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Perinatal Hepatitis B Prevention Program (PHBPP)

Michigan Perinatal Hepatitis B Prevention Program Staff:

| | | | |
|---------------------------------|--------------------|--------------|-------------------------|
| Manager: | Patricia Vranesich | 517-335-8159 | vranesichp@michigan.gov |
| Coordinator: | Pat Fineis | 517-335-9443 | fineisp@michigan.gov |
| Surveillance Specialist: | Kari Tapley | 313-456-4431 | tapleyk@michigan.gov |
| Case Manager/SE MI: | Sallie Pray | 313-456-4432 | prays@michigan.gov |
| Case Manager/Out-state: | Marcy Smith | 517-335-8122 | smithm7@michigan.gov |

- Mission:** To identify hepatitis B surface antigen-positive (HBsAg-positive) women prenatally or at delivery for each pregnancy so that their infants, household and sexual contacts can be tested and treated to prevent the spread of the hepatitis B virus (HBV).
- Surveillance:** Statewide, an average of 300 infants born to HBsAg-positive women is reported annually. Based on Centers for Disease Control and Prevention (CDC) estimates, 396-597 infants born to HBsAg-positive women should be identified annually.
- Prevention:** Prevention of perinatal hepatitis B transmission requires the coordinated transfer of information between laboratories, primary care providers, hospitals, and the local/state health departments to ensure that all:
- Pregnant women are screened for HBsAg, all HBsAg-positive results are reported to the local health department (LHD) in the county where the patient resides within 24 hours, and the results are sent to the delivery hospital with the prenatal care record.
 - Household and sexual contacts of HBsAg-positive pregnant women are identified, tested and immunized if susceptible.
 - Infants of HBsAg-positive women receive appropriate prophylaxis and post-vaccination serology.
 - All infants receive the birth dose of hepB vaccine prior to hospital discharge.

To view the manual in its entirety or to obtain additional copies go to www.michigan.gov/hepatitisB.

See the 12/23/05 MMWR: "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States" for the latest Advisory Committee on Immunization Practices (ACIP) recommendations, at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>.

Your Role in the Perinatal Hepatitis B Prevention Program (PHBPP)

If you work in a laboratory:

- Report all hepatitis B surface antigen-positive (HBsAg-positive) results to the local health department (LHD) in the county where the patient resides within 24 hours of discovery
- Report all HBsAg results to the ordering physician

If you provide prenatal care:

- Test every pregnant woman during each pregnancy for HBsAg
- Inform pregnant women of their HBsAg status
- Send copy of HBsAg test result for current pregnancy with prenatal records to delivery hospital
- Report all HBsAg-positive pregnant women to the LHD within 24 hours
- Counsel HBsAg-positive pregnant women about their status and refer for appropriate care
- Contact the pediatric provider to communicate the woman's HBsAg-positive status and the need for hepatitis B (hepB) vaccination and hepatitis B immune globulin (HBIG) for the infant
- Assess HBsAg-negative pregnant woman's risk for hepatitis B infection
- Counsel HBsAg-negative pregnant woman on methods to prevent hepatitis B transmission
- Vaccinate pregnant HBsAg-negative women if high risk
- Retest high risk pregnant HBsAg-negative women in their last trimester

If you work in the hospital labor and delivery unit or in the nursery unit:

- Review and record the maternal HBsAg test result for the current pregnancy on both labor and delivery record and on infant's delivery summary sheet
 - If a woman presents with an unknown HBsAg status or with risk factors, test STAT
 - If STAT test is HBsAg-positive, report to the LHD within 24 hours
- Give all infants single-antigen hepB vaccine at birth
- Give all infants born to HBsAg-positive women single-antigen hepB vaccine and HBIG within 12 hours of birth
- Report administration of HBIG and hepB on the electronic birth certificate (EBC) worksheet
- Record the maternal HBsAg testing date and result on all newborn screening (NBS) cards
- Report all HBsAg-positive women and the HBIG and hepB administration to the PHBPP

If you provide pediatric care:

- Know the maternal HBsAg status for all infants to whom you provide care
- Complete the recommended hepB vaccine series and post-vaccination serology for all infants born to HBsAg-positive women
 - If infant is HBsAg and anti-HBs negative, repeat three doses of hepB vaccine and retest one month later
 - If the infant is HBsAg-positive, counsel the family and refer the infant for appropriate care
- Record vaccine administration in the Michigan Care Improvement Registry (MCIR)
- Report hepB administration and post-vaccination serology results to the PHBPP

If you provide health care to a contact of an HBsAg-positive woman:

- Identify, test and treat all household and sexual contacts of women who are HBsAg-positive
- Counsel HBsAg-positive contacts and refer them for appropriate care
- Give susceptible contacts three doses of hepB vaccine and complete post-vaccination serology
- Record vaccine administration in the Michigan Care Improvement Registry (MCIR)
- Report hepB administration and post-vaccination serology results to the PHBPP

Perinatal Hepatitis B Prevention Program (PHBPP) Services

Universal Hepatitis B Vaccination Program:

Hospitals who are enrolled in this program receive free hepatitis B (hepB) vaccine to give to all infants at birth. This service acts as a “safety net” to prevent both horizontal and vertical transmission.

Hepatitis B vaccine and hepatitis B immune globulin (HBIG):

Infants, household and sexual contacts enrolled in the perinatal program are eligible for free hepB vaccine, HBIG, and testing.

