Hepatitis B Vaccination Program Implementation in Settings in which a High Proportion of Adults have Hepatitis B-Related Risk Factors – United States 2012-2015

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Background

The Advisory Committee on Immunization Practices (ACIP) recommends that adults with hepatitis B-related risk factors (e.g., injection drug use) and adults seen in settings where a high proportion of persons served are at risk for hepatitis B (i.e., injection drug users) be offered hepatitis B vaccinations. This report describes the implementation of hepatitis B vaccination programs by awardees to hepatitis B vaccine program grants funded by the Centers for Disease Control and Prevention (CDC) awarded in 2012-2015. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Objective

To improve hepatitis vaccination of high-risk adults, CDC funded fourteen local and state health departments (’awardees’ 1-4, Atlanta, GA; 5: Immunization Services Division, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention; 6: Immunization Services Division, Immunization Services Division/Immunization Program, Tennessee Department of Health; 7: Harm Reduction Services Branch, Communicable Disease Division, Health Department of the District of Columbia; 8: Immunization Services Division, Immunization Services Division/Disease Outbreak Control Division, Hawaii State Department of Health; 9: Respiratory Diseases, Centers for Disease Control and Prevention; 10: Respiratory Diseases, Centers for Disease Control and Prevention) to implement hepatitis B vaccination programs.

Methods

Awardees provided CDC with standardized reports regarding vaccination activities, high-risk settings partnered with, doses administered, 3-dose series completion, and program challenges and successes.

Results

From September 2012 through September 2015, 161,171 hepatitis B vaccine doses were distributed and 138,110 doses (86.2%) were administered at 465 settings, including correctional facilities. Challenges included incorporating vaccination services and tracking vaccine doses administered in settings without dedicated vaccination staff.

Conclusion

Despite many challenges, awardees successfully worked with partners to provide >160,000 HepB vaccinations to adults at increased risk of HepB infection. Sustained efforts and staff trained to provide vaccination services are needed to improve routine implementation of vaccination services for high-risk adults.

References


Table 1. Hepatitis B vaccine doses ordered, administered, and wasted as of September 2015

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Awardee</th>
<th>Number of Doses Ordered</th>
<th>Number of Doses Administered</th>
<th>Number of Doses Wasted</th>
<th>Proportion of Doses Administered to Facility</th>
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<td>Local Health Department Clinics</td>
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<td>65</td>
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<td>184,525</td>
<td>14,026</td>
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<td>38,755</td>
<td>2,171</td>
<td>443,917/443,917</td>
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</tbody>
</table>

Awardees’ Reported Challenges and Successes

Challenges

1. Hiring delays, staff turnover, and maintaining a consistent vaccinator at sites
2. Setting up new databases, modifying existing databases to collect required variables, and data losses
3. Tracking doses, including distinguishing doses at state-funded doses and series completion
4. Interfacing with the jurisdiction’s immunization information system (IIS) and/or pulling a report reflecting data entered
5. Ordering more vaccine doses than could be used
6. Administering short-dated vaccines before the expiration date
7. Reaching transient populations (e.g., homeless, uninsured, and injection drug use) for follow-up

Contributors to the overall project success and increased vaccine uptake

1. Confirming partners’ capacity to provide vaccine services and the need in the communities they serve
2. Having buy-in from all front-line staff at sites
3. Using standing orders
4. Integrating HepB vaccination offer with existing workflow
5. Having infrastructure funds available for supplies, vaccine storage units, hiring staff, and other project activities
6. Sending out provider reminders
7. Identifying vaccine champions
8. Hiring temporary nursing services
9. Providing alternative clinic hours
10. Generating 16-month reminder postcards

Contact Information

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Figure 1. Hepatitis B Vaccination Pilot Awardee – United States, 2012-2015

Figure 2. Hepatitis B vaccination doses administered through the pilot by settings, including dose series, September 2015-2016

National Center for Immunization and Respiratory Diseases
Immunization Services Division