Perinatal Hepatitis B Prevention and Case Management Program

2015 Update
Perinatal Hepatitis B Program Objectives

- Identify all Missouri HBsAg-positive pregnant women
- Enroll into Perinatal Hepatitis B Case Management
  - Prospective (before birth)
  - Retrospective (after birth)
- Follow infants born to hepatitis B infected women for ~2 yrs
  - Contracted Case Managers
  - LPHAs
Perinatal Hepatitis B Program Objectives Continued...

- Ensure:
  - infants - immunoprophylaxis within 12 hrs of birth
  - infants - complete Hep B vaccine series on schedule
  - infants receive Post-Vaccination Serology Testing (PVST)
    - Positive HBsAg = (infection)
    - Positive Anti-HBs = (immunity)
    - 1 – 2 months after completion of Hep B vaccine series
Sounds easy, doesn’t it?
State Level Perinatal Hepatitis B Case Management

- Program Management
- Grant Applications
- Budget and Resources
- Contracts Development
- Contracts Monitoring
- Program Evaluation
- LPHA Consultation
- Case Consultation
- Medical Record Reviews

- Program Reporting
- Policy Development
- Draft Legislation
- Surveillance
- Quality assurance
- Birthing Hospital Education
- Health Care Provider Education
- Technical Assistance
State Level Perinatal Hepatitis B Case Management Continued…

- BHSH - reviews required case forms
  - IMMP 29 and
  - IMMP29A
- BHSH reviews completeness of data entry
  - WebSurv Hepatitis B Case Management system and
  - WebSurv
- BHSH - maintains case files
- BHSH - quality assurance on Hepatitis data
- BHSH - assists LPHA’s cases as needed
DHSS Perinatal Hepatitis B Case Management Quality Assurance

- Review routine vital record reports
  - Birth data coded - hepatitis B infection during pregnancy
  - Identify hepatitis B exposed infants not previously reported (retrospective infants)

- Determine accuracy of Hepatitis B birth data
  - Coding errors
  - Illegible handwriting
  - Artifacts
  - Spelling errors
  - Avoid wild goose chases
LPHA Perinatal Hepatitis B Case Management

- Investigate initial case
- Investigate sexual and household partners
  (LPHA discretion as activity not currently funded by CDC)
- Provide or refer for appropriate base-line testing, vaccination, post-vaccination serology
- Interpret test results
- Provide prevention education
- Assist in medical/specialty referrals
LPHA Perinatal Hepatitis B Case Management Continued…

- Work with the prenatal providers and the birthing hospitals
  - to ensure infants born to HVB-infected women get appropriate and timely immunoprophylaxis
- Follow-mother and child in case management until interventions are complete (~ two years)
- Work with State Health Department
  - Enter appropriate data into WebSurv
  - Submit appropriate completed forms for each case
  - Submit updated forms when new information is available
So, as a Case Manager, Where do I start and what do I do? HELP!
New LPHA/Case Managers

Set up a case file system for the HBsAg pregnant women and their infants

- a computerized system or
- hard copy system
- both
- use tickler consistently

Maintain files and keep them updated

Associate the infants’ file with the mothers’ file
(and any contacts as appropriate)
Perinatal Hepatitis B Case Management

• LPHAs and contractors are to view “notifications” for cases newly entered into WebSurv routinely
  – Every 24 hours
  – Once a week
  – Depends on your volume

• “Notifications” are a signal to begin case investigations

• When DHSS gets the laboratory reports, the Bureau of Reportable Diseases Informatics (BRDI) enters the diagnostics

• The PHB Coordinator emails jurisdictional LPHAs or contractors
Hepatitis B Laboratory Results are to be Reported to either the State or Local Health Department

- A provider or laboratory reports a positive hepatitis B test result one of three ways:
  1. Electronic Lab Reporting (ELR)
  2. Laboratory report
  3. Communicable Disease Case Report (CD-1)

- Gender may or may not be indicated on the reports

- When the BRDI receives the laboratory information, staff enter the data into WebSurv

- Pregnancy status is assigned if it is available on the report
LPHA/Case Manager Preliminary Case Investigation

Ask yourself the following questions...

• What do I need to know about this case?
• Is she a new acute case?
• A new chronic case?
• An old reported acute or chronic case?
• A resolved case?
• Is she in treatment for hepatitis B or C?
• Is she pregnant now, or has she been pregnant recently?
• Did she donate blood or plasma and was tested in the process?

*If you don’t know, contact the submitter or the health care provider and ask.*
Identify all HBsAg-positive pregnant women

- Review all positive Hepatitis B laboratory results on women ages 11 - 47 yrs
  - HBsAg-positive, HBeAg-positive, HBV-DNA-positive
  - anti-HBc, IgM-positive

- Contact health care provider first for information

- If she is not already entered into WebSurv, enter her information – open case within 24 hours of receipt

- Determine her pregnancy status within 7 days
LPHA/Case Manager Preliminary Case Investigation Review

- LPHAs/Contractors are to:
  - confirm condition and status of newly reported cases in WebSurv
  - confirm surface antigen positivity establish condition status as acute or chronic.
  - establish pregnancy status
Initiation of Perinatal Hepatitis B (PHB) Case Management

- Enroll all pregnant females infected with hepatitis B into perinatal hepatitis B case management (unless they refuse)
- Complete IMMP29 (mother) and 29A (infant) forms
- Forward completed forms to BHSH (Tricia Sneller)
- Enter Hepatitis B (Pregnancy) Prenatal condition (and the date) into WebSurv where indicated
- Update the IMMP29 and 29A forms as you receive new case information
- Forward updated forms to BHSH (Tricia Sneller)
If the laboratory slip or the health care provider indicates she is pregnant, update WebSurv.