Free Hepatitis B test kits are available for:

- Pregnant women who do not have insurance or Medicaid, for the initial prenatal work-up and for re-testing if high risk
- Infants born to hepatitis B surface antigen-positive (HBsAg-positive) women after completion of the hepB vaccine series
- Household and sexual contacts of HBsAg-positive pregnant women

Case management services:

Educational information, support and tracking are provided to ensure hepatitis B vaccine series completion and testing. These services are available to all infants, household and sexual contacts associated with the pregnant HBsAg-positive woman reported to the PHBPP.

Guide to Perinatal Hepatitis B Prevention:

A comprehensive manual is available at www.michigan.gov/hepatitisB with sections specifically designed for:

- OB/GYN Providers
- Laboratories
- Hospitals
- Local Health Departments
- Family Practice Providers
- Pediatric Care Providers

Educational sessions:

- Perinatal Hepatitis B Prevention with 1.0 contact hours
- Hepatitis A-E with 1.5 contact hours
- Hepatitis A-E and post-exposure prophylaxis with 1.5 contact hours

If you have any questions, or for additional information on how to obtain these services contact the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Michigan Infant Dies from Perinatal Hepatitis B Virus (HBV) Infection

A three-month-old infant died from acute HBV infection due to an error in reporting. After a review of provider and hospital records, it was determined that the infant's mother was chronically infected with HBV and tested hepatitis B surface antigen-positive (HBsAg-positive) during her pregnancy. Unfortunately, the test results were not reported from the laboratory to the local health department (LHD), and the provider inaccurately reported the mother's results as HBsAg-negative to the delivery hospital.

Since the information from the prenatal care provider indicated that the infant's mother was negative for HBV, the infant did not receive hepB vaccine or hepatitis B immune globulin (HBIG) as recommended for all infants born to HBsAg-positive women. The infant became ill at three months of age and died less than two weeks later due to fulminant HBV infection.

This tragedy illustrates the necessity that all laboratories and ordering physicians comply with Michigan law. It is absolutely critical that every HBsAg-positive result for pregnant women is reported to the LHD and to the delivery hospital.

What Happens to Infants Born to HBsAg-positive Women?

WITHOUT HepB vaccine or HBIG:

- 90% will be at risk for chronic infection
- 25% of those infected will die due to chronic liver disease

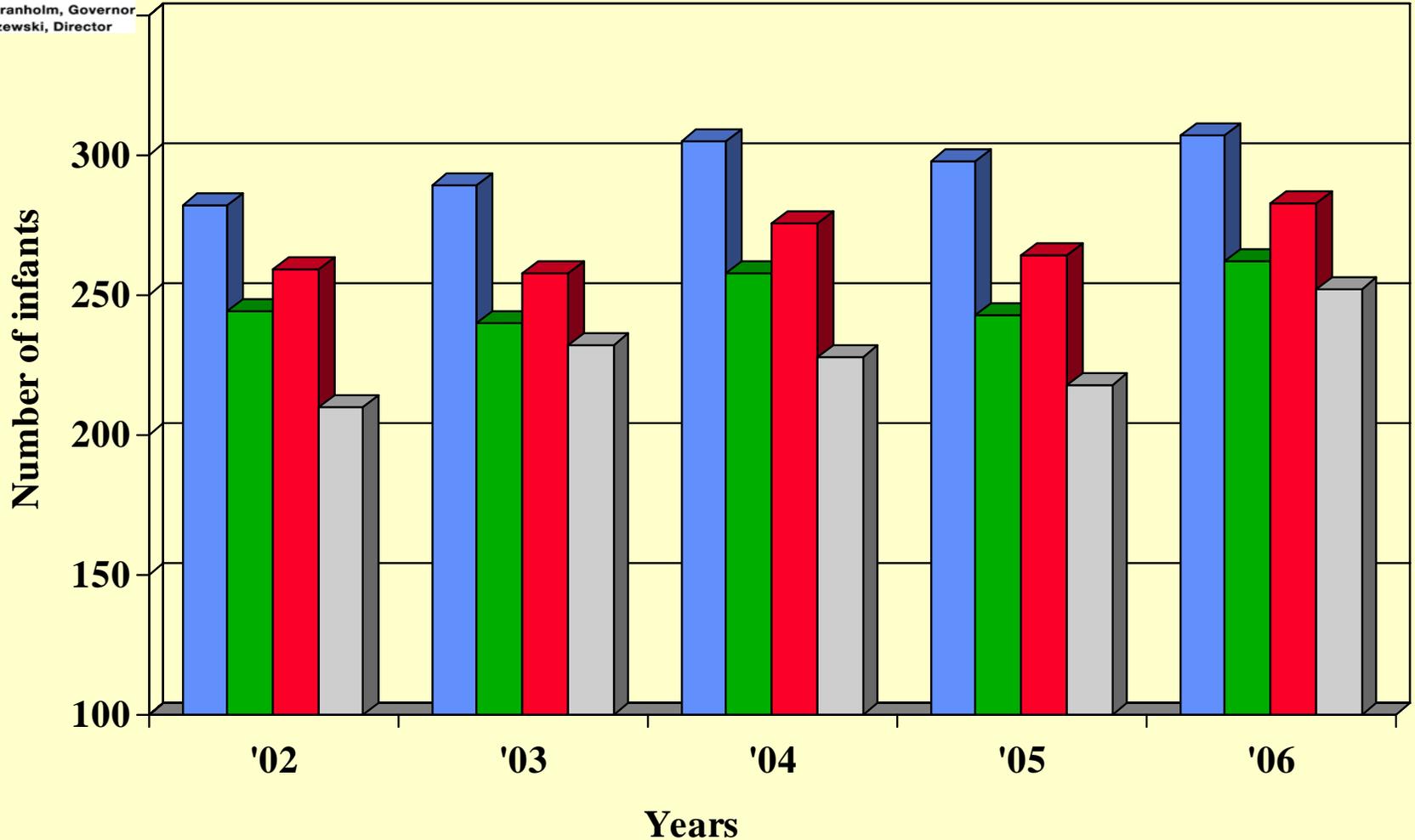
WITH HepB vaccine alone in a 3 or 4 dose series started at birth:

