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Date: August 8, 2014

To: Local Health Departments, Tribal Health Clinics

From: Daniel J. Hopfensperger, Immunization Program Director
Bureau of Communicable Diseases and Emergency Response

A handwritten signature in black ink, appearing to read 'Dan Hopfensperger'.

Re: Statewide Results from Perinatal Hepatitis B Survey of Local Health Departments

During January 2014, the Wisconsin Perinatal Hepatitis B Prevention Program conducted a survey of local health departments and tribal health clinics to assess knowledge of perinatal hepatitis B case management procedures, determine barriers to post-vaccination serologic testing (PVST), and gather best practices for successfully obtaining PVST results. Thank you to all who completed the survey. The survey response rate was 63% (55/88) which is very good for this type of survey. Below is a summary of the survey findings.

The majority of local health departments are knowledgeable about perinatal hepatitis B case management procedures.

- 70% were aware that HBsAg and anti-HBs are the tests recommended for PVST of infants born to HBsAg-positive women.
- 63% correctly identified the purpose of PVST: to identify infants who are positive for hepatitis B surface antigen (HBsAg), are immune as a result of hepatitis B vaccination, or who have not responded to the vaccine and require revaccination.
- 63% were aware that PVST is recommended 1-2 months after completion of at least three doses of hepatitis B vaccine and when the infant is 9-18 months of age.
- 89% were aware that an infant with negative anti-HBs and HBsAg results should be revaccinated with three doses of hepatitis B vaccine followed by PVST.

Identified barriers to PVST include:

- Infant moved out of jurisdiction.
- Infant was lost to follow-up.
- Family has a cultural conflict with having blood drawn for PVST.
- Language barrier.
- Provider, patient or both delayed having PVST done; for example, because they did not perceive PVST to be important.
- Provider did not order PVST despite reminders.

Best practices for obtaining PVST results include:

- Educating providers and parents on the importance of PVST
 - Encourage providers to become advocates of PVST for their patients.
 - Begin dialogue with parents during prenatal period and meet in person, when possible.
 - Use an interpreter when talking with parents, when indicated.
- Reminding providers and parents (by telephone or a letter) in advance of the 12-month well-child visit of the need for PVST
 - Recommend that the provider 'flag' the patient's medical record.
 - Follow up with provider to verify that PVST was done.
- Arranging in-person meetings with pediatric providers who work in a clinic setting and birthing hospitals (e.g., infectious disease committee) to discuss recommendations for PVST and the Wisconsin Perinatal Hepatitis B Prevention Program Manual available at:
<http://www.dhs.wisconsin.gov/publications/P4/P44502.pdf>
 - Request that the information be disseminated to other health care professionals, as appropriate.

If you have any questions regarding the results of this survey, please contact Stephanie Borchardt by telephone at 608-266-9923 or email at stephanie.borchardt@wisconsin.gov.