


Give birth to the end of Hep B

# Strategies to Increase Enrollment in IAC's Hepatitis B Birth Dose Honor Roll




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July 2018 • Item #S8050  
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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.




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# Background




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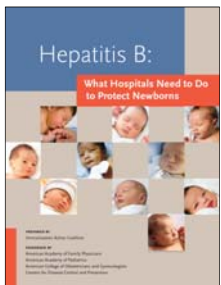
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## Give birth to the end of Hep B

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

IAC's Hepatitis B Perinatal Prevention Guide Book to Protect Babies in Hospitals

[www.immunize.org/protect-newborns/guide](http://www.immunize.org/protect-newborns/guide)



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## IAC Slide Set: How to Protect Newborns from Perinatal Hepatitis B Transmission



[www.immunize.org/protect-newborns/webinar/slides-iac.pdf](http://www.immunize.org/protect-newborns/webinar/slides-iac.pdf)



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

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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.

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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.

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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.

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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) w/in 12 hours of birth.

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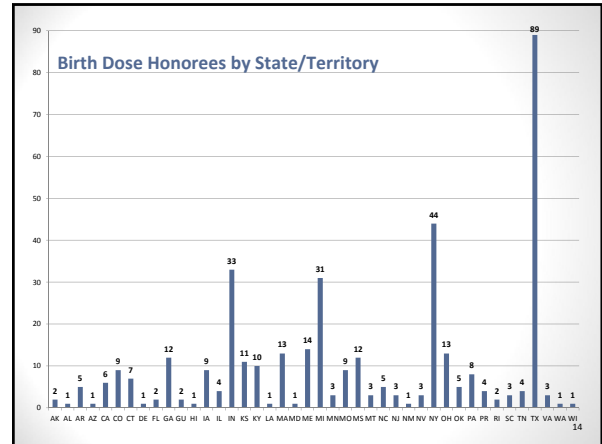
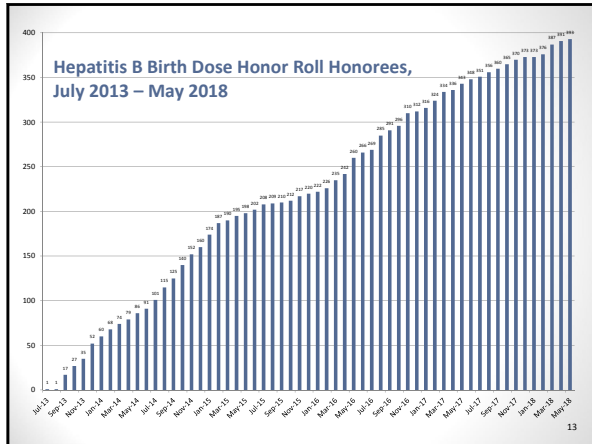
Criteria continued...

- 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.

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## Information to help more birthing centers reach the required 90% coverage

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## Using standing orders and other written policies to standardize provision of the birth dose

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## 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](http://www.thecommunityguide.org/findings/vaccination-programs-standing-orders)

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## 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](http://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](http://www.immunize.org/catg.d/p2131.pdf)
- *Labor & Delivery HBsAg Admission Checklist for Birthing Mother* [www.immunize.org/catg.d/p2225.pdf](http://www.immunize.org/catg.d/p2225.pdf)

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

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## IAC's related resources

- *10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting*  
[www.immunize.org/catg.d/p3067.pdf](http://www.immunize.org/catg.d/p3067.pdf)
- *Using Standing Orders for Administering Vaccines: What You Should Know*  
[www.immunize.org/catg.d/p3066.pdf](http://www.immunize.org/catg.d/p3066.pdf)
- *How to Implement Standing Orders in Your Practice (slide set)* [www.immunize.org/catg.d/s8075.pdf](http://www.immunize.org/catg.d/s8075.pdf)

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Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

**Reasons to give all newborns:**

1. Hepatitis B virus (HBV) is a common blood-borne virus that can cause liver disease and cancer. It is transmitted through contact with infected blood or body fluids.