- 70% - 95% will be protected from getting HBV infection

WITH HepB vaccine and HBIG started at birth:

- 80% - 95% will be protected from getting HBV infection

Perinatal Hepatitis B Prevention Program



■ Births to HBsAg-positive women

■ HBIG & 3 by 8 months

■ HBIG & 3 by 12 months

■ Post serology

Overview: What Hospitals Need to Know

Disease Burden:

- 20,000 infants born annually to hepatitis B surface antigen-positive (HBsAg-positive) women in the United States*
- 1,000 infants chronically infected annually due to infected mothers not being identified and not receiving appropriate post-exposure prophylaxis at birth*
- 300 infants born to HBsAg-positive women reported annually in Michigan
- 396-597 infants born to HBsAg-positive women should be identified annually in Michigan

Prevention:

Prevention of perinatal hepatitis B transmission requires the coordinated transfer of information between laboratories, prenatal care providers, hospital staff, and the local/state health departments. All hospitals should implement policies and procedures which include standing orders to ensure that all:

Pregnant women:

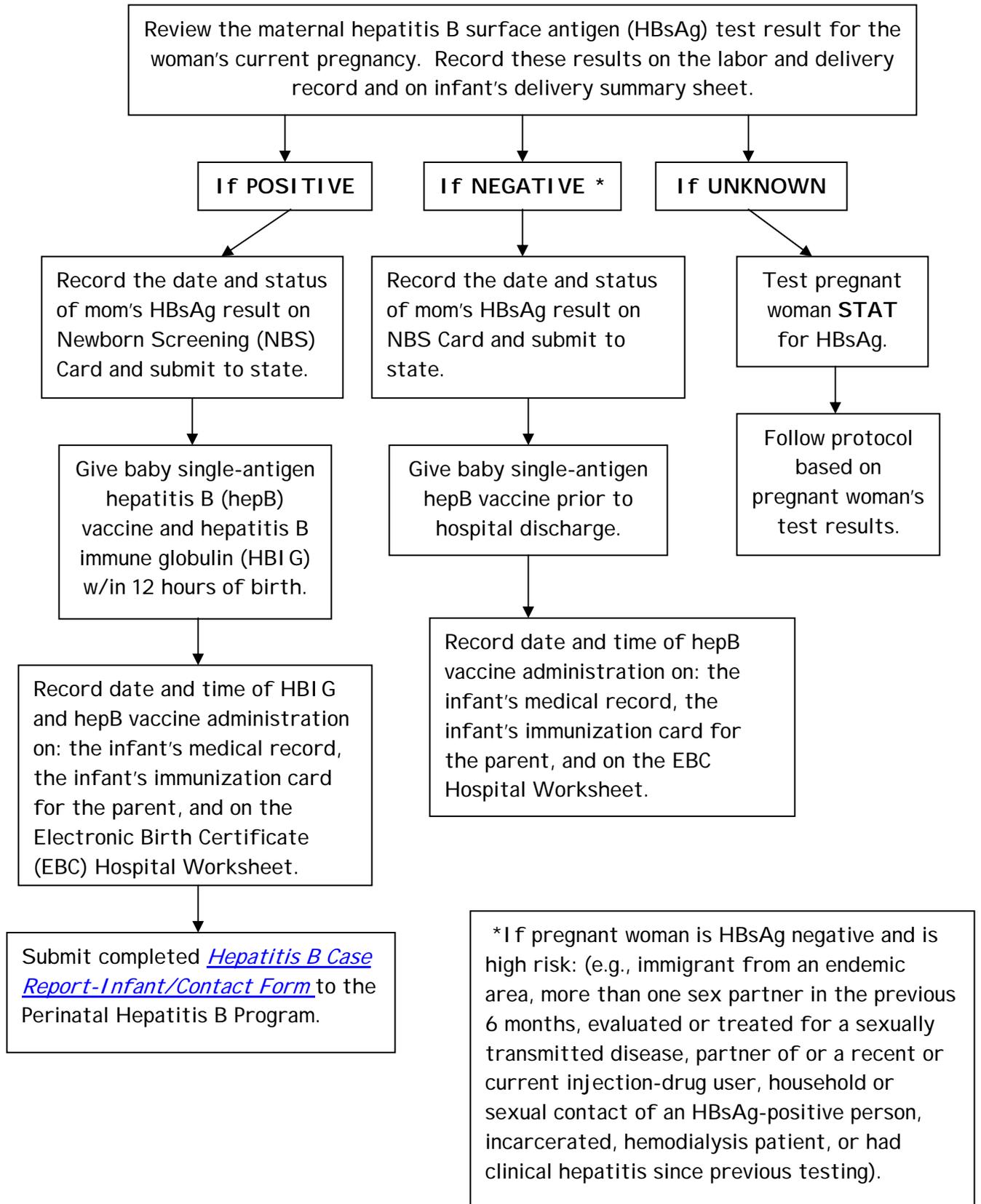
- Have HBsAg laboratory results in their medical record
- With no HBsAg laboratory results **for the current pregnancy** are tested **STAT**
- Who have HBsAg-negative test results and are at risk for hepatitis B virus (HBV) infection are tested again at the time of hospital admission
- Who are HBsAg-positive are reported within 24 hours, after discovery or diagnosis, to the local health department
- Who are HBsAg-positive are reported to the Perinatal Hepatitis B Prevention Program (PHBPP)

Babies:

- Have documentation of maternal HBsAg test results in their medical record
- Born to HBsAg-positive women:
 - Receive and have documented administration of the hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth in their medical record
 - Are reported to the PHBPP
 - Born to HBsAg-negative women receive hepB vaccine prior to hospital discharge
- Born to women with unknown HBsAg status receive hepB vaccine within 12 hours of birth and HBIG if their mother is found to be HBsAg-positive

*Centers for Disease Control and Prevention (CDC) Guidelines for Viral Hepatitis Surveillance and Case Management, January 2005.

