, diarrhea, and jaundice.

Upon admission to the hospital, hepatitis B serology was obtained along with liver function tests and liver enzymes. Laboratory results revealed that the infant was hepatitis B surface antigen (HBsAg) positive and IgM core antibody (IgM anti-HBc) positive with elevated total bilirubin 16.6, direct bilirubin 4.7, ALT 693, and AST 203. The infant's test results were reported to the local health department on December 14, 1999. The infant's mother was tested at the same time and was found to be HBsAg positive and anti-HBc positive.

A diagnosis of hepatic failure due to hepatitis B virus (HBV) infection was made and the infant was transferred to another hospital on December 16 for possible liver transplantation. After transfer, the infant developed seizures and her condition deteriorated rapidly. She died on December 17.

Investigation revealed that the infant's mother had tested positive for HBsAg during her pregnancy but that the test result was communicated incorrectly as “hepatitis negative” to the hospital where the baby was born. Neither the laboratory nor the prenatal care provider reported the HBsAg-positive test result to the local health department as required by state law. The infant received no hepatitis B vaccine and no hepatitis B immune globulin (HBIG) at the time of birth.

The hospital where the infant was born had suspended administration of hepatitis B vaccine to all newborns during the summer of 1995 due to the concern about the presence of thimerosal used as a preservative in hepatitis B vaccine. The first dose of hepatitis B vaccine wasn’t administered to this infant until two months of age. This tragedy could have been averted.

A discussion follows on the next page.
In two surveys conducted by IAC, state and local hepatitis coordinators reported more than 500 medical errors regarding perinatal hepatitis B prevention.

These errors in perinatal hepatitis B prevention occurred at any time – beginning with the woman’s first prenatal visit and extending beyond the mother’s and infant’s hospital discharge.

The errors were made by a broad range of perinatal healthcare workers including obstetricians, family physicians, pediatricians, nurses, lab technicians, and clerical staff.

Only a universal hepatitis B vaccine birth dose policy in every birthing institution will optimize the protection of all infants from human error and chronic HBV infection.
Types of related medical errors

People make mistakes when ordering and interpreting this test. For example, antibody to hepatitis B surface antigen (antiHBs) is ordered in error, instead of hepatitis B surface antigen (HBsAg), which means a negative result doesn't mean the woman isn't infected, rather that she doesn't have immunity. Other times a test result is misinterpreted or mistranscribed (e.g., a non-medically trained clerk assumes "positive" means everything is okay).
In one study of 190 hospitals, 87.2% of the delivering mothers' charts did not include the recommended laboratory copy of her hepatitis B test results. In the same study, test results of women infected with HBV were misinterpreted or mistranscribed more than half the time (i.e., of 27 women with a documented POSITIVE HBsAg test result, in 15 cases the maternal test result was different or missing in the infant's chart).

Hospital Administrators

Hospitals cannot afford to provide hepatitis B vaccine to every newborn.

- This is an issue because the birth dose is often “bundled” with other perinatal services, so insurance will not pay separately for it (hence the hospital ‘loses’ money when giving the dose, while the pediatrician can later charge for the vaccine and its administration). But, is money worth a life?

- Some states make free hepatitis B vaccine available to all infants to simplify the process and eliminate problems related to some families receiving free vaccine and others having to pay.

- Hospitals should enroll in the federally funded VFC program to obtain free hepatitis B vaccine for administration of the birth dose to newborns who are eligible.
It is important to note that free vaccine alone does not guarantee high birth dose rates. Success is more closely tied to hospitals, birthing centers, and healthcare professionals who support the birth dose.

It is worthwhile to work on educating the administrators, physicians, and nursing staff at birthing institutions to make sure they’re supportive of a universal birth dose policy.
Physicians

• First, don’t assume all physicians know the ACIP/CDC/AAP/AAFP/ACOG recommendations to give the birth dose.

• Second, share the information/resources related to related medical errors (see previous section) *STUFF* happens!

• Third, here are some objections that may be specific to attending physicians...
Physicians

“I prefer to give the first dose in the office.”

- I can bill for the vaccine administration.
- The infant only receives 3 doses of hepatitis B vaccine using combination vaccines (as opposed to 4 with the birth dose).
- All the records will be in one place/care will be continual.
- I like to talk to parents about the value of immunization at the first appointment.
As far as #1 (billing for vaccine administration in the office), given that about 800 infants become chronically infected with HBV each year in the United States, many unnecessarily because of medical errors and the lack of a safety dose of hepatitis B vaccine, we assume that no healthcare professional would claim that money alone is worth the risk of a life.
Physicians

“Administering the first dose in the hospital results in the infant receiving an extra dose of vaccine when combination vaccines are used.”

