Steps to Developing Active Community Outreach

1) Organize
   • Develop a system to keep track of all active cases

2) Prioritize and Plan
   • Utilize the system to determine where outreach is most needed in your community

3) Implement
   • Plan educational outreach for the most at risk community pediatricians and hospitals

4) Follow up
   • Maintain relationships by providing continued education
Perinatal Hepatitis B Prevention in Dallas County

Population: 2.6 million
Median income: $56,000
Person in poverty, percent: 14.2 %

Public Health Region

1 (Panhandle)
2/3 (North Texas)
4/5N (East Texas)
6/5S (Southeast Texas)
7 (Central Texas)
8 (South Texas)
9/10 (West Texas)
11 (Rio Grande Valley)
Organizing the PHBPP Data

Objective: Adjust the PHBPP organization system so that the information listed below is easily accessible:

<table>
<thead>
<tr>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and DOB</td>
<td>Name and DOB</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone number</td>
<td>Pediatrician</td>
</tr>
<tr>
<td>EDD</td>
<td>When vaccines are due</td>
</tr>
<tr>
<td>Delivery Hospital</td>
<td>When PVST is due</td>
</tr>
<tr>
<td>OBGYN</td>
<td>What is due next?</td>
</tr>
</tbody>
</table>
### Organizing the PHBPP Data

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Mother FN</th>
<th>Mother LN</th>
<th>Mom DOB</th>
<th>Phone number</th>
<th>Address</th>
<th>OBGYN</th>
<th>Delivery Hospital</th>
<th>Pediatrician</th>
<th>EDD</th>
<th>Infant DOB</th>
<th>Baby’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-001</td>
<td>Ashley</td>
<td>M</td>
<td>345-9876</td>
<td>123 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>8/26/2019</td>
<td>Baby Girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019-002</td>
<td>Mary</td>
<td>M</td>
<td>345-9877</td>
<td>124 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>4/9/2019</td>
<td>Baby Girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019-003</td>
<td>Michelle</td>
<td>C</td>
<td>345-9878</td>
<td>125 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>8/25/2019</td>
<td>8/20/2019</td>
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</tr>
<tr>
<td>2019-004</td>
<td>Cecilia</td>
<td>H</td>
<td>345-9879</td>
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<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>4/18/2020</td>
<td>4/18/2020</td>
<td>Baby Girl</td>
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</tr>
<tr>
<td>2019-005</td>
<td>Dottie</td>
<td>J</td>
<td>345-9880</td>
<td>127 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2019-007</td>
<td>Rhonda</td>
<td>D</td>
<td>345-9882</td>
<td>129 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>8/7/2019</td>
<td>7/31/2019</td>
<td>Baby Girl</td>
<td></td>
</tr>
<tr>
<td>2019-008</td>
<td>Amy</td>
<td>W</td>
<td>345-9883</td>
<td>130 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>5/7/2020</td>
<td>4/29/2020</td>
<td>Baby Girl</td>
<td></td>
</tr>
<tr>
<td>2019-009</td>
<td>Ashley</td>
<td>B</td>
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<td>131 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>11/16/2019</td>
<td>11/6/2019</td>
<td>Baby Girl</td>
<td></td>
</tr>
<tr>
<td>2019-010</td>
<td>Meea</td>
<td>K</td>
<td>345-9885</td>
<td>132 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>7/14/2019</td>
<td>Baby Girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019-012</td>
<td>Tam</td>
<td>D</td>
<td>345-9887</td>
<td>134 Dallas Lane</td>
<td>Dr. Smith</td>
<td>BUMC</td>
<td>Dr. Ross</td>
<td>3/4/2020</td>
<td>2/24/2020</td>
<td>Baby Girl</td>
<td></td>
</tr>
</tbody>
</table>
Prioritizing and Planning Pediatric Provider Outreach

Garland Health Clinic

Vickery Health Clinic
Implementing Community Outreach

**Texas Health and Human Services**

**Perinatal Hepatitis B Prevention Program - Post-vaccination Serologic Testing (PVST)**

Post-exposure hepatitis testing, or PVST, should be done on all infants born to all women known to be infected with hepatitis B, or who tested positive for hepatitis B surface antigen (HBsAg) during pregnancy and/or at delivery.

**WHY?**

PVST is necessary to determine if high-risk infants are protected against, susceptible to, or infected with the hepatitis B virus. Although postexposure prophylaxis (PEP) is highly effective, approximately 1/4 of infants who receive PEP still develop infection and up to 3% may remain susceptible to infection. Infants who become infected during childhood have a 90% chance of becoming chronic carriers, thereby increasing their risk of liver cirrhosis and hepatocellular carcinoma.

The Centers for Disease Control and Prevention (CDC) recommend that all infants born to women who tested HBsAg-positive, deliver at public or hospital facilities, be tested 1-2 months after completion of the hepatitis B vaccine series, but no later than 9 months of age. Testing before 9 months of age could detect antibody from hepatitis B immune globulin (HBIG) administered at birth or result in a false-positive HBsAg result due to vaccination. Alternatively, delayed PVST (post 12 months) can result in low antibody results leading to unnecessary re-vaccination.

