

## Welcome to Training for the Virginia Adult Hep B Immunization Initiative

- We'll get started in just a minute
- You should be logged in to the web and be able to hear us through your telephone
- **Telephone-ONLY access (If you accidentally hang up your phone while logged on to the web portion):**
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  - Step 1. Dial the toll free number or the number: 1-866-233- 9464
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## The Virginia Adult Hepatitis B Immunization Initiative (VAHBII): Free Clinic Implementation

July 22 & July 27, 2010

Implementation Partners:  
Virginia Association of Free Clinics  
VDH Division of Immunization

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## Agenda

- Hepatitis B Virus
  - Burden of Disease
  - HBV Vaccine Recommendations
- VAHBII Program
  - Introduction
  - Steps to Implementation
- General Vaccine Information
- Immunization Registry (VIIS)

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## Hepatitis B: Burden of Disease

- Hepatitis B virus (HBV) is a bloodborne pathogen transmitted by percutaneous or mucosal contact with infected blood or other body fluids, e.g., saliva, semen
- HBV infects the liver and can cause chronic infection, including chronic hepatitis, cirrhosis, liver failure and liver cancer
- Epidemiology:
  - More than 22,000 acute HBV cases reported each year
  - Up to 8,000 persons each year become chronically infected
  - Up to 1.25 million in the U.S. are chronically infected
  - 3,000-5,000 deaths per year in the U.S. from all chronic HBV cases

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## Adults at Risk for HBV

- In recent years, adults have accounted for >95% of new infections.
  - Among adults, 79% of cases occur among persons in identified risk groups (MSM, IDU, multiple sex partners)
  - Risk increases with number of years of high risk behavior
  - Trend indicates need to strengthen adult vaccination efforts
- Vaccination recommendations targeting high-risk populations date from 1991, updated in 2006.
- **With three valid doses of hepatitis B vaccine, >90% of healthy adults develop adequate antibody response.**

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## HBV Vaccine Schedule

- Schedule recommended by the Advisory Committee on Immunization Practices (ACIP)
  - Dose 1
  - Dose 2: 1 to 2 months later, minimum interval is 4 weeks
  - Dose 3: at least 8 weeks (2 months) after the second dose AND at least 16 weeks (4 months) after the first dose
- Example schedule: 0, 1, 6 months
- Best practices:
  - Vaccinate at every opportunity
  - Identify and recall people in need of vaccinations
  - Give patients a copy of their shot record

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## Program Goal and Background

- VAHBII aims to identify adults at high risk for HBV and provide free HBV vaccine for prevention of infection.
- The VAHBII program has been around for over 2 years, and includes health departments and opiate treatment centers.
- Includes monovalent, adult formulation Hepatitis B vaccine in prefilled syringes.
- VDH has quarterly reporting requirement to CDC on HBV vaccine ordered and doses administered.

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## Eligibility for VAHBII Program

- **Susceptible patients 19 years and older who meet high risk criteria:**
  - Sexually active and not in a long-term, mutually monogamous relationship (i.e., more than 1 sex partner during the previous 6 months)
  - Patient seeking evaluation or treatment for a sexually transmitted disease (STD)
  - A male who has sex with males (MSM)
  - Current or recent injection-drug user (IDU)
  - Sex partner or household member of a person who is chronically infected with HBV
  - Patient with HIV infection

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## Steps to Program Implementation for Free Clinics

1. Get trained on the program (today)
2. Visit the VAHBII website to download the forms (or ask us to fax or email them)  
<http://www.vdh.state.va.us/epidemiology/immunization/hbii/index.htm>
3. Complete a "Venue Profile" with contact information, including a point of contact (POC) and vaccine delivery information
4. Identify refrigerator, monitor temperatures and submit 3-day temperature log to VDH when submitting your order
5. Submit "Vaccine Order Form"

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## Steps to Implementation . . . cont'd

6. Offer vaccine to patients meeting the high-risk criteria as they present, giving subsequent doses on the ACIP schedule
  - Screening form not required
  - Vaccine is free
  - May charge admin fee, but not turn patients away
7. Document vaccine doses in the Virginia Immunization Information System (VIIS) or on the "Monthly Doses Administered Form."
  - If paper-based, fax by 5<sup>th</sup> of the following month
8. Order vaccine quarterly (ideal). Orders will be filled if doses administered reporting is up to date.

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## Website

<http://www.vdh.state.va.us/epidemiology/immunization/hbii/index.htm>



## Vaccine Administration

- Supplies: emergency kit, needles, antiseptic wipes, gloves, band-aids, etc.
- Vaccine should be administered shortly after needle is attached to the syringe
- Have patients sit while vaccine is administered
- Administer 1.0 mL dose via intramuscular injection in deltoid muscle of arm
- Use a 22-25 gauge 1-1 ½ inch needle

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## Laws Regarding Vaccinations

National Childhood Vaccine Injury Act (NCVIA) established federal vaccine requirements:

1. Provide the appropriate Vaccine Information Statements (VIS)
  - Provide VIS prior to each dose
  - Inform patient of vaccine benefits and risks
2. Document appropriate information
  - Vaccine name, date administered, lot number, manufacturer, name and address of facility, signature and title of administrator, plus VIS publication date

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## Vaccination Law. . .cont'd

3. Report adverse reactions to VAERS (Vaccine Adverse Event Reporting System)
  - Allow time for patient observation after vaccination



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## Vaccine Storage Guidelines

- Hepatitis B vaccine delivery
  - Check temperature indicator when it arrives
  - Unpack and refrigerate immediately
- Hepatitis B vaccine is stored in the refrigerator
  - 35 ° to 46° F “Aim for 40” (2 to 8 ° C)
  - Water bottles to maintain temperature
- Rotate stock; use earliest expiration dates first
- “Do Not Disconnect” signs on outlets and unit
- Thermometers should be placed in the center of the unit near the vaccines and away from ice packs

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## Best Practices for Storage

- At least 2 trained staff
- Temps 2x daily
- Take corrective action and document
- Don't throw away logs
- Store in original packaging in body of fridge - not door/bin
- Dorm-style fridges are not ideal
- Keep door closed and properly sealed
- Have emergency plan for dealing with power outages
- No food or drinks
- **Notify DOI immediately of any problems**

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## Resources on our Web page

### Resources

- [Requirements for Vaccine Administrators](#)
- [Use of Hep B and Twinrix Vaccines](#)
- [Vaccine Storage and Handling Guidance](#)
- [Vaccine Information Statement \(VIS\) for hepatitis B vaccine \(English\) / \(Other Languages\)](#)
- [Vaccine Information Statement \(VIS\) for hepatitis A vaccine \(English\) / \(Other Languages\)](#)  
**Note:** For sites using Twinrix (Hep A- Hep B) the two relevant, single VIS should be provided.
- [Vaccine Administration Log \(for site\)](#)
- [Adult Immunization Record Template \(for patient chart\)](#)
- [CDC's Hepatitis B webpage](#)
- [HHS Publication "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States"](#)
- [Recommended Adult Immunization Schedule for the United States, 2009](#)
- [Vaccine Adverse Event Reporting System \(VAERS\)](#)

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## Contact Information

**Division of Immunization**  
**804-864-8055**

<http://www.vdh.state.va.us/Epidemiology/Immunization>

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