2. Newborns are at high risk of infection because they are in contact with the mother's blood and body fluids during birth.

3. The hepatitis B vaccination of normal-weight infants: the mother is HBsAg positive

4. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.

5. The hepatitis B vaccination of normal-weight infants: the mother is HBsAg negative

6. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.

7. The highest risk infants: the mother is HBsAg positive

8. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.

9. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.

10. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.

Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

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6. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.



7. The highest risk infants: the mother is HBsAg positive

8. Administering hepatitis B vaccine to all newborns is a simple, safe, and effective way to prevent infection.

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

[www.immunize.org/handouts/hepatitis-b-vaccines.asp](http://www.immunize.org/handouts/hepatitis-b-vaccines.asp)

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## Countering possible resistance to the birth dose from hospital administration, the infants' medical providers, nursing staff, and parents

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

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.

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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.

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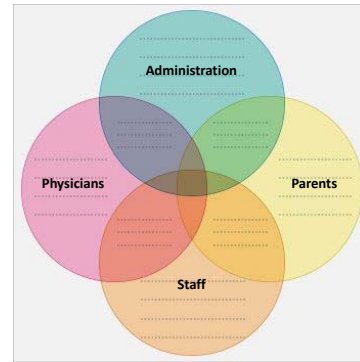
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- Hospital administration
- Medical providers
- Nursing staff
- Parents

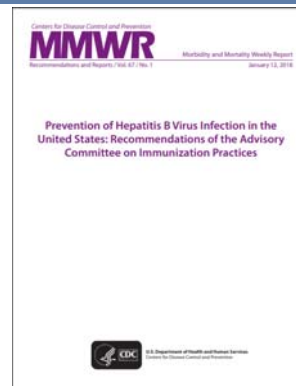
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You will realize that many of these objections are intertwined and have an influence on each other. For example, the greater the percentage of vaccine-resistant parents, the less likely it is that nurses will want to 'waste time' talking to families 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 the hospital's 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.



### 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  $\geq 2,000$  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????



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### Medical Errors Put Infants at Risk for Chronic Hepatitis B Virus Infection – Six Case Reports

Since 1995, there have been at least 16 case reports of infants chronically infected with hepatitis B virus (HBV) who were not infected in utero or at birth. These infants were born to mothers who were not infected with HBV. The infants were born to mothers who were not infected with HBV. The infants were born to mothers who were not infected with HBV. The infants were born to mothers who were not infected with HBV.

**Case Report #1**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

**Case Report #2**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

**Case Report #3**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

**Case Report #4**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

**Case Report #5**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

**Case Report #6**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

Embarrassment, possible bad publicity and legal action....

www.immunize.org/protect-newborns/guide/chapter2/errors-case-reports.pdf 31

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### Two More Infants Chronically Infected with Hepatitis B Virus... the Medical Errors Continue

Approximately 92% of infants born to HBV-infected mothers are chronically infected with HBV. The remaining 8% are not infected. The remaining 8% are not infected. The remaining 8% are not infected. The remaining 8% are not infected.

**Case Report #7**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

**Case Report #8**  
An infant born to a non-infected mother with a negative HBV test result was found to be chronically infected with HBV. The mother reported that she had been vaccinated against HBV. The infant was born to a mother who was not infected with HBV. The infant was born to a mother who was not infected with HBV.

Unnecessary, lifelong chronic HBV infection

www.immunize.org/protect-newborns/guide/chapter2/more-case-reports.pdf 32

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### Unprotected Infant Dies of Fulminant Hepatitis B

The Immunization Action Coalition (IAC) and the American Academy of Pediatrics (AAP) have issued a joint statement regarding the death of a 2-year-old child who died of fulminant hepatitis B. The child was born to a mother who was not infected with HBV. The child was born to a mother who was not infected with HBV.