Hospital Responsibilities for Pregnant Women & Babies



Delivery Hospital Policies and Procedures to Prevent Perinatal Hepatitis B Virus (HBV) Transmission

At time of admission for delivery:

- Review the maternal hepatitis B surface antigen (HBsAg) test result from the current pregnancy for every pregnant woman.
- Record these maternal HBsAg test results on both labor and delivery record and on infant's delivery summary sheet.
- Perform HBsAg testing **STAT** on women who:
 - Do not have a documented HBsAg test result for this pregnancy, or
 - Tested HBsAg-negative prenatally and are at risk for hepatitis B virus (HBV) infection during pregnancy (e.g., an immigrant from an endemic area, more than one sex partner in the previous 6 months, evaluated or treated for a sexually transmitted disease, a partner of or a recent or current injection-drug user, a household or sexual contact of a HBsAg-positive person, incarcerated, hemodialysis patient), or
 - Had clinical hepatitis since previous testing.

After delivery:

HBsAg-positive mothers and their infants:

- Administer single-antigen hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) to all infants born to HBsAg-positive mothers within 12 hours after birth, and record date and time of administration of HBIG and hepB vaccine in infant's medical record.
- Submit a completed [Hepatitis B Perinatal Case Report-Infant/Contact Form](#) to the Perinatal Hepatitis B Prevention Program.
- Provide information regarding hepatitis B to HBsAg-positive mothers, including:
 - Advice that they may breastfeed their infants upon delivery;
 - Modes of HBV transmission;
 - Need for vaccination of their susceptible household, sexual, and needle-sharing contacts;
 - Need for substance abuse treatment, if appropriate; and
 - Need for medical management and possible treatment for chronic HBV.

Mothers with unknown HBsAg status and their infants:

- Administer single-antigen hepB vaccine within 12 hours of birth, and record date and time of administration in the infant's medical record.
- Alert infant's pediatric health-care provider if an infant is discharged before the mother's HBsAg test result is available. If the mother is determined to be HBsAg-positive, HBIG should be administered to the infant as soon as possible, but no later than age 7 days.

All mothers and their infants:

- Administer a dose of single-antigen hepB vaccine to all infants weighing at least 2000 grams.
- Ensure that all mothers have been tested for HBsAg prenatally or at the time of admission for delivery and document test results.
- Record date and status of maternal HBsAg test results on *Newborn Screening (NBS) Card*.
- Record the administration date of the birth dose of hepB vaccine and/or HBIG on the *Electronic Birth Certificate (EBC) Hospital Worksheet*.
- Provide infant's immunization record to mother and remind her to take it to the infant's first pediatric health-care provider visit.

Guidelines for Standing Orders in Labor & Delivery & Nursery Units to Prevent Hepatitis B Virus (HBV) Transmission to Newborns

To obtain the Centers for Disease Control and Prevention (CDC) recommendations for preventing hepatitis B in infants and children, visit CDC's website at www.cdc.gov/mmwr/PDF/rr/rr5416.pdf

In December 2005, the Centers for Disease Control and Prevention (CDC) published new recommendations of the Advisory Committee on Immunization Practices (ACIP) for prevention of hepatitis B virus (HBV) infections in infants and children. The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists have endorsed these recommendations. To obtain a copy, go to www.cdc.gov/mmwr/PDF/rr/rr5416.pdf.

The guidelines below were developed to help all hospitals establish standing orders and protocols in their labor and delivery and nursery units. The content has been reviewed by CDC staff for consistency with CDC recommendations.

To protect all infants, CDC recommends that all delivery hospitals institute standing orders and protocols to ensure healthcare professionals do the following:

- Administer hepatitis B vaccine to all newborns who weigh at least 2 kg (4.4 lb) before discharge from the nursery.
- Identify all infants born to mothers who are hepatitis B surface antigen (HBsAg) positive or to mothers with unknown HBsAg status. Administer appropriate immunoprophylaxis to all these infants.

Labor and Delivery (L&D) Procedures

Upon admission, review the HBsAg¹ status of all pregnant women. Be sure to review a copy of the mother's *original* laboratory report to verify that the correct test was performed during this pregnancy and to verify the test date. Do not rely on a transcribed test result!

For women with a documented HBsAg lab report

- Place a copy of the *original* laboratory report of the mother's HBsAg¹ test result into (1) the mother's L&D record and (2) the infant's medical record.
- If the mother is HBsAg positive, alert the nursery staff.
- If the mother is HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., not in a long-term, mutually monogamous relationship; had an HBsAg-positive sex partner; had evaluation or treatment for a sexually transmitted disease; currently uses or recently used injection drugs), perform a repeat test for HBsAg.¹ Instruct the laboratory to call L&D and the nursery with the HBsAg test result ASAP.

For women without a documented HBsAg lab report

- Perform HBsAg¹ testing ASAP on women who do not have a documented HBsAg test result from the current pregnancy.
- Instruct the lab to call L&D and the nursery with the newly obtained HBsAg test result ASAP.

