# WELCOME TO THE WEBINAR!



# Welcome to the webinar

- Today's webinar is being recorded and archived.
- It will be posted to the NJ Department of Health Education and Training and the Perinatal Hepatitis B websites:

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#### CDRSS Training Site http://cdrs-train.doh.state.nj.us/cdrss/login/login.jsp

#### Local Communicable Disease Training

The Regional Epidemiology Program (REP) provides communicable disease education and training programs for local public health partners throughout New Jersey. In addition, The REP also works with local health to provide (or review) training to other local entities like LTCs, schools, daycare, food handlers and others. If you are interested in communicable disease training at the local level, contact your regional epidemiologist.

#### Communicable Disease Forums

The REP hosts quarterly Communicable Disease Forums. These meetings are an opportunity to exchange information on communicable diseases and outbreak investigations throughout the State – between the Communicable Disease Service, local health departments, hospitals, and other public health partners. These meetings are open to everyone working on communicable diseases and outbreaks, including communicable disease investigators, public health nurses, epidemiologists, health officers, infection preventionists, and registered environmental health specialists. Forums are held in-person in several public health regions or via webinar. Registration information is posted on NJLMN. Webinars are recorded and can be accessed under <u>CDS Training</u>



**Disease Investigator Training** 

Videos!

Join new communicable disease investigator, Sally Monella, as she learns the ropes! These five, brief videos review the basics of disease investigation and reporting.

Click here to view the videos!

The Disease Investigator Resource Guide provides highlights and reference information you may need from the videos.

https://www.nj.gov/health/cd/edu\_training/ https://www.nj.gov/health/cd/topics/hepatitisb\_perinatal.shtml



# July 2022 Quarterly PHBPP Webinar



# Jill Dinitz-Sklar, MPH Ayiasha Pratt, MPH July 27, 2022

- Women of childbearing age are defined as females between 15 and 55 years old
  - Women in this age range with labs that indicate hepatitis B infection should have a <u>current</u> pregnancy status documented in CDRSS
    - These can be new cases, currently opened cases or **<u>reopened</u>** cases, make sure to check them all
    - If you encounter someone who is getting tested on a continuous basis (i.e. involvement in a clinical trial) we are happy to discuss a modified way to handle those situations
  - During your investigation you should identify household and/or close contacts
    - This includes other children already born but not yet identified as they may be recently born or missed previously
      - If there are children in the household but not yet identified by the PHBPP and under the age of 2 they should be followed up as perinatal cases
    - This also includes sexual contacts or other high risk individuals
  - This may include individuals with discordant lab results i.e.. women with DNA + but HBsAg results as these are occult infections



#### • Create a case for the baby

- By creating a contact in the mother's case you can create a case for the baby using the instructional video found here:
  - <u>https://cdrs.doh.state.nj.us/cdrss/resources/video/Create\_Case\_Existing\_Person.html</u>
  - If you have questions regarding the creation of cases please reach out to us and we can assist you.
- Once you create the case for the baby complete the following steps:
  - Make sure to change the subgroup to "Perinatal"
    - You will need to close the case at this point and reopen it to access all the sections for perinatal cases
  - Add the "PERINATAL HEPATITIS B QUESTIONS" section to the case
    - You must obtain
      - date given first dose of vaccine
      - date given HBIG
      - birth weight
      - insurance information
    - If doctor or parent does not know if HBIG was given call the birthing hospital to obtain this information
      - If HBIG was not given call NJDOH PHBPP staff and we will conduct further follow up
  - If you have any trouble obtaining this information call NJDOH PHBPP and we assist you



- Follow baby until completion of vaccine series and PVST
- Children weighing ≥ 2000g at birth will need at least 3 doses of vaccine, possibly more if a combination vaccine is used
- Children weighing < 2000g at birth will need 4 doses minimum as the first dose (birth dose) does not count in the series</li>
  - Helpful to reach out to physician early in these cases and tell them to flag the chart to indicate child will need an additional dose of HBV vaccine
- PVST should be done 1-2 months after the final dose in the vaccine series but not earlier than 9 months of age and no later than 12 months of age
- Children who do not respond to the first HBV series should be revaccinated based on the most current recommendations
  - Child can receive 1 additional dose and then be retested at 1-2 months after that dose, if they still do not have immunity they should complete the series with 2 more doses and be retested 1-2 months after the final dose
    - If these children remain nonimmune no further immunizations are necessary
  - If the family/physician wants to do a full second series they can skip the challenge dose and do a full second series if they choose