• This is not a problem, medically.

• The use of a 4-dose hepatitis B vaccine schedule has not increased vaccine reactogenicity and results in higher final antibody titers that could correlate with longer duration of detectable antibody.

• The federal VFC program provides up to four doses of hepatitis B vaccine for VFC-eligible children.

• Providers may still use monovalent hepatitis B vaccine in a 3-dose series.
Physicians

“All the records will be in one place/care will be continual.”

• A minor recordkeeping problem would be a small cost for a potentially life-saving intervention.

• However, with immunization registries in all states, coordination should be simple. If the first dose of vaccine is given in the hospital, the birth dose and all infant demographic information can be electronically populated into the state registry by the hospital. This actually saves the practice time.
Physicians

“I like to talk to parents about the value of immunization at the first appointment.”

• A noble goal! But isn't it also possible that giving a birth dose of hepatitis B vaccine will also have a positive impact on the parents' view of immunization (and of the knowledgeable and caring healthcare professionals who want to protect their child)?

• Studies have shown that infants who get the birth dose are more likely to complete the hepatitis B vaccine series in a timely fashion.
Physicians

“The birth dose is not necessary if the mother is HBsAg negative.” (and my pts are all negative)

• This is a biggie! Our 2009 survey of healthcare professionals found that 19% agreed, and another 11% neither agreed nor disagreed, with the statement, “I am aware of the CDC and AAP vaccination recommendations but believe they are often made with the general public health in mind and don’t necessarily apply to my patients.”

• Provide the information about medical errors. The mother may not actually be negative.

• The infant could be exposed to HBV postnatally from another family member or caregiver. This occurs in two-thirds of the cases of childhood transmission.
Physicians

“Hepatitis B vaccine alone (without HBIG) will not protect an infant born to an HBsAg-positive mother.”

- Studies have shown that infants of the most highly infectious mothers (women who are both HBsAg and HBeAg positive) who receive postexposure prophylaxis with hepatitis B vaccine alone (without HBIG) at birth are protected in 70%–95% of cases.
Physicians

“Giving the first dose within 24 hours exposes me to blame for causing problems the infant may develop.”

- Hepatitis B vaccine is very safe. More than one billion hepatitis B shots have been given worldwide. In the United States, more than 120 million people, including infants, children, and adults have received hepatitis B vaccine. The majority of children who receive this vaccine have no side effects.

- If an infant develops a problem later in life, there is little likelihood that this can be medically or legally tied to a dose of hepatitis B vaccine given after birth.

- On the other hand, not providing the vaccine (or at least, strongly recommending it) can lead to an infant becoming chronically infected and potential legal culpability.
Nursing Staff

• Again, don’t assume all nurses know the ACIP/CDC/AAP/AAFP/ACOG recommendations to give the birth dose.

• Again, share the information/resources related to related medical errors (see earlier section)

• Finally, here are some objections that may be specific to nursing staff...
Nursing Staff

“Nurses don't have time to educate the parents and vaccinate every newborn in the nursery. Taking on the role of administering hepatitis B vaccine creates a tremendous additional workload for our staff.”

- It's true that providing the birth dose adds some work for the staff. Fortunately, it gets easier with time and eventually gets to be just part of the routine.
- Make the process as efficient as possible by using standing orders.
- Good educational handouts for parents can cut down on the time needed for one-on-one conversation, and provide answers to questions that all staff may not be prepared to answer.
Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

Routine orders for all newborns

1. Review a copy of the mother’s original lab report to ensure that the correct serologic test (HbsAg) was ordered and that it was ordered during this pregnancy. Perform a repeat HbsAg blood test on the pregnant woman if the mother was HbsAg negative during the prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., more than one sex partner in the previous 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection drug use, or HbsAg-positive sex partner), or had clinical hepatitis since her previous testing.

2. Determine that the newborn is high risk and needs immediate postpartum prophylaxis within 12 hours of birth. The infant is high risk if the mother’s HbsAg status is positive or unknown.