- Enroll her into perinatal Hepatitis B case management.
- Determine where she intends to deliver.
- Document where she intends to deliver and contact that facility, get a contact name to send information.
Follow-up on immunizations for infants’ born to HBsAg positive women are different than for follow-up on infants who are not.

Mark or color code mother/infant files to ensure appropriate follow up.

Set up tickler system to track things that are due.
  - Minimizes delays in interventions.

Initiate the appropriate paperwork.
PHB Case Management Continued…

- Update documentation /tickler system after each intervention provided

- Schedule/note in the tickler system when the next intervention is due.
Notify delivering hospital of any HBsAg-positive pregnant woman who indicated the intention to deliver there, 4-6 weeks prior to the anticipated delivery date

- By confidential fax
- By confidential letter or
- Call the Nursing Supervisor of the delivery hospital
- Inform delivery hospital of infant’s need for HBIG and hepatitis B Vaccination #1 to be administered within 12 hours of birth
- Document name of contact, and contact’s response
Request a copy of hospital records to verify Hep B Vaccine dose #1 and HBIG administration to infants born to HBsAg-positive women

- HBIG & Hep B Vaccine dose #1 administered to these infants within 12 hours of birth
- This is the most effective intervention to prevent mother-to-child transmission
- Before hospital discharge is not too late
- Hep B Vaccine dose #1 is recommended for all babies prior to hospital discharge
- Document/File information in WebSurv and in tickler file
PHB Case Management Continued…

If an HBV-exposed baby did not receive HBIG or Hep B Vaccine dose #1 prior to hospital discharge –

*Arrange for newborn to get them ASAP*

- HBIG can be given from birth to 7 days of birth
- HBIG has not been found to be helpful after 7 days
- Hep B Vaccine can be given outside 7 days
  - but the longer the delay
  - the higher the risk of break through infection
Follow up - Infants born to HBsAg-positive women, need **aggressive** follow up:

- HBIG & a hep B vaccine dose is needed at birth
- Complete hep B vaccine series on schedule - is critical
- Post-vaccination serology testing
  - HBsAg, and anti-HBs
  - to determine immunity/infection status is necessary
Important Dates for the Tickler System

- **Date to verify pregnancy status**
- **Date to notify birthing hospital**
  - of an HBsAg-exposure birth
  - infant HBIG and Hepatitis B Vaccination 1 at birth
- **Date to check on Hepatitis B Vaccination # 2**
  - To be completed between 1-2 months of life
- **Date to check on Hepatitis B Vaccination #3**
  - at 6 months of life (if single-antigen or Pediarix)
  - dose #3, it must be $\geq 164$ days from dose #1 to be valid
Dates for the Tickler System
Continued…

• Date for post-vaccination serology testing
  – 1-2 months after completion of hepatitis B vaccination series
    • HBsAg and
    • Anti-HBs
    • Infant should be at least 9 months of age

• Repeat hepatitis B vaccination and post-vaccination serology testing
  • if infant is not infected and
  • not immune (non-responder)
Case Management Actions

- Telephone calls
- Letters to parent
- Site visits
- Document responses
  - Hepatitis B education
  - Documentation
    - Educate mother (custodial care provider)
    - HBV Prevention
    - Critical timeliness of Immunoprophylaxis
    - Consequences of break-through HBV infection
Case Management Closure

• Sometimes clients:
  – Refuse follow-up
  – Refuse immunoprophylaxis
  – Refuse post-vaccination serology testing
  – Move
  – Hide
  – Disappear
  – or don’t want to be found

• Consider infants lost-to-follow-up only after attempting comprehensive location attempts
Infants Lost-to-Follow-up...

Comprehensive location attempts (at least 3)

- Call old telephone numbers of relatives and friends
- They may know how to reach them
- Refer to city/county telephone directories
- Check for transposed numbers in address or telephone number
- Contact directory assistance
- Contact the post office for a forwarding address
- Contact the mail carrier
- Contact The Department of Motor Vehicles
- Contact Medicaid or WIC programs
- Contact Parole and Probation
- Ask the neighbors
- Ask BHSH to search LexisNexis for most recent address
Perinatal Hepatitis B Case Management Transfer of Information

- Maintain confidentiality of Mother/baby case information (HIPAA)
- Share only with those who qualify as “need to know”
- HBsAg-positively status or hepatitis B condition is protected information
Transfer of Information to Appropriate Entities

- State Health Department
  - Department- Perinatal Hepatitis B Prevention staff
- LPHA of case jurisdiction
  - LPHA-Case investigator and case managers to which case is assigned
- Birthing hospital labor & delivery & newborn nursery staff assuming care of mother or baby
- Health care providers providing care to mother or baby
- Other State Health Departments when cases transferred to another state
Perinatal Hepatitis B Prevention Program Statues

Missouri Law & Rules on Hepatitis B

- **192.020 RSMo** (Missouri Revised Statutes)
  - Power and authority
  - Safeguard the health of the people of Missouri

- **210.030 RSMo**
  - Blood testing for all Pregnant women…
  - Syphilis and Hepatitis B…
  - Current ACIP Recommendations

- **Chapter 19 of the Code of State Regulations (CSR) 20-20.20**
  - Defines reportable diseases

- **19CSR 20-20.40**
  - Duty of health authorities to investigate…
Questions?