**WHAT?**

All infants born to HBsAg-positive women should be tested for both HBsAg and hepatitis B surface antibodies 1-2 months after birth. If the HBsAg result is positive, a confirmatory test (CPT 87345) should be performed.

**RESULTS**

<table>
<thead>
<tr>
<th>Tests</th>
<th>Results</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HBs</td>
<td>Positive</td>
<td>Immune due to vaccination</td>
</tr>
<tr>
<td>HBsAg</td>
<td>Negative</td>
<td>Susceptible, repeat hepatitis B vaccine</td>
</tr>
<tr>
<td>Anti-HBc</td>
<td>Negative</td>
<td>Susceptible, repeat hepatitis B vaccine</td>
</tr>
<tr>
<td>Anti-HBe</td>
<td>Negative</td>
<td>Susceptible, repeat hepatitis B vaccine</td>
</tr>
<tr>
<td>Anti-HBeAg</td>
<td>Negative</td>
<td>Susceptible, repeat hepatitis B vaccine</td>
</tr>
<tr>
<td>Anti-HBc IgG</td>
<td>Negative</td>
<td>Susceptible, repeat hepatitis B vaccine</td>
</tr>
</tbody>
</table>

**PERINATAL HEPATITIS B PREVENTION**

**PEDIATRICIAN**

1st Series

**ENGEBREY® RECOMBIVAX HB® (Monovalent)**

**PEDIARIX® (Combination)**

<table>
<thead>
<tr>
<th>HBIG</th>
<th>Administer within 7 days of birth (if not administered at hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV1</td>
<td>Administer monovalent if infant was not vaccinated in hospital or younger than 6 weeks</td>
</tr>
<tr>
<td>HBV2</td>
<td>Age 1-2 months</td>
</tr>
<tr>
<td>HBV3</td>
<td>Age 2 months</td>
</tr>
<tr>
<td>HBV4</td>
<td>Age 4 months</td>
</tr>
<tr>
<td>HBV4</td>
<td>N/A 6 months</td>
</tr>
</tbody>
</table>

**Preterm (<2,000 g) infants:** Repeat HBV 18 months after last dose and anti-HBs test.

**POST-VACCINATION SEROLOGIC TESTING (PVST):**

- 3 months after completion of vaccine series, but no earlier than 9 months of age.
- HBsAg + anti-HBs (
- CPT Code 87345)
- CPT Code 8031

**Final dose of 1st HBV series must be administered on or after 6 months of age.**

- Only administer HBIG to infants born to HBsAg (+) women and women of unknown HBsAg status.

**Preterm infants should receive a total of 4 doses (monovalent) or 5 doses (Pediatrix) of HBV.**

**HEALTH CARE PROVIDERS**

- Complete the hepatitis B vaccine series at:
  - Birth
  - 2 months
  - 6 months

- For babies born to hepatitis B surface antigen (HBsAg) positive mothers, administer both hepatitis B vaccine (HBV) and hepatitis B immune globulin (HBIG) at birth and 1 month later.

- For babies born to hepatitis B surface antigen (HBsAg) negative mothers, administer both hepatitis B vaccine (HBV) and hepatitis B surface antibody (anti-HB) post-vaccination serologic testing (PVST) 1 month after completion of vaccine series, but no earlier than 9 months of age.

**HOSPITALS:)**

- Administer the first birth dose of hepatitis B vaccine at birth.

- Administer hepatitis B immune globulin (HBIG) and hepatitis B vaccine to babies born to HBsAg positive mothers and members of unknown status.

Report HBsAg-positive pregnant women to your local health department or the Department of State Health Services.

Texas Department of State Health Services

Immunization Unit

Ref. No: 374-10-2007
Prioritizing and Planning Hospital Provider and Infection Control Outreach

How to determine which hospitals to prioritize for outreach...
1) Where has HBIG been missed in the past?
2) Where are your enrolled patients planning to deliver?
3) Which hospitals serve the at risk populations in your community?

Helpful tips...
1) Bring treats!
2) Invite the hospital’s infection prevention team
3) Be specific to the unique needs of your patient population
4) Don’t forget about night shift, be flexible with your schedule
Implementing Community Outreach

PERINATAL HEPATITIS B PREVENTION

LABOR AND DELIVERY / NEWBORN NURSERY

- Review prenatal HBsAg status of all pregnant women.
- Test all pregnant women for HBsAg status at each delivery.
- Document and place copy of maternal HBsAg results in labor/delivery record, delivery summary, and infant's medical record.
- Report all HBsAg positive and women of unknown HBsAg status to the Local Health Department (LHD).
- Administer HBIG and HBV1 within 12 hours of birth.

Texas Health & Safety Code (THSC) Chapter 81, Section 81.690. Screening of pregnant women at first prenatal visit and upon delivery of infant.

Texas Administrative Code Title 25, Chapter 97, Subchapter A. Rule § 97.2 - § 97.3 describes who shall report and what conditions and isolates to report or submit.
Thank you

Acknowledgments:

**Texas Department of State Health Services**
- Amy Wong, BSN, RN
- Eva Hansson, BSN, RN
- Khalilah Loggins

**Dallas County Health and Human Services**
- Dr. Wendy Chung
- Ashley Bychkowski, BSN, RN
- Marc Williamson, BSN, RN

**Dallas County Area Hospitals**
- Infection Control Division Representatives
- Area Physicians