For routine hepatitis B vaccination of normal weight infants: the mother is HbsAg negative

1. Administer single-dose hepatitis B vaccine, 0.5 mL, intramuscular (IM), in anterolateral thigh within 24 hours of birth (or sooner if the infant is discharged before 24 hours). Prior to vaccination, give the parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. Give the parent a record of the vaccination. If parent is unwilling to give consent, notify physician ASAP. Document vaccine administration or vaccine refusal in hospital record.

For highest-risk infants: the mother is HbsAg positive

1. Administer Hepatitis B Immune Globulin (HIBG) 0.5 mL, IM, in anterolateral thigh in the delivery room or ASAP within 12 hours of birth. Document in BGC administration in hospital record. Give parent a record of the HIBG dose.

2. At same time and in opposite anterolateral thigh, administer single-dose hepatitis B vaccine, 0.5 mL, IM, within 12 hours of birth. Document vaccine administration in hospital record. Give parent a record of the vaccination.

3. Prior to administering both HIBG and hepatitis B vaccine, give the parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. If parent unwilling to give consent, notify physician ASAP. Consider notifying Child Protective Services if parent continues to refuse despite discussion with physicians.

4. Notify the local or state health department of the infant’s birth and the date and time of administration of HIBG and hepatitis B vaccine doses.

5. Notify primary care provider of newborn’s birth, the date and time that HIBG and hepatitis B vaccine doses were administered, and the importance of additional on-site vaccination (infants weighing less than 2 kg (4.4 lbs) will require 4 doses of vaccine as the first dose does not “count”) and postimmunization testing of the infant for HbsAg and anti-HBs (antibody to HBsAg) 1–2 months after completion of the hepatitis B vaccine series and no earlier than when the infant is 9–12 months of age.

For high-risk infants: the mother’s HbsAg status is unknown

1. Administer single-dose hepatitis B vaccine, 0.5 mL, IM, within 12 hours of birth. For infants weighing less than 2 kg (4.4 lbs) at birth, also administer Hepatitis B Immune Globulin (HIBG) 0.5 mL, IM, within 12 hours. Do not wait for test results to return before giving this dose of vaccine (and HIBG for infants weighing less than 2 kg (4.4 lbs)). Document vaccine administration in the hospital record. Give the parent a record of the vaccination.

2. Confirm that the laboratory has received blood for the mother’s HbsAg test.

3. Verify when the mother’s HbsAg result will be available and that it will be reported to the newborn unit ASAP.

4. If the laboratory test indicates the mother’s HbsAg test result is positive, do the following:
   a. Administer HIBG 0.5 mL, IM, ASAP to newborn weighing 2 kg (4.4 lbs) or more. Those weighing less than 2 kg (4.4 lbs) at birth should have already received HIBG (Hepatitis B vaccine should be given within 12 hours of birth to all infants of mothers with unknown HbsAg status).
   b. Follow steps 2–7 of the previous section (see “For highest-risk infants: the mother is HbsAg positive”).

REFERENCES


For additional detailed information about this vaccine, contact the CDC’s National Immunization Program or visit their website at www.cdc.gov/vaccines.

www.immunize.org/catg.d/p2131.pdf
Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission

The guidelines in this document were developed to help hospitals establish policies and standing orders in their labor and delivery (L&D) and newborn units. In February 2017, CDC released its updated recommendation to administer the hepatitis B (HB) vaccine as soon as possible after birth to all newborns as its “Recommended Immunization Schedule for Children and Adolescents.” The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists have all endorsed the hepatitis B dose recommended at birth. To obtain a copy of the 2017 schedule, go to www.cdc.gov/vaccines/schedules/downloads/hib/01.pdf or www.immunize.org/child/index.html.

To protect infants from HBV infection, CDC recommends that all delivery hospitals institute standing order admission orders and protocols to ensure healthcare professionals do the following:

1. Administer hepatitis B vaccine to all newborns within 24 hours of birth, at hospital discharge, whenever it occurs.
2. Identify all infants born to mothers who have hepatitis B surface antigen (HBSAg) positive or in mothers with unknown hepatitis B status. Administer appropriate prophylaxis to these infants.

Admission orders and procedures for women admitted to a birthing facility

For pregnant women who have an HBSAg lab report included in their prenatal records, the do the following:

1. Examine a copy of the original laboratory report of the pregnant woman’s HBSAg test result to verify that the correct test (i.e., HBSAg) was performed and to verify that the testing date was during pregnancy rather than a previous one. Do not rely on the results of any initial HBSAg test result.
2. Determine if the newborn will need immediate postpartum prophylaxis within 12 hours of birth. To do this, you must know the mother’s HBSAg status and the newborn’s birth weight, or that the neonatal hepatitis B virus (HBeAg) test result is negative.