**Case Report**  
A 2-year-old child died of fulminant hepatitis B. The child was born to a mother who was not infected with HBV. The child was born to a mother who was not infected with HBV. The child was born to a mother who was not infected with HBV.

And possibly death

www.immunize.org/protect-newborns/guide/chapter2/case-report-infant-death.pdf 33

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### States Report Hundreds of Medical Errors in Perinatal Hepatitis B Prevention

Avoid tragic mistakes – vaccinate newborns against HBV in the hospital. The states report hundreds of medical errors in perinatal hepatitis B prevention. The states report hundreds of medical errors in perinatal hepatitis B prevention.

**Case Report**  
A 2-year-old child died of fulminant hepatitis B. The child was born to a mother who was not infected with HBV. The child was born to a mother who was not infected with HBV. The child was born to a mother who was not infected with HBV.

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.

www.immunize.org/protect-newborns/guide/chapter2/states-report-errors.pdf 34

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### 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).

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### Medical errors (continued)

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).

Gaps in Hospital Policies and Practices to Prevent Perinatal Transmission of Hepatitis B Virus; *Pediatrics*. 2010 Apr;125(4).

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## 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.



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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.



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## 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...



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## 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.



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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.



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## 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.



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## 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.



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## 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.



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## 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.



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## 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.



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## 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.



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## Nursing Staff

- Again, don't assume all nurses know the ACIP/CDC/AAP/AAFP/ACOG recommendations to routinely administer the HepB birth dose within 24 hours of birth.
- 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...



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## 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.



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### Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

**Realize value for all involved**

1. Review copy of the mother's medical record to ensure that the mother's hepatitis B virus (HBV) status is documented and that the mother is not a carrier of HBV. If the mother is a carrier, the infant should be vaccinated with the hepatitis B vaccine birth dose. If the mother is not a carrier, the infant should not be vaccinated with the hepatitis B vaccine birth dose.
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**For mother hepatitis B vaccination of normal weight infants, the mother is HBV negative**

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[www.immunize.org/catg.d/p2131.pdf](http://www.immunize.org/catg.d/p2131.pdf)

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### Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission

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[www.immunize.org/catg.d/p2130.pdf](http://www.immunize.org/catg.d/p2130.pdf)

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### Hepatitis B: What you should know

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### Protect Your Baby for Life

**Realize value for all involved**

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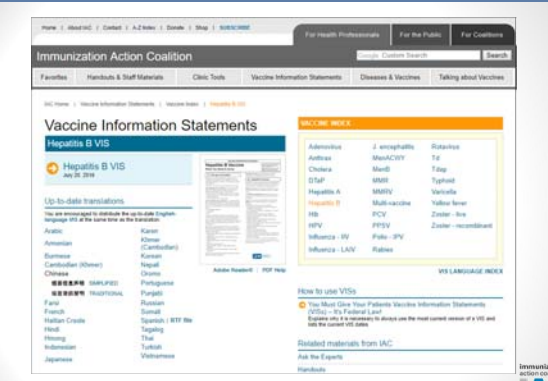
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[www.cdc.gov/hepatitis/hbv/perinatalextn.htm#section4](http://www.cdc.gov/hepatitis/hbv/perinatalextn.htm#section4)

[www.chop.edu/centers-programs/vaccine-education-center/resources/vaccine-and-vaccine-safety-related-qa-sheets](http://www.chop.edu/centers-programs/vaccine-education-center/resources/vaccine-and-vaccine-safety-related-qa-sheets)

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## 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).



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[www.cdc.gov/vaccines/parents/visit/less-stressful.html](http://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](http://www.cdc.gov/vaccines/parents/tools/holds-factsheet.html)

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<http://eziz.org/assets/docs/IMM-686ES.pdf>

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## 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.

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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.

