

# Hepatitis B Prevention: State Health Department Strategies

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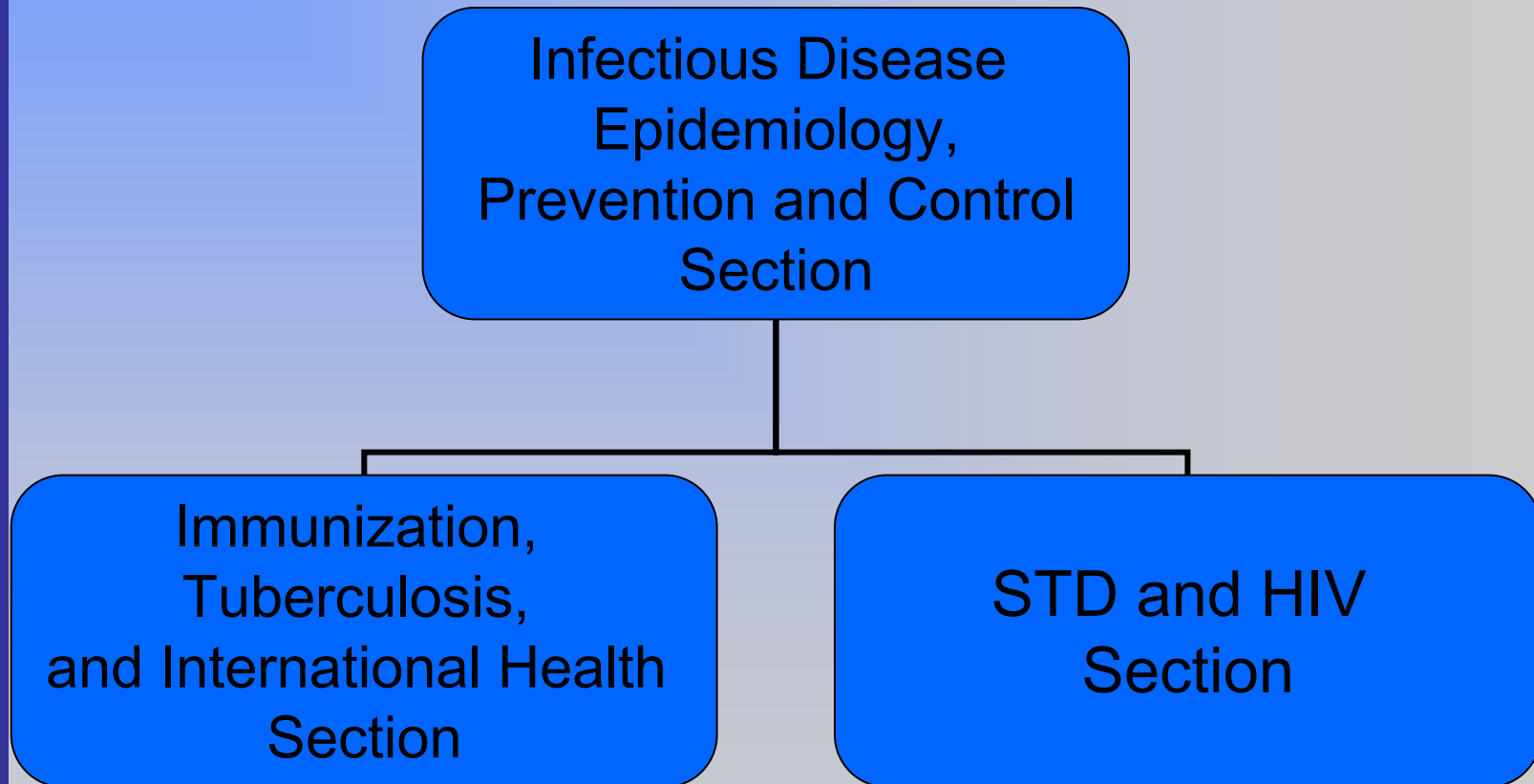
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Minnesota Department of Health

# Minnesota Department of Health (MDH) Hepatitis Activities

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# Minnesota Department of Health (MDH)