For newborns of HBSAg-negative mothers

1. Administer single agent hepatitis B immunoglobulin (4.0 mL) within 24 hours of birth, at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
2. Administer hepatitis B immune globulin (HBIg) within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
3. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
4. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.

For neonates of HBSAg-positive mothers

1. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
2. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
3. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
4. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
5. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
6. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
7. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.

For newborns of HBSAg-positive mothers

1. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
2. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
3. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
4. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
5. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
6. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
7. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
8. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
9. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
10. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
11. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
12. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
13. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
14. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
15. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
16. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
17. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
18. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
19. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
20. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
21. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
22. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
23. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
24. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
25. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
26. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
27. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
28. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.
29. Administer a single agent hepatitis B vaccine (8.5 mL) within 24 hours of birth at hospital discharge, whichever comes first, to all newborns weighing ≥2 kg (4.4 lb) or more.
30. Administer HBIg within 24 hours of birth (as soon as possible after birth) to all newborns weighing <2 kg (4.4 lb) or more.
31. If the mother has hepatitis B core antibody (HBCAb) positive, the nurse should note that the newborn is at high risk and will need postpartum prophylaxis to prevent perinatal transmission of hepatitis B (HBV) and hepatitis B surface antigen (HBSAg) and hepatitis B e antigen (HBeAg) within 12 hours of birth.
32. Obtain the mother’s HBSAg result within 48 hours of birth. If the mother’s HBSAg test result is positive, administer hepatitis B vaccine to the newborn as soon as possible after birth.

*For Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Birth Dose,* visit www.immunize.org.jung/g/f2737.pdf.

www.immunize.org/catg.d/p2130.pdf
Vaccine Information Statements

Hepatitis B VIS

Hepatitis B VIS
July 20, 2016

Up-to-date translations
You are encouraged to distribute the up-to-date English-language VIS at the same time as the translation.

Arabic
Karen
Khmer
(Khmer)
Korean
Nepali
Oromo
Portuguese
Punjabi
Russian
Somali
Spanish
Tagalog
Thai
Turkish
Vietnamese

Adenovirus
J. encephalitis
Rotavirus
Anthrax
MenACWY
Td
Cholera
MenB
Tdap
DTaP
MMR
Typhoid
Hepatitis A
MMRV
Varicella
Hepatitis B
Multi-vaccine
Yellow fever
Hib
PCV
Zoster - live
HPV
PPSV
Zoster - recombinant
Influenza - IIV
Polio - IPV
Influenza - LAIV
Rabies

How to use VISs

You Must Give Your Patients Vaccine Information Statements (VISs) – It’s Federal Law!
Explains why it is necessary to always use the most current version of a VIS and lists the current VIS dates

Related materials from IAC
Ask the Experts
Handouts
Nursing Staff

“A newborn's immune system will not respond well to a dose of hepatitis B vaccine given within the first 24 hours/These infants are just too small to poke with a needle.”

• Hepatitis B vaccine can be administered soon after birth with only minimal decrease in immunogenicity, compared with administration at older ages, and no decrease in protective efficacy. The only medical reason to postpone the first dose of hepatitis B vaccine is with infants weighing <2,000 g if the mother is documented to be HBsAg-negative at the time of the infant's birth

• Yes, the infant is probably going to cry a bit (but better than being infected with a potentially deadly virus for life!) There are ways to help make a shot less stressful (to not only the baby, but the nurse and the parent).
www.cdc.gov/vaccines/parents/visit/less-stressful.html

Also from CDC: How to Hold Your Child During Vaccinations
www.cdc.gov/vaccines/parents/tools/holds-factsheet.html
Parents

Some of the most common reasons parents refuse the birth dose of hepatitis B vaccine:

- My baby is safe from perinatal hepatitis B virus transmission because I am not in a high-risk group. I am monogamous and don't use drugs.
- I've been tested for HBV and know I'm not infected so my baby is at no risk from perinatal infection. Why should I vaccinate my child just to provide a safety net to others?
- My baby isn't possibly going to be exposed to the virus for many years, if ever. Why give the vaccine at birth?
- Vaccines are full of dangerous [fill in the blank] that will hurt my infant. Or, at least, I want to wait to vaccinate until my baby is bigger and better able to handle vaccination.
My baby is safe from perinatal hepatitis B virus transmission because I am not in a high-risk group. I am monogamous and don't use drugs.