## **Hepatitis B Vaccine Schedule**



#### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger United States, 2019

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1# dose	2 <sup>nd</sup> dose			•		3 <sup>rd</sup> dose										

https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf



#### **Closing Cases**

- Prenatal Hepatitis B cases are reported to CDC for 2 consecutive years
- Cases should remain open until a case completes the Hepatitis B vaccine series and Postvaccination Serologic Testing (PVST) OR those 2 reporting years have passed
- Case should not be closed before one of these circumstances has occurred

#### Transferring cases out of your jurisdiction

- If a case moves outside of your jurisdiction, but within the state of NJ
  - Change the address in CDRSS
  - Notify NJDOH Hepatitis B Subject Matter Experts (Jill and Ayiasha) by email
  - Change the case status to "Pending" in order to alert the new LHD **\*DO NOT CLOSE THE CASE\***
- If a case moves outside of the state or country
  - Change the address in CDRSS **\*Do not need new address if leaving the USA**\*
  - Notify NJDOH Hepatitis B Subject Matter Experts (Jill and Ayiasha) by email
  - LHD Close as "Out Of State" case status



#### **CDC Recommendations During COVID**

# To assure you have the most up to date information regarding all vaccinations you can visit:

- <u>https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html</u>
  - Any CDC changes to vaccine schedules can be found at the same address
  - No changes to the hepatitis B vaccine schedule



## **CDC Recommendations During COVID**

#### Interim Guidance includes following recommendations

- Prenatal care of hepatitis B surface antigen (HBsAg)-positive women
  - Ensure that HBsAg positive women are able to advocate for proper care of their infants if they deliver at an unplanned facility or staff are not knowledgeable where delivery occurs
    - Need to educate women about their status and assure they notify providers at point of delivery
    - Suggest women have a copy of their HBsAg laboratory results with them and to provide it to labor and delivery staff
- No change to ACIP recommendations for HBV vaccination schedule
  - If PVST is delayed beyond 6 months after the series is completed provider should consider a booster dose of single antigen vaccine and conducting PVST 1-2 months after that dose



## **Speaking of PVST**

#### Postvaccination Serologic Testing – NO CHANGES

- PVST should be done 1-2 months after the final dose in the vaccine series but not earlier than 9 months of age and no later than 12 months of age
  - PVST includes: Hepatitis B Surface Antigen (HBsAg) and **<u>quantitative</u>** Hepatitis B Surface Antibody (anti-HBs)
  - HBsAg and anti-HBs >10 mIU/mL or positive are considered immune and cases can be closed as Not A Case
  - HBsAg + children are considered infected, call NJDOH if you receive these results
  - HBsAg and anti-HBs <10 mIU/mL or negative will require further follow up



## **Speaking of PVST**

#### Issues with wrong tests being ordered

- It is extremely important that physicians order the correct test, specifically the QUANTITATIVE anti-HBs
- Quest test menu has been changed to specifically state: "Hepatitis B Surface Antibody, Qualitative The detection of anti-HBs is indicative of a prior immunologic exposure to the antigen or vaccine. To determine immune status as ≥10 mIU/mL as per CDC guidelines, please order Hepatitis B Surface Antibody, Quantitative." (Quest Test Menu)
  - Therefore we cannot accept Quest Qualitative anti-HBs results, at this time LabCorp does state that a positive anti-HBs is enough to show immunity "Reactive: Consistent with immunity" (<u>LabCorp Test Menu</u>)
- This does NOT mean we want ANY qualitative anti-HBs but exceptions can be made for LabCorp