## Hepatitis Activities

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- ★ Immunization, Tuberculosis and International Health Section
  - Immunization Program
    - Perinatal Hepatitis B Prevention Program
    - Immunization registry
  - Vaccine-Preventable Disease and Hepatitis Surveillance Unit
  - Refugee Health Unit

# Minnesota Department of Health (MDH)

## Hepatitis Activities

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### ★ STD/HIV Section

- Adult Viral Hepatitis Prevention Coordinator
- Statewide Planning (2004)
- Previous VHIP (integration project)



# Perinatal Hepatitis B Prevention Program Goals

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- ★ Identify all HBV-infected pregnant women
- ★ Ensure all infants born to HBV-infected women receive timely and appropriate post-exposure prophylaxis (PEP) and follow-up
- ★ Ensure that all newborns are vaccinated prior to hospital discharge (i.e., universal birth dose)
- ★ Promote testing and vaccination of other household and sexual contacts

# Identify all HBV-infected pregnant women: Status

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## ★ Births to HBsAg+ women, MN, 2006

- Expected 318 – 441
- Identified 428
  - 97% of upper limit
  - 135% of lower limit

# Identify all HBV-infected pregnant women: Successful Strategies

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## ★ Require reporting

Minnesota Rule 4605.7044

CHRONIC INFECTIONS; PERINATALLY TRANSMISSIBLE.

Pregnancy in a person chronically infected with hepatitis B, human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or other reportable perinatally transmissible diseases shall be reported to the commissioner within one working day of knowledge of the pregnancy.

# Identify all HBV-infected pregnant women: **Successful Strategies**

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- ★ Collaborate with hepatitis surveillance staff
- ★ Promote testing with EACH AND EVERY pregnancy
- ★ Conduct laboratory audits
- ★ Encourage electronic reporting

# Identify all HBV-infected pregnant women: Challenges

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- ★ HBV-infected, pregnant women should receive specialty care during and following their pregnancy
  - Health care coverage for mom often ends soon after delivery
  - Travel distance to specialty care is often prohibitive

# Ensure timely and appropriate post-exposure prophylaxis (PEP) and follow-up: Status

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- ★ 449 infants managed
- ★ 442 (98%) received HBV1 and HBIG within 24 hours of birth
  - 5 received HBIG only
  - 1 received HBV1 only
  - 1 received neither HBIG nor HBV1

# Ensure timely and appropriate post-exposure prophylaxis (PEP) and follow-up: Status, cont.

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- ★ Of 449 infants managed,
  - 335 (75%) have completed vaccine series within 8 months
  - 347 (77%) have completed within 12 months
  - 159 (35%) have received post-vaccination serologic testing
    - 3 are HBsAg positive, despite treatment
    - 156 are immune

# Ensure timely and appropriate PEP: Successful Strategies

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- ★ At birthing hospital
  - Promote universal birth dose
  - Identify contact person at each hospital (nursery vs infection control)
  - Conduct root cause analyses for “missed babies”
  - Conduct chart audits, prioritizing hospitals serving women with least prenatal care

# Ensure timely and appropriate PEP: Successful Strategies, cont.

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- ★ Add to birth certificate: mothers' status, date and time HBIG/vaccine administered (effective 2010 in MN)
- ★ Add to newborn screening card (resistance at MDH)

# Ensure timely and appropriate follow-up: Successful Strategies

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- ★ Following discharge to home
  - Contracts with LPH
  - Payment to LPH based on completion of follow-up
  - Semi-annual Coordinators' meetings
  - Interventions with under-performers

# Ensure timely and appropriate post-exposure prophylaxis (PEP) and follow-up: Challenges

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- ★ Vaccine effectiveness is questioned by
  - perinatally-infected refugee/immigrant women, who were
  - not tested at birth or later, but
  - who received hepatitis B vaccine, and
  - are subsequently identified during pregnancy as HBV-infected

# Establish Universal Birth Dose: Status

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- ★ Shameful.
- ★ Minnesota's rate is among the lowest in the nation.

