What They Did:

Surveillance data from 2010 indicates that among residents living in New York City (NYC) the incidence of acute hepatitis B is 1.0/100,000. However, community-level data identified several neighborhoods with higher hepatitis B infection rates than 1.2/100,000 residents. NYC’s health department initially focused on these seven communities across four boroughs to increase hepatitis B vaccination levels. In addition, they turned their attention to improving outreach to ethnic groups with higher hepatitis disease rates. From 2010 to 2013, chronic hepatitis B surveillance data showed that 60% of newly-reported patients were of Asian descent. Of this group, 50% were born in China.

NYC put in place a number of efforts to increase hepatitis B vaccination among high-risk adults. These efforts included:

• Providing hepatitis B vaccination services to STD clinics, correctional facilities and community clinics.
• Hiring a full-time nurse to administer hepatitis B vaccine.
• Encouraging participating sites to report to the NYC immunization information system, Citywide Immunization Registry (CIR). (In New York, doses administered to adults 19 years and older are not required to be entered into the CIR. Additionally, adults must give verbal consent for inclusion in CIR.)
• Initiating a training protocol for reception clerks at STD clinics to promote acceptance of adult patient consent for vaccination data being entered into the CIR.
• Implementing a reminder/recall system in STD clinics, incorporating use of their electronic medical records.
• Developing a reminder function in both the CIR and in the NYC Immunization Clinic electronic medical record system.
• Conducting outreach to high-risk ethnic populations, and recently began offering vaccination services at a community-based organization serving the Korean population. They also initiated special outreach efforts to Chinese and African communities.
• Conducting outreach to persons in correctional facilities. NYC set a goal to provide 125 vaccinations monthly in these settings.
• Developing education and referral efforts targeting patients at TB clinics.

Results:

• Directly provided 10,000 doses of hepatitis B vaccine to high-risk populations in New York City.
• Obtained 92% consent rate overall from patients to enter vaccine doses in the Citywide Immunization Registry (CIR). Consent rates ranged from 59% in the Federally Qualified Health Center (FQHC) to 100% in correctional facilities.
• Produced a new Public Service Announcement (PSA) partially based on hepatitis B vaccine awareness focus groups conducted with adults in the Bronx. Posted on YouTube.
• Developed a PSA with English, Spanish and Chinese language versions emphasizing the risks of hepatitis B infection and the importance of completing the vaccination series.
• Increased the number and percentage of patients receiving second and third doses by hiring a full-time nurse.

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This “What Works” vignette is one in a series of examples collected by the Provider Workgroup of the National Adult and Influenza Immunization Summit. For more information or to nominate an example of “what works” to improve adult immunization, go to http://www.immunizepartners.org. This vignette does not constitute an endorsement from any of the organizations that participate in the Provider Workgroup or the NAIS.