Although most cases in the U.S., occur through sexual contact or drug use, approximately 30% of people newly infected with HBV don't know how they contracted the virus. You can get infected through any contact with an infected person’s blood or body fluids, even fluids you can’t see. HBV is a hardy virus that can exist on surfaces for 7 days, and can be spread without engaging in any so-called "risky" behavior. Sadly, there are many documented cases of transmission related to medical care.
Unusual Cases of Hepatitis B Virus Transmission in Medical Settings

Although routine hepatitis B vaccination has been recommended for healthcare professionals since 1982, transmission of hepatitis B virus (HBV) continues to occur in medical settings. Transmission has been documented between patients, from patients to healthcare professionals, and from healthcare professionals to patients. Many HBV outbreaks have been associated with assisted glucose monitoring and reuse of blood collection lancets (illustrative examples are provided below). Because of the increased risk, in 2011 the Advisory Committee on Immunization Practices recommended routine hepatitis B vaccination for previously unvaccinated persons with diabetes (MMWR 2011;60(16):482).

SUMMARY: On October 12, 2010, the North Carolina Division of Public Health and the Wayne Health Department were notified of a local hospital of four residents of a single assisted-living facility with suspected acute HBV infection. An investigation identified unusual practices, including sharing of reusable lancet devices approved for single use only and shared use of blood glucose meters without cleaning and disinfection between patients. Eight residents were admitted for assisted blood glucose monitoring were eventually hospitalized, and six died from HBV complications.

1. Noise from the wind: deaths from acute hepatitis B virus infection associated with assisted blood glucose monitoring in an assisted-living facility – North Carolina, August-October 2010. MMWR 2011;60(16):482.


5. Unusual Cases of Hepatitis B Virus Transmission in the Community

One reason some parents don’t vaccinate their children against the hepatitis B virus (HBV) is their belief that their child has no risk of ever coming in contact with the virus. “My child will never be promiscuous or addicted to drugs. Why does he or she need to be protected against hepatitis B?” Of course, it is impossible to predict which children will grow up and engage in risky behavior. But let’s assume for a moment that this parent is right. does this mean that he or his child has no possibility of ever coming in contact with HBV? The truth is that transmission of HBV can sometimes occur in unusual ways. Approximately 10% of people newly infected with HBV do not know how they contracted it. The following reports of some uncommon methods of HBV transmission in community settings illustrate how every unvaccinated person is at some risk (albeit limited) of HBV infection.


These examples are not presented to scare. Such modes of transmission are relatively rare, and sexual activity is still the predominant source of HBV infection among U.S. children. However, these reports demonstrate that one can acquire HBV infection without engaging in traditional risk behaviors. There is also a risk of HBV transmission in medical settings, between patients, from patients to health-care personnel, and from health-care personnel to patients. For more information on this issue, see the IAC publication titled “Unusual Cases of Hepatitis B Virus Transmission in Medical Settings” available at www.immunize.org/catg.d/p2101.pdf.

By avoiding obvious means of exposure, people can reduce the odds of becoming infected. But in reality, anyone can get HBV infection. Fortunately, the availability of hepatitis B vaccine means no one has to.
I've been tested for HBV and know I'm not infected so my baby is at no risk from perinatal infection. Why should I vaccinate my child just to provide a safety net to others?

Although this makes perfect theoretical sense, it isn't so clear-cut in the real world.
I've been tested for HBV and know I'm not infected

• No medical test is 100% accurate, so there is a small chance that a negative result isn't correct.

• You might have become infected with HBV after being screened during an early prenatal visit or too close in time to the test for it to detect the early stage of infection.

• Children can be infected at a young age by people other than their mothers, such as another family member, a caregiver, or another child.