Nursery Procedures

Procedures to follow for ALL newborns

1. Review a copy of the mother's *original* HBsAg¹ lab report to ensure test was ordered and interpreted accurately.
2. Provide appropriate management based on (1) the mother's HBsAg status and (2) the infant's birth weight. Manage infants who weigh less than 2 kg differently from those who weigh 2 kg or more. See descriptions below and footnotes 2, 5, 6.
3. Give the mother an immunization record card that includes the hepatitis B vaccination date. Explain the need for the complete hepatitis B vaccine series to protect her baby. Remind her to bring the card with her each time her baby sees a provider.

For infants born to HBsAg-negative mothers

Administer single-antigen hepatitis B vaccine (0.5 mL, IM) before discharge to all infants weighing at least 2 kg at birth.^{2,3,4} Document the hepatitis B vaccine dose in the infant's medical record, including date, time, site of administration, and lot number.

For infants born to mothers with unknown HBsAg status

Administer single-antigen hepatitis B vaccine (0.5 mL, IM) within 12 hours of birth.^{3,5} Do not wait for test results to return before giving this dose of vaccine. Document the hepatitis B vaccine dose appropriately.

- Confirm that the laboratory has received serum for the mother's HBsAg¹ test. Verify when the HBsAg result will be available and that it will be reported to L&D and the nursery ASAP. If the nursery does not receive the report at the expected time, call the laboratory for the result.
- If the mother's HBsAg¹ test result is positive, do the following:
 - Administer hepatitis B immune globulin (HBIG 0.5 mL, IM) to the infant ASAP. Document the HBIG dose appropriately in the infant's medical record. There is little benefit in giving HBIG if more than 7 days have elapsed since birth.
 - Alert the mother's and infant's physician(s) of the test result.
 - Follow the instructions below for infants born to HBsAg-positive mothers.
- If the infant must be discharged before the HBsAg result is known:
 - Document contact information for the parents (e.g., addresses, telephone numbers, emergency contacts) in case further treatment is needed.
 - Obtain the name, address, and phone number of the mother's

(continued on next page)

and the infant's healthcare providers.

- Notify the mother's and the infant's healthcare providers that the mother's HBsAg test result is pending.

For infants born to HBsAg-positive mothers

- Administer HBIG (0.5 mL, IM) and single-antigen hepatitis B vaccine^{3, 6} (0.5 mL, IM) at separate injection sites within 12 hours of birth. Document the hepatitis B vaccine and HBIG doses appropriately in the infant's medical record.
- Notify the local or state health department of the infant's birth and the date and time of administration of HBIG and hepatitis B vaccine doses.
- Obtain the name, address, and phone number of the infant's primary care provider. Notify the provider of the infant's birth, the date and time of HBIG and hepatitis B vaccine doses administered, and the importance of additional on-time vaccination and postvaccination testing of the infant for HBsAg and antibody to HBsAg after completion of the hepatitis B vaccine series.
- Provide advice to the mother. Tell her
 - That she may breast-feed her infant upon delivery, even before hepatitis B vaccine and HBIG are given
 - About the importance of her infant completing the full hepatitis B vaccine series on schedule
 - That blood will need to be drawn from the infant after completion of at least 3 doses of the hepatitis B vaccine series at age 9–18 months (generally at the next well-child visit) to determine if the infant needs further management
 - About modes of HBV transmission and the need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts
 - That she needs to have a medical evaluation for chronic hepatitis

B, including an assessment of whether she is eligible for antiviral treatment.

Footnotes

1. Be sure the correct test for HBsAg (hepatitis B surface antigen) was/is ordered. The HBsAg test should not be confused with other hepatitis B serologic tests, including antibody to HBsAg (anti-HBs or HBsAb) and antibody to hepatitis B core antigen (anti-HBc or HBcAb).
2. Infants weighing less than 2 kg whose mothers are documented to be HBsAg negative should receive the first dose of vaccine 1 month after birth or at hospital discharge. The mother's HBsAg status must be part of the infant's medical record.
3. Federal law requires that you give parents a Hepatitis B Vaccine Information Statement (VIS) before vaccine administration. To obtain a VIS, download it from the IAC website at www.immunize.org/vis or call your state health department.
4. Exceptions to giving the birth dose of hepatitis B vaccine are allowed on a case-by-case basis and only in rare circumstances. If a birth dose is not administered, a copy of the mother's negative HBsAg test result from the current pregnancy must be placed in the infant's medical record and the attending physician must write a specific order directing staff not to administer the birth dose in the hospital. Infants who don't receive the first dose of hepatitis B vaccine before hospital discharge should receive the first dose no later than age 2 months.
5. An infant weighing less than 2 kg whose mother's HBsAg status is unknown should receive HBIG and hepatitis B vaccine within 12 hours of birth. Do not count the hepatitis B vaccine dose as the first dose in the vaccine series. Reinitiate the full hepatitis B vaccine series at age 1–2 months.
6. An infant weighing less than 2 kg whose mother is HBsAg positive should receive the first dose of hepatitis B vaccine and HBIG within 12 hours of birth. Do not count the hepatitis B vaccine dose as the first dose in the vaccine series. Reinitiate the full hepatitis B vaccine series at age 1–2 months.

To access a CDC web page that includes a text version of the recommendations, a “Dear Colleague” letter that explains details of the recommendations, an archived net conference, brochures, slide sets, and more, go to: www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm

Hepatitis B Facts: Testing and Vaccination

— Who should be vaccinated? —

The following persons should receive routine hepatitis B vaccination, according to the Centers for Disease Control and Prevention (CDC):

Routine vaccination:

- All newborns at birth prior to hospital discharge
- All children and teens ages 0 through 18 years
- All persons who wish to be protected from hepatitis B virus (HBV) infection. CDC states it is not necessary for the patient to disclose a risk factor to receive hepatitis B vaccine.

