

Scott Walker
Governor



DIVISION OF PUBLIC HEALTH

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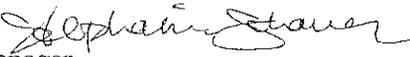
Kitty Rhoades
Secretary

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Date: May 19, 2016

To: Local Health Departments and Tribal Health Clinics

From: Stephanie Schauer, Ph.D. 
Immunization Program Manager

Re: Perinatal Hepatitis B grant activities

The Immunization Program received a grant from the Centers for Disease Control and Prevention to reduce perinatal transmission of hepatitis B virus in Wisconsin. Grant activities will allow for increased identification of hepatitis B surface antigen (HBsAg)-positive pregnant women so their infants can receive timely post-exposure prophylaxis, increased post-vaccination serologic testing (PVST) among infants born to HBsAg-positive women, and data collection to assess infant outcomes.

Specific activities include providing training and education to health care providers, investigating HBsAg-positive laboratory results among women of childbearing age (i.e., age 12-55 years) to determine pregnancy status, developing a mechanism to conduct reminder recall for PVST, which could be applied statewide, overcoming identified barriers to having PVST done, and collecting information regarding antiviral use during pregnancy and outcomes among infants.

Below is a summary of how the perinatal Hepatitis B grant activities will affect case management services that you provide locally.

Increase identification of HBsAg-positive pregnant women

Please continue to follow up on each positive HBsAg laboratory report among women of childbearing age to determine pregnancy status, even if the woman was reported to public health previously. Education should be provided to HBsAg-positive women during each pregnancy. Your ongoing assistance in these efforts is greatly appreciated.

Increase PVST rates

Currently LHDs receive funds to conduct perinatal hepatitis B case management, specifically for identifying a pregnant woman who is HBsAg-positive (\$200), facilitating vaccine series completion among infants born to HBsAg-positive women (\$200), and obtaining PVST results for these infants (\$200). We will provide LHDs with additional funds (\$200 per maternal/infant pair) to conduct reminder recall for PVST and to educate providers and parents regarding the importance of PVST.

An updated billing spreadsheet is attached. Please use this to track case management services beginning April 1, 2016. If you have already submitted your reimbursement request for the first quarter of 2016, but utilized

reminder/recall, please indicate that on the second quarter spreadsheet. The completed spreadsheet can be sent via secure email or faxed to 608-267-9493.

NOTE: Please use one line per pregnancy. If the mother becomes pregnant before an older child has completed the hepatitis B vaccine series or PVST, keep the information for the older child in the existing row and start a second line for the new pregnancy.

In addition, families will be offered a \$25 Kwik Trip gift card to reduce the transportation barrier that some families face. These should be presented to the family after their child has completed PVST; however, they may be given in advance to a family that does not otherwise have the means to travel to a scheduled appointment for a blood draw. The gift cards have been designated 'fuel only' and can only be used for the purchase of fuel at Kwik Trip® stores in Wisconsin or Minnesota or at Kwik Star® stores in Iowa. LHDs may request gift cards through the Immunization Program to present to families upon receipt of PVST results. Please send an email to stephanie.borchardt@wi.gov and sarah.born2@wi.gov indicating how many you anticipate distributing within the next six months. The gift cards will be sent with a tracking sheet that must be returned when all of the gift cards have been distributed. CDC requires a signature from each individual who receives a gift card.

Data collection to assess infant outcomes

Beginning April 1, 2016, additional data will be collected on all HBsAg-positive pregnant women and infants born to them, with a focus on determining the demographic and clinical factors associated with perinatal hepatitis B transmission and infant response to prophylaxis, including maternal antiviral use during pregnancy.

This piece will be done primarily by Immunization Program staff. If your health department has the capacity or desire to help gather data regarding cases in their jurisdiction, please let us know.

If you have questions or need additional assistance, please contact Stephanie Borchardt at 608-266-9923 or Stephanie.Borchardt@wi.gov, or Sarah Born at 608-266-8621 or Sarah.Born2@wi.gov.