• And medical errors happen (tests are mis-ordered or mis-transcribed or mis-interpreted)
States Report Hundreds of Medical Errors in Perinatal Hepatitis B Prevention

Avoid tragic mistakes – vaccinate newborns against HBV in the hospital

By Teresa A. Anderson, DDS, MPH, and Deborah L. Wesley, MD

On two annual surveys conducted by the Immunization Action Coalition covering the period from July 1999 to October 2002 (see first entry in “Related Resources” on page 11), state and local hepatitis coordinators reported more than 500 medical errors regarding perinatal hepatitis B prevention. Examples of types of errors included:

- Not properly prophylazing infants born to HBsAg-positive mothers with both hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth
- Not giving hepatitis B vaccine to infants born to mothers of unknown HBsAg status within 12 hours of birth
- Misinterpreting or mistranscribing hepatitis B screening test results, or failing to communicate results to or within the hospital
- Ordering the wrong hepatitis B screening test for pregnant women

Because of these types of errors, many children are now chronically infected with hepatitis B virus (HBV) and at least one infant has died. Children infected when less than one year of age have a 90% chance of developing chronic HBV infection with all its serious potential sequelae, such as cirrhosis and liver cancer.

Consider the following examples of medical errors reported by the nation’s hepatitis coordinators where infants were needlessly put at risk for perinatal HBV infection.

HBsAg: What Hospitals Need to Do to Protect Newborns

www.immunize.org/protect-newborns
The Safety Net is there for EVERYONE!
My baby isn't possibly going to be exposed to the virus for many years, if ever. Why give the vaccine at birth?

If a baby gets infected at birth, there is a 90% chance they will be infected for their entire lifetime, and will also have a 25% chance of dying prematurely from liver failure or liver cancer in the future. Older children who are infected at a young age are also at risk for life-long infection and its potential complications. (In comparison, only about 4% of adults who are infected with HBV become chronically infected.)
Risk of developing chronic hepatitis B by age at infection

- Infant: 90%
- 1-5 Years: 30%
- > 5 years: <5%
Vaccines are full of dangerous [fill in the blank] that will hurt my infant. Or, at least, I want to wait to vaccinate until my baby is bigger and better able to handle vaccination.

This is obviously a big subject that could be a day-long presentation in and of itself. Three good sources of information for you to explore:
Resources for vaccine-hesitant parents

- IAC’s “Responding to Parents’ Concerns” web section: www.immunize.org/talking-about-vaccines/responding-to-parents.asp

- Vaccine Education Center’s Q&A sheets for parents (including info on ingredients, “too many, too soon,” autism, etc.): http://www.chop.edu/centers-programs/vaccine-education-center/resources/vaccine-and-vaccine-safety-related-qa-sheets#.Vq-McL3XmllZ

- CDC’s Provider Resources for Vaccine Conversations with Parents: www.cdc.gov/vaccines/hcp/conversations/index.html
Hepatitis B is a serious disease... Make sure your child is protected!

What is hepatitis B?
Hepatitis B is a virus that can cause liver disease, even liver failure.

How do you catch hepatitis B?
Your child can get hepatitis B if you come into contact with the virus in blood, semen, or vaginal secretions. Blood-borne viruses can also be transmitted through sexual contact.

Is hepatitis B serious?
Yes! An infected person can be passed on to others, leading to serious health consequences. Babies and young children who acquire hepatitis B can develop serious health problems, including liver failure.

Is my child at risk?
Your child may be at risk if you come in contact with the virus, for example, through blood or semen.

How can I protect my child from hepatitis B?
Vaccination is the best way to protect your child from hepatitis B. It is important to give the first dose of vaccine in the hospital at birth or as soon as possible. There should be 2 or 3 more doses (depending on the vaccine used) given later.

P&R
Número 5, invierno de 2016

Hepatitis B and the Virus (Hub) to Prevent It

The best way to prevent against hepatitis is by giving the hepatitis B vaccine. Children recommended all children get the vaccine.

Why should my child get the hepatitis B shot?

- Immunize your child as soon as possible after birth.
- Prevent serious illness in children with hepatitis B.
- Reduce the transmission of hepatitis B virus to others.

What is hepatitis B?
Hepatitis B is a viral disease that causes inflammation of the liver. It is transmitted through contact with blood or other body fluids.

What are the side effects?

Most people who do not have hepatitis B will have no side effects at all. When side effects do occur, they are usually very mild, such as a sore throat, flu-like symptoms, or joint pain.

El aluminio en las vacunas: Lo que debe saber

El aluminio está presente en vacunas para mejorar la respuesta inmunológica. A pesar de las preocupaciones de algunos individuos por el aluminio en las vacunas, los especialistas en inmunología y epidemiología no consideran el aluminio una preocupación para la eficacia de la vacunación.

Q&A
Recommended Immunization Schedule: What You Should Know

Although each local health department and state has its own guidance for childhood immunizations, the following guidelines are based on recommendations from the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). These guidelines are intended to help parents or caregivers understand the importance of childhood immunizations and the schedule for administering them.