Persons who are at risk for sexual exposure:

- Sexually active persons who are not in long-term, mutually monogamous relationships
- Sex partners of HBsAg-positive persons
- Persons seeking evaluation or treatment for an STD
- Men who have sex with men

Persons at risk for infection by percutaneous or mucosal exposure to blood:

- Current or recent injection-drug users
- Household contacts of HBsAg-positive persons
- Residents and staff of facilities for developmentally challenged persons
- Healthcare and public safety workers with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids
- Persons with end-stage renal disease and those receiving dialysis

Others:

- Travelers to areas with moderate or high rates of HBV infection
- Persons with chronic (life-long) liver disease
- Persons with HIV infection

Refugees, immigrants, and adoptees from countries where HBV infection is endemic should be screened. Adults should discuss their need or desire for hepatitis B vaccination with their healthcare providers.

For certain people at risk, postvaccination testing is recommended. Consult ACIP recommendations for details (see references).

— Hepatitis B lab nomenclature —

HBsAg: *Hepatitis B surface antigen* is a marker of infectivity. Its presence indicates either acute or chronic HBV infection.

Anti-HBs: *Antibody to hepatitis B surface antigen* is a marker of immunity. Its presence indicates an immune response to HBV infection, an immune response to vaccination, or the presence of passively acquired antibody. (It is also known as **HBsAb**, but this abbreviation is best avoided since it is often confused with abbreviations such as HBsAg.)

Anti-HBc (total): *Antibody to hepatitis B core antigen* is a nonspecific marker of acute, chronic, or resolved HBV infection. It is *not* a marker of vaccine-induced immunity. It may be used in prevaccination testing to determine previous exposure to HBV infection. (It is also known as **HBcAb**, but this abbreviation is best avoided since it is often confused with other abbreviations.)

IgM anti-HBc: *IgM antibody subclass of anti-HBc*. Positivity indicates recent infection with HBV (within the past 6 mos). Its presence indicates acute infection.

HBeAg: *Hepatitis B “e” antigen* is a marker of a high degree of HBV infectivity, and it correlates with a high level of HBV replication. It is primarily used to help determine the clinical management of patients with chronic HBV infection.

Anti-HBe: *Antibody to hepatitis B “e” antigen* may be present in an infected or immune person. In persons with chronic HBV infection, its presence suggests a low viral titer and a low degree of infectivity.

HBV-DNA: *HBV Deoxyribonucleic acid* is a marker of viral replication. It correlates well with infectivity. It is used to assess and monitor the treatment of patients with chronic HBV infection.

— Screening before vaccination —

Serologic testing prior to vaccination may be undertaken based on your assessment of your patient’s level of risk and your or your patient’s need for definitive information (see information in the left column). If you decide to test, draw the blood first, and then give the first dose of vaccine at the same office visit. Vaccination can then be continued, if needed, based on the results of the tests. If you are not sure who needs hepatitis B screening, consult your state or local health department.

| Tests | Results | Interpretation | Vaccinate? |
|---|---|---------------------------------|---|
| HBsAg anti-HBc anti-HBs | negative negative negative | susceptible | vaccinate if indicated |
| HBsAg anti-HBc anti-HBs | negative negative positive with ≥10mIU/mL | immune due to vaccination | no vaccination necessary |
| HBsAg anti-HBc anti-HBs | negative positive positive | immune due to natural infection | no vaccination necessary |
| HBsAg anti-HBc IgM anti-HBc anti-HBs | positive positive positive negative | acutely infected | no vaccination necessary |
| HBsAg anti-HBc IgM anti-HBc anti-HBs | positive positive negative negative | chronically infected | no vaccination necessary (may need treatment) |
| HBsAg anti-HBc anti-HBs | negative positive negative | four interpretations possible* | use clinical judgment |

- *1. May be recovering from acute HBV infection
2. May be distantly immune, but the test may not be sensitive enough to detect a very low level of anti-HBs in serum
3. May be susceptible with a false positive anti-HBc
4. May be chronically infected and have an undetectable level of HBsAg present in the serum

— Managing chronic HBV infection —

When you identify a patient who is chronically infected with HBV, make sure you consult a specialist knowledgeable in the treatment of liver disease so your patient’s care is optimized. Chronically infected persons need medical evaluation every 6–12 mos to assess the status of their liver health and their need for antiviral therapy, as well as to screen for liver cancer. In addition, persons with chronic HBV infection should be educated about their disease and how to protect others.

Household members and sex partners should be tested for HBV infection and given the first dose of hepatitis B vaccine at the same visit. (Vaccinating a person who has already been infected will do no harm). If testing indicates HBV susceptibility, complete the hepatitis B vaccination series. If testing indicates HBV infection, consultation and further care with a physician knowledgeable about chronic hepatitis B is needed.

References

1. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the U.S.: Recommendations of the ACIP, Part I: Immunization of Infants, Children and Adolescents, *MMWR*, Dec. 23, 2005, Vol. 54(RR-16)
2. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the U.S.: Recommendations of the ACIP, Part II: Immunization of Adults, *MMWR*, Dec. 8, 2006, Vol. 55(RR-16)

REPORTABLE DISEASES IN MICHIGAN

A Guide for Physicians, Health Care Providers and Laboratories

The following is a list of conditions that should be reported to the local health department without delay if the agent is identified by clinical diagnosis, direct examination, culture, serology, molecular techniques or by histopathology.