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### Unusual Cases of Hepatitis B Virus Transmission in Medical Settings

**A** recent study published in the *Journal of Hospital Infection* (2011) reported that 10% of patients in a tertiary care hospital were infected with hepatitis B virus (HBV) during their hospital stay. The study found that the most common mode of transmission was through contaminated medical equipment, such as endoscopes and bronchoscopes. Other modes of transmission included contact with contaminated surfaces and shared needles.

**1.** The study found that 10% of patients were infected with HBV during their hospital stay. The most common mode of transmission was through contaminated medical equipment, such as endoscopes and bronchoscopes. Other modes of transmission included contact with contaminated surfaces and shared needles.

**2.** The study also found that 10% of patients were infected with HBV during their hospital stay. The most common mode of transmission was through contaminated medical equipment, such as endoscopes and bronchoscopes. Other modes of transmission included contact with contaminated surfaces and shared needles.

### Unusual Cases of Hepatitis B Virus Transmission in the Community

**O**ne of the most common modes of transmission for hepatitis B virus (HBV) is through sexual contact. However, there are many other ways that HBV can be transmitted, including through contaminated medical equipment, shared needles, and contact with contaminated surfaces. In the community, HBV can be transmitted through contact with contaminated surfaces, such as razors and toothbrushes, and through contact with contaminated medical equipment, such as endoscopes and bronchoscopes.

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**2.** Another common mode of transmission for HBV is through contact with contaminated surfaces, such as razors and toothbrushes. HBV can survive on surfaces for up to 7 days, and can be transmitted through contact with these surfaces.

[www.immunize.org/catg.d/p2101.pdf](http://www.immunize.org/catg.d/p2101.pdf)

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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.

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### 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)



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### States Report Hundreds of Medical Errors in Perinatal Hepatitis B Prevention

**Avoid tragic mistakes – vaccinate newborns against HBV in the hospital**

**By Tracy R. Anderson, MD, MPH, and Richard S. Blum, MD**

The new annual survey conducted by the Immunization Action Coalition (IAC) and the American Hospital Association (AHA) found that 100% of hospitals reported that they had at least one medical error in the past year related to the prevention of perinatal hepatitis B (HBV) infection.

The most common errors were:

- **Ordering the wrong test:** 30% of hospitals reported that they had ordered the wrong test for HBV.
- **Ordering the wrong test at the wrong time:** 25% of hospitals reported that they had ordered the wrong test at the wrong time.
- **Ordering the wrong test at the wrong place:** 15% of hospitals reported that they had ordered the wrong test at the wrong place.
- **Ordering the wrong test at the wrong time and place:** 10% of hospitals reported that they had ordered the wrong test at the wrong time and place.
- **Ordering the wrong test at the wrong time and place and with the wrong provider:** 10% of hospitals reported that they had ordered the wrong test at the wrong time and place and with the wrong provider.

These errors can have serious consequences for newborns. For example, if a newborn is not vaccinated against HBV, they are at risk of becoming chronically infected. This can lead to liver disease, liver cancer, and even death.


To prevent these errors, hospitals should:

- **Use a standardized order set for HBV testing and vaccination.**
- **Ensure that all newborns are vaccinated against HBV within 12 hours of birth.**
- **Ensure that all newborns are vaccinated against HBV by a healthcare provider who is trained in the correct use of the vaccine.**

For more information, visit [www.immunize.org/protect-newborns/guide/chapter2/states-report-errors.pdf](http://www.immunize.org/protect-newborns/guide/chapter2/states-report-errors.pdf)



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### The Safety Net is there for EVERYONE!



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### 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.)