# Perinatal Hepatitis B Follow Up in times of COVID

### All surveillance efforts should have continued

- All women with new hepatitis B positive results aged 15-55 should still have a current pregnancy status for that lab result
  - Make sure to check Reopened cases in CDRSS
- If there are time issues with follow up prioritizing cases may be helpful
  - Focus on women where labs were ordered by an OBGYN provider
  - Focus on any cases with lab messaging that includes pregnancy in the wording
- It may be of use to go back into older cases to assure that appropriate follow up took place, may need to revisit old cases



## **Perinatal Hepatitis B Follow Up in times of COVID**

#### All immunization efforts should continue

- Per CDC there is no reason to delay routine vaccinations due to COVID vaccination
  - Any exceptions can be found here: <u>https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html</u>
- Children should be vaccinated on schedule
  - Keep checking NJIIS at appropriate intervals to assure vaccinations are happening
  - Set up reminders for your cases when you need to check for vaccinations
- Assure that doctors are aware of the need for the correct testing once the vaccine series is complete
  - Use the postcards we have available to send to families as reminders
  - Let us know if there are any materials you feel we should create that would be helpful to your follow up



## Updated Universal Hepatitis B Vaccination Recommendations

- CDC now states that adults who are unvaccinated should receive Hepatitis B vaccination
  - The Advisory Committee on Immunization Practices (ACIP) recommends that the following people <u>should</u> receive hepatitis B vaccination:
    - All infants
    - Unvaccinated children aged <19 years
    - Adults aged 19 through 59 years
    - Adults aged 60 years and older with risk factors for hepatitis B
  - The following groups <u>may</u> receive hepatitis B vaccination:
    - Adults aged 60 years and older without known risk factors for hepatitis B
  - For more information: <u>https://www.cdc.gov/hepatitis/hbv/vaccadults.htm</u>
    - <u>https://www.cdc.gov/mmwr/volumes/71/wr/mm7113a1.htm?s\_cid=mm7113a1\_w</u>



#### Reminder: Hepatitis B Vaccine Series

Now that your baby is home, what are the next steps...

MAKE SURE YOUR BABY GETS THE PROTECTION THEY NEED

At the hospital your baby should have received:

Hepatitis B Immune Globulin (HBIG

First Dose of Single Antigen Hepatitis B Vaccine ٠

Now your child will need to finish their hepatitis B vaccine series. Your child will receive either 2 or 3 more doses from their physician.

It is important they stay on schedule with all childhood immunizations, please find more information at: http://www.cdc.gov/vaccines

For more information about the NIDOH Perinatal Hepatitis B Program please visit our website http://www.nj.gov/health/cd/hepatitisb\_perinatal/index.shtm

#### Reminder: Post Vaccination Serology

It's time for your baby's post vaccination serology testing...

#### MAKE SURE YOUR **BABY IS PROTECTED**

Now that your baby has finished their hepatitis B vaccine series, it is time for the final step. One to two months after their last dose of hepatitis B vaccine, at nine months of age or older, they need the following blood tests:

Hepatitis B Surface Antigen (HBsAg

 Hepatitis B Surface Antibody Quantitative Test (anti-HBs/HBsAb)

Take this card to your child's physician and request these tests to make sure your child has the protection they need

For more information about the NJDOH Perinatal Hepatitis B Program please visit our website http://www.nj.gov/health/cd/hepatitisb\_perinatal/index.shtm



### **Resources**

- NJDOH Website:
  - https://www.nj.gov/health/cd/topics/hepatitisb\_perinatal.shtml
    - You can access the past PHBPP Webinars this may be helpful for anyone new to following up on these cases
  - https://www.nj.gov/health/cd/topics/hepatitisb.shtml
- Perinatal Hepatitis B Postcards:
  - For use by LHD to facilitate conversation with families and physicians
  - Request via email to one of the PHBPP members
- **CDC websites:** •
  - https://www.cdc.gov/hepatitis/hbv/perinatalxmtn.htm
  - https://www.cdc.gov/hepatitis/hbv/vaccadults.htm
- HepBMoms.org:
  - https://www.hepbmoms.org/brochures



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DEPARTMENT OF HEALTH PERINATAL HEPATITIS B

PREVENTION PROGRAM

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NEW JERSEY

DEPARTMENT OF HEALTH

PERINATAL HEPATITIS B PREVENTION PROGRAM



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