Acquired Immunodeficiency Syndrome (AIDS)

Avian influenza

Bacillus anthracis (Anthrax)

Blastomyces dermatitidis

Bordetella pertussis (**Pertussis**)

Borrelia burgdorferi (**Lyme Disease**)

Brucella species

Burkholderia pseudomallei

Burkholderia mallei

Calymmatobacterium granulomatis

Campylobacter jejuni

Chlamydia psittaci (**Psittacosis**)

Chlamydia trachomatis (**Genital infections**), (LGV)

Chlamydia trachomatis (**Trachoma**)

Clostridium botulinum (Botulism)

Clostridium tetani (**Tetanus**)

Coccidioides immitis (**Coccidioidomycosis**)

Corynebacterium diphtheriae (Diphtheria)

Coxiella burnetii (Q Fever)

Cryptococcus neoformans

Cryptosporidium species

Cyclospora species

Dengue virus

Ehrlichia species

Encephalitis, viral

California serogroup

Eastern Equine

Powassan

St. Louis

Western Equine

West Nile

Unspecified

Entamoeba histolytica (**Amebiasis**)

Escherichia coli, O157:H7 and all other shiga toxin positive serotypes

Francisella tularensis (Tularemia)

Giardia lamblia

Guillain-Barre Syndrome

Haemophilus ducreyi (**Chancroid**)

Haemophilus influenzae, <15 years of age, sterile site

Hantavirus

Hemolytic Uremic Syndrome (**HUS**)

Hemorrhagic fever viruses

Hepatitis, viral

Hepatitis A virus, (**Anti-HAV IgM**)

Hepatitis B virus, (**HBsAg**)

within 24 hours on pregnant women

Hepatitis C virus, (**Anti-HCV**)

Hepatitis, non-ABC

Histoplasma capsulatum

HIV, (Confirmed positive HIV serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected)

Influenza virus (**Weekly aggregate counts**)

Kawasaki Disease

Leptospira species

Legionella species

Listeria monocytogenes

Meningitis, viral

Meningitis, bacterial

Measles virus (**Rubeola**)

Mumps virus

Mycobacterium bovis

Mycobacterium leprae (**Leprosy**)

Mycobacterium tuberculosis (Tuberculosis)

Neisseria gonorrhoeae (**Gonorrhea**)

Neisseria meningitidis, sterile sites (Meningococcal Disease)

Orthopox viruses (Smallpox, Monkeypox)

Poliovirus

Plasmodium species (**Malaria**)

Rabies virus

Reye's Syndrome

Rheumatic fever

Rickettsia rickettsii (**Rocky Mountain Spotted Fever**)

Rickettsia species (**Typhus Group**)

Rubella virus

Salmonella species

Salmonella typhi (Typhoid Fever)

Severe Acute Respiratory Syndrome (SARS)

Shigella species

Spongiform Encephalopathy (**Includes CJD**)

Staphylococcus aureus, vancomycin intermediate/resistant (VISA/VRSA)

Staphylococcus aureus, (**MRSA**), outbreaks only

Streptococcus pyogenes, group A, sterile sites

Streptococcus pneumoniae, sterile sites, susceptible/resistant

Toxic Shock Syndrome

Treponema pallidum (**Syphilis**)

Trichinella spiralis (**Trichinosis**)

Varicella (**Chickenpox**)

Vibrio cholerae (Cholera)

Yellow fever virus

Yersinia enterocolitica

Yersinia pestis (Plague)

Unusual occurrence, outbreak or epidemic of any disease or condition

LEGEND

Green Bold Text = An isolate or serum sample, where appropriate, is to be submitted to MDCH or other laboratory designated by MDCH. Confirmed positive HIV diagnostic sera are to be submitted for incidence testing.

Report All Listed Conditions to the Local Health Department (see reverse)
This reporting is expressly allowed under HIPAA
Communicable Disease Rules: R 325.171, 172, 173

DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS BY COUNTY

Please check your phone directory to see if there is a branch office in your community if the number listed is long distance. Write that number here: _____