For the latest information on all vaccines, visit: vaccine.chop.edu

Talking with Parents about Vaccines for Infants

Strategies for Health Care Professionals

Immunization professionals and parents agree: times have changed. Because of questions or concerns about vaccines, well child visits can be tricky for parents. As part of their health care, parents may want to discuss their concerns about vaccine. It is true even for parents who have the most questions and concerns. New parents understand unadulterated vaccines are critical to their child's safety and protection. Children can die from vaccine preventable diseases.

This resource guide:
- Offers tips for parents on how to approach vaccine questions and how to answer.
- Provides communication strategies and tips for handling vaccine questions.

What is a combination of the questions and answers on the website, vaccine.chop.edu, that best answer parents' questions about vaccines and their concerns?

Parents have their questions and answers, too. What are some ways to address the parents' concerns about vaccines and their answers?

For the latest information on all vaccines, visit: vaccine.chop.edu
Just to be clear... none of these tips are guaranteed to work miracles! (but every little bit of improvement helps)
Ways to encourage more qualifying birthing centers apply to IAC’s Hepatitis B Birth Dose Honor Roll
Promoting the Birth Dose

www.immunize.org/catg.d/p2201.pdf
www.immunize.org/protect-newborns
Promoting the HepB Birth Dose Honor Roll

Do you qualify for the Hepatitis B Birth Dose Honor Roll? If so, apply today.

Criteria for Inclusion into the Honor Roll
To be included in IAC’s Hepatitis B Birth Dose Honor Roll, a birthing institution must have:

1. Achieved, over a 12-month period, a coverage rate of 90% or greater for administering hepatitis B vaccine at birth and have met specific additional criteria.
2. Implemented certain written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge.

To apply for the Birth Dose Honor Roll, visit www.immunize.org/honor-roll/birthdose

Benefits
- Inclusion in online Honor Roll
- Announcement of achievement in nation’s largest immunization newsletter, MC Express, sent to approximately 50,000 subscribers
- Receipt of beautiful 8.5” x 11” color award certificate suitable for framing
- Peer recognition in the immunization community

www.immunize.org/catg.d/p2205.pdf
www.immunize.org/protect-newborns
How to apply to the honor roll

Online

www.immunize.org/honor-roll/birthdose/apply.aspx

Paper

www.immunize.org/catg.d/p2208.pdf
How can qualifying for the honor roll help a birthing institution?

Primarily, qualifying means the institution is following the STANDARD OF CARE, and correctly protecting newborns from lifelong chronic hepatitis B infection. But there are less altruistic reasons too!

Ceremoniously presenting the staff with a beautiful certificate (especially when state/local health departments are involved), can be a morale boost for those who have worked hard to promote and provide the birth dose.
Immunization Action Coalition
recognizes the exceptional achievement of
Albany Medical Center
ALBANY, NEW YORK
and enrolls the hospital into its
Hepatitis B Birth Dose Honor Roll
for its noteworthy dedication to patient safety by establishing a policy to administer the first dose of hepatitis B vaccine to newborns prior to hospital discharge, and achieving a coverage rate of 99 percent.

The birth dose of hepatitis B vaccine is critical to safeguarding all infants from hepatitis B virus infection which can lead to chronic liver disease.

We applaud your dedication to protecting patients.

DEBORAH L. WEISSER, MD, Executive Director
Presented July 16, 2013
Feeling proud of their achievement!
Another possible way for honorees to benefit from qualifying for the honor roll

• Hospitals and birthing institutions can publicize their success via corporate newsletters and even local newspapers.

• IAC provides a sample press release that can be customized.

• Let others know that this is a hospital that CARES about the newborns in its care!
**Hospital or Birthing Center name** Honored for Hepatitis B Vaccine Birth Dose Rate

[City, State, Date]—[Hospital or Birthing Center name] has been recognized by the Immunization Action Coalition (IAC) and the State Health Department for achieving one of the highest reported rates in the state for its work to protect newborns from hepatitis B virus infection.

["Quote from leadership of the hospital or birthing center,"] said [Name, Title, and Affiliation].

[Hospital or Birthing Center name] is the newest entry into IAC’s Birth Dose Honor Roll (www.immunize.org/honor-roll/birthdose), which recognizes hospitals and birthing centers that have attained high coverage levels for administering the hepatitis B vaccine at birth. [Hospital or Birthing Center name] immunized [enter number] percent of babies [enter 12-month time period] and took additional steps to prevent perinatal transmission of hepatitis B.