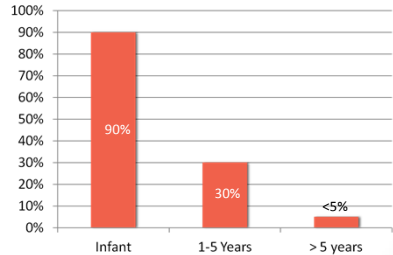
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
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### Risk of developing chronic hepatitis B by age at infection



Age at Infection	Risk of Developing Chronic Hepatitis B
Infant	90%
1-5 Years	30%
> 5 years	<5%



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


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### 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:



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## Resources for vaccine-hesitant parents

- IAC's "Responding to Parents' Concerns" web section: [www.immunize.org/talking-about-vaccines/responding-to-parents.asp](http://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.): [www.chop.edu/centers-programs/vaccine-education-center/resources/vaccine-and-vaccine-safety-related-qa-sheets#.Vq-McL3XmIZ](http://www.chop.edu/centers-programs/vaccine-education-center/resources/vaccine-and-vaccine-safety-related-qa-sheets#.Vq-McL3XmIZ)
- CDC's Provider Resources for Vaccine Conversations with Parents: [www.cdc.gov/vaccines/hcp/conversations/index.html](http://www.cdc.gov/vaccines/hcp/conversations/index.html)



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Just to be clear... none of these tips are guaranteed to work miracles!  
(but every little bit of improvement helps)

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## Ways to encourage more qualifying birthing centers apply to IAC's Hepatitis B Birth Dose Honor Roll



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## Promoting the Birth Dose




[www.immunize.org/catg.d/p2201.pdf](http://www.immunize.org/catg.d/p2201.pdf)  
[www.immunize.org/protect-newborns](http://www.immunize.org/protect-newborns)

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## Promoting the HepB Birth Dose Honor Roll




[www.immunize.org/catg.d/p2205.pdf](http://www.immunize.org/catg.d/p2205.pdf)  
[www.immunize.org/protect-newborns](http://www.immunize.org/protect-newborns)

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## How to apply to the honor roll

Online



[www.immunize.org/honor-roll/birthdose/apply.aspx](http://www.immunize.org/honor-roll/birthdose/apply.aspx)

Paper




[www.immunize.org/catg.d/p2208.pdf](http://www.immunize.org/catg.d/p2208.pdf)

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## 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.



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## 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.

*Dorothy Weisler, MD, Executive Director*  
Presented July 16, 2013



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Proud of their hospital's repeated achievements!

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## 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!



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[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 name (check with your personal hepatitis B coordinator for permission to add the name of your state health department to the press release)] 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](http://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 Weisler, 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."

Did a local paragraph about your hospital or birthing center, including hyperlinks to your institution's website and social media webpages.

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

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**Sterling birthing center makes vaccine honor roll**

**Huron Medical Center honored for hepatitis B vaccine birth dose rate**

**El Paso Times**

**Beaumont recognized for efforts to immunize newborns against hepatitis B**

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**PressReporter.com**  
Lamesa Press-Reporter, Lamesa, Texas

**Welcome to Lamesa National Bank**  
"Lamesa's ONLY Home Owned and Operated Bank Since 1904"

**Award for immunizations**  
Hospital recognized for protection of newborns

Monday, June 15, 2010 9:08 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.

The goal our patients that want the safest care. Thanks goes to our entire nursing staff for their commitment to this mission. I am Leticia Garcia, Chief Executive Officer.

Cynthia Chavez is Clinical Coordinator of Labor/Care at Medical Arts Hospital. She received the honor on June 7.

Medical Arts Hospital is the newest entry into IAC's Birth Dose Honor Roll, which recognizes hospitals and birthing centers that have achieved high coverage rates for administering the hepatitis B vaccine at birth. Medical Arts Hospital is the newest entry into IAC's Birth Dose Honor Roll, which recognizes hospitals and birthing centers that have achieved high coverage rates for administering the hepatitis B vaccine at birth.

The national standard of care to prevent hepatitis B virus infection is to administer hepatitis B vaccine to all newborns within 24 hours of the hospital or birthing center. That standard is being adopted by more of the nation's healthcare providers as a highly visible proof of newborns from a wide range of medical errors that lead to babies.

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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."

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Questions?  
Email [birthdose@immunize.org](mailto:birthdose@immunize.org)

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**Safety Net**

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