# Establish Universal Birth Dose: Successful Strategies

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- ★ Enroll birthing hospitals in MnVFC
  - 14 of 103 (14%) currently enrolled
- ★ Recognize hospitals with a certificate program, and notify hospital PR and local newspapers
- ★ Conduct routine site visits with educational component (20/year = 5 year cycle in MN)

# Establish Universal Birth Dose: Challenges

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- ★ Confidence at birthing hospitals that perinatally exposed infants will be identified
- ★ Perception that immunizations are the purview of clinics

# Promote testing and vaccination of other household and sexual contacts:

## Status

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- ★ 460 household contacts tested (compare with 449 infants)
  - 37 (8%) infected
  - 183 (40%) immune/previously vaccinated
  - 240 (52%) susceptible
    - 22 (9%) received HBV1
    - 13 (5%) received HBV2

# Promote testing and vaccination of other household and sexual contacts: Successful Strategies

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- ★ Utilize existing information resources to prevent duplicating efforts
  - Hepatitis registry
  - Immunization registry
  - Refugee health screening data

# Promote testing and vaccination of other household and sexual contacts: Successful Strategies

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- ★ Collect and disseminate data
  - What gets measured gets done
- ★ Compensate LPH
  - What provides funding gets done
  - \$60 for reporting on household contacts, regardless of number in household, or success

## Perinatal Hepatitis B Household Contact Follow-up Report



Minnesota Department of Health  
 Immunization, Tuberculosis, and International Health Section  
 625 Robert St N, PO Box 64975, St. Paul, MN 55164-0975  
 For information call: 651-201-5557

Tennessean Warning \_\_\_\_\_  
Initials

Mother's name: *(index case)* \_\_\_\_\_ Mother's DOB: \_\_\_\_\_ MDH Record No.: \_\_\_\_\_

Infant's maternal grandmother's country of birth: \_\_\_\_\_

Submitted by (name): \_\_\_\_\_ Agency: \_\_\_\_\_ Date completed: \_\_\_\_\_

Contact's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Contact type:  Sexual  Household  IDU

Relationship to index:  Spouse  Partner  Son  Daughter  Brother  Sister  Father  Mother  Uncle  Aunt  
 Nephew  Niece  Cousin  In-law  Stepfather  Stepmother  Stepchild  Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

<i>Pre-vaccination Testing</i>	<i>Immunization: 1st Series</i>	<i>Post-vaccination Testing</i>	<i>Immunization: 2nd Series (non-responders only)</i>	<i>Post-vaccination Testing</i>
Refused?: _____	Refused?: _____	Refused?: _____	Refused?: _____	Refused?: _____
HBsAG date: _____	HBIG date: _____	HBsAG date: _____	HBV1 date: _____	HBsAG date: _____
Result: _____	HBV1 date: _____	Result: _____	HBV2 date: _____	Result: _____
Anti-HBs date: _____	HBV2 date: _____	Anti-HBs date: _____	HBV3 date: _____	Anti-HBs date: _____
Result: _____	HBV3 date: _____	Result: _____		Result: _____
HBcAb date: _____	HBV4 date: _____	HBcAb date: _____		HBcAb date: _____
Result: _____		Result: _____		Result: _____

Comments: \_\_\_\_\_

# Promote testing and vaccination of other household and sexual contacts: Successful Strategies

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## ★ Consider barriers

- Cost
- Social stigma
- Convenience

## ★ Collaborate with Adult Viral Hepatitis Prevention Coordinator

# Promote testing and vaccination of other household and sexual contacts: Successful Strategies

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- ★ Expand MnVFC criteria to include persons 19 years of age and older if:
  - MN Health Care Program enrollee
  - STD clinic patient
  - Un- or underinsured household or sexual contact of a case
  - Un- or underinsured high risk individual (MSM, IDU, HCV-infected)
- ★ Apply for any one-time or ongoing immunization funding (317)

# Promote testing and vaccination of other household and sexual contacts: **Successful Strategies, cont.**

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- ★ Promote expanded MnVFC criteria in a variety of clinic settings in addition to non-traditional clinics serving high-risk populations
  - Health plan clinics
  - Other private clinics
  - Public health clinics

# Promote testing and vaccination of other household and sexual contacts: Challenges

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- ★ Pre- and post-vaccination\* testing is costly and inconvenient
  - Consider home visits
  - Consider providing testing at public health laboratory

\* Indicated only for children born to and sexual contacts of HBV-infected mothers

# Acknowledgements

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