The national standard of care to prevent hepatitis B virus infection in babies is to administer hepatitis B vaccine to all newborns before they leave the hospital or birthing center. This standard is being adopted by centers of healthcare excellence nationwide as a safety net to protect newborns from a wide range of medical errors that lead to babies being unprotected from perinatal hepatitis B infection.

“Hospitals and birthing centers have a responsibility to protect babies from life-threatening hepatitis B infection,” said Deborah Wexler, MD, executive director and founder of IAC. “[Hospital’s name] commitment to the best practice of hepatitis B vaccination at birth has shown them to be a leader in preventing the transmission of the hepatitis B virus.”

[Add a brief paragraph about your hospital or birthing center, including hyperlinks to your institution’s website and social media websites too.]

[Add contact information for public information officer or media representative at your hospital or birthing center: Contact name, telephone number, email address.]

###
Sterling birthing center makes vaccine honor roll

By Jeff Eisel
Journal-Advocate staff writer

Hepatitis B also given to 94 percent of Sterling newborns

Huron Medical Center honored for hepatitis B vaccine birth dose rate

BAD AXE — Huron Medical Center has been recognized by the Immunization Action Coalition (IAC) for achieving one of the highest reported rates in the state for its work to protect newborns from hepatitis B virus infection.

"We are honored to have been recognized for the efforts Huron Medical Center has made to protect the babies born at our birthing center from hepatitis B virus infection," said Heather Navarino, RN, who is the birthing center director at Huron Medical Center.

Huron Medical Center is the newest entry into IAC's Birth Dose Honor Roll (www.immunize.org/honor-roll/birthdose), which recognizes hospitals and birthing centers that have attained high coverage levels for administering the hepatitis B vaccine at birth. Huron Medical Center immunized 91 percent of babies in the time period of July 2015 through June 2016, and took additional steps to prevent perinatal transmission of hepatitis B.

The national standard of care to prevent hepatitis B virus infection in babies is to administer hepatitis B vaccine to all newborns before they leave the hospital or birthing center. This standard is being adopted by centers of healthcare excellence nationwide as a safety net to protect newborns from a wide range of medical errors that lead to babies being unprotected from perinatal hepatitis B infection.

"Hospitals and birthing centers have a responsibility to protect babies from life-threatening hepatitis B infection," said Deborah Wecker, MD, executive director and founder of IAC. "Huron Medical Center's commitment to the best practice of hepatitis B vaccination at birth has shown them to be leaders in preventing the transmission of the hepatitis B virus."
Award for immunizations

Hospital recognized for protection of newborns

Saturday, June 11, 2010 5:56 AM

Medical Arts Hospital in Lamesa has been recognized by the Immunization Action Coalition (IAC) and the Texas Department of State Health Services Immunization Division for achieving one of the highest reported rates in the state for its work to protect newborns from hepatitis B virus infection.

“We put our patients first, even the newest ones. Thanks goes to our entire nursing staff for their commitment to this initiative,” said Letha Stokes, Chief Executive Officer.

Guida Chase is Clinical Coordinator of Labor/Delivery at Medical Arts Hospital. She received the honor on June 1.

Medical Arts Hospital is the newest entry into IAC’s Birth Dose Honor Roll, which recognizes hospitals and birthing centers that have attained high coverage levels for administering the hepatitis B vaccine at birth. Medical Arts Hospital immunized 95 percent of babies born in the year of 2015 and took additional steps to prevent perinatal transmission of hepatitis B.

The national standard of care to prevent hepatitis B virus infection in babies is to administer hepatitis B vaccine to all newborns before they leave the hospital or birthing center. That standard is being adopted by centers of healthcare excellence nationwide as a safety net to protect newborns from a wide range of medical errors that lead to babies being born unvaccinated.
On a purely pragmatic note, making the effort to qualify for IAC’s honor roll should also make it easier for birthing institutions to meet other organizations’ criteria. For example, the National Quality Forum Measure #0475 recommends that hospitals measure and report the “percent of live newborn infants that receive hepatitis B vaccination before discharge... excluding infants whose parents refuse vaccination.”
Questions?
Email birthdose@immunize.org
Give birth to the end of Hep B

Hepatitis B
What Hospitals Need to Do to Protect Newborns

Safety Net