| COUNTY | HEALTH DEPT. | COUNTY OFFICE | AREA | PHONE | FAX | COUNTY | HEALTH DEPT. | COUNTY OFFICE | AREA | PHONE | FAX |
|-------------|---------------------|------------------|------|--------------|----------|-------------------|--------------------|---------------|------|--------------|----------|
| Alcona | District 2 | Harrisville | 989 | 724-6757 | 343-1894 | Lapeer | Lapeer Co | Lapeer | 810 | 245-5581 | 245-4525 |
| Alger | LMAS DHD | Munising | 906 | 387-2297 | 387-2224 | Leelanau | Benzie-Leelanau | Lk Leelanau | 231 | 256-0200 | 882-2204 |
| Allegan | Allegan County | Allegan | 269 | 673-5411 | 673-4172 | Lenawee | Lenawee County | Adrian | 517 | 264-5202 | 264-0790 |
| Alpena | District 4 | Alpena | 989 | 356-4507 | 354-0855 | Livingston | Livingston County | Howell | 517 | 546-9850 | 546-6995 |
| Antrim | NW MI Com Health | Bellaire | 231 | 533-8670 | 533-8450 | Luce | LMAS DHD | Newberry | 906 | 293-5107 | 293-5453 |
| Arenac | Cent MI DHD | Standish | 989 | 846-6541 | 846-0431 | Mackinac | LMAS DHD | St. Ignace | 906 | 643-1100x14 | 643-7719 |
| Baraga | Western UP Dist | Hancock | 906 | 524-6142 | 524-6144 | Macomb | Macomb County | Mt. Clemens | 586 | 469-5235 | 469-5885 |
| Barry | Barry-Eaton DHD | Hastings | 517 | 485-7110 | 543-7737 | Manistee | District #10 | Manistee | 231 | 723-3595 | 723-1477 |
| Bay | Bay County | Bay City | 989 | 895-4001 | 895-4014 | Marquette | Marquette County | Negaunee | 906 | 475-9977 | 475-9312 |
| Benzie | Benzie-Leelanau DHD | Benzonia | 231 | 882-4409 | 882-2204 | Mason | District #10 | Ludington | 231 | 845-7381 | 845-0438 |
| Berrien | Berrien County | Benton Harbor | 269 | 926-7121 | 926-8129 | Mecosta | District #10 | Big Rapids | 231 | 592-0130 | 796-7864 |
| Branch | Branch/Hills/St Jo | Coldwater | 517 | 279-9561 | 278-2923 | Menominee | Delta/Men Dist | Menominee | 906 | 863-4451 | 863-7142 |
| Calhoun | Calhoun County | Battle Creek | 269 | 969-6370 | 966-1489 | Midland | Midland County | Midland | 989 | 832-6380 | 832-6628 |
| Cass | VanBuren-Cass DHD | Cassopolis | 269 | 445-5280 | 445-5278 | Missaukee | District #10 | Lake City | 231 | 839-7167 | 839-7908 |
| Charlevoix | NW MI Community | Charlevoix | 231 | 547-6523 | 547-6238 | Monroe | Monroe County | Monroe | 734 | 240-7800 | 240-7815 |
| Chippewagon | District 4 | Cheboygan | 231 | 627-8850 | 627-9466 | Montcalm | Mid-Mich DHD | Stanton | 989 | 831-5237 | 831-3666 |
| Chippewa | Chippewa County | Sault Ste. Marie | 906 | 635-1566 | 635-1701 | Montmorency | District 4 | Atlanta | 989 | 785-4428 | 785-2217 |
| Clare | Cent MI DHD | Harrison | 989 | 539-6731 | 539-4449 | Muskegon | Muskegon Co | Muskegon | 231 | 724-6246 | 724-6674 |
| Clinton | Mid-Mich DHD | St. Johns | 989 | 224-2195 | 224-4300 | Newaygo | District 10 | White Cloud | 231 | 689-7300 | 689-7382 |
| Crawford | District 10 | Grayling | 989 | 348-7800 | 348-5346 | Oakland | Oakland County | Pontiac | 248 | 858-1280 | 858-5639 |
| Delta | Delta-Men Dist | Escanaba | 906 | 786-4111 | 786-7004 | Oceana | District 10 | Hart | 231 | 873-2193 | 873-4248 |
| Dickinson | Dick-Iron Dist | Iron River | 906 | 265-9913 | 265-2950 | Ontonagon | Western UP Dist | West Branch | 989 | 854-5020 | 343-1899 |
| Eaton | Barry-Eaton DHD | Charlottesville | 517 | 343-2430 | 543-2656 | Oscoda | District 2 | Ontonagon | 906 | 884-4485 | 884-2358 |
| Emmet | NW MI Community | Petoskey | 231 | 547-6014 | 547-2861 | Oseola | Cent MI Dist | Reed City | 231 | 832-5532 | 832-1020 |
| Genesee | Genesee County | Flint | 810 | 257-3612 | 257-3147 | Otsego | NW MI Dist | Gaylord | 989 | 732-1794 | 732-3285 |
| Gladwin | Cent MI DHD | Gladwin | 989 | 426-9431 | 426-6952 | Ottawa | Ottawa County | Holland | 616 | 396-5266 | 393-5643 |
| Gogebic | Western UP Dist | Bessemer | 906 | 667-0200 | 667-0020 | Pres. Isle | District 4 | Rogers City | 989 | 734-4723 | 734-3866 |
| Gd Trav. | Grand Traverse Co. | Traverse City | 231 | 922-4831 | 922-4629 | Roscommon | Cent MI Dist | Prudenville | 989 | 366-9166 | 366-8921 |
| Gratiot | Mid-Mich DHD | Ithaca | 989 | 875-3681 | 875-3747 | Saginaw | Saginaw Co | Saginaw | 989 | 758-3800 | 758-3750 |
| Hillsdale | Branch/Hills/St Jo | Hillsdale | 517 | 437-7395x200 | 437-0166 | St. Clair | St. Clair Co | Port Huron | 810 | 987-9396 | 985-2150 |
| Houghton | Western UP DHD | Hancock | 906 | 482-7382 | 482-9410 | St. Joseph | Branch/Hills/St Jo | Three Rivers | 269 | 273-2161x200 | 273-2452 |
| Huron | Huron Co | Bad Axe | 989 | 269-9721 | 269-4181 | St. Joseph | Branch/Hills/St Jo | Sturgis | 269 | 659-4013x200 | 651-6090 |
| Ingham | Ingham Co | Lansing | 517 | 887-4311 | 887-4310 | Sanilac | Sanilac | Sandusky | 810 | 648-4098 | 648-2646 |
| Ionia | Ionia Co | Ionia | 616 | 527-5341 | 527-5361 | Shiawassee | LMAS DHD | Manistiquie | 906 | 341-4113 | 341-5230 |
| Iosco | District 2 | Tawas City | 989 | 362-6183 | 343-1892 | Schoolcraft | LMAS DHD | Shiawassee | 989 | 743-2318 | 743-2413 |
| Iron | Dick-Iron DHD | Stambaugh | 906 | 265-9913 | 265-2950 | Shiawassee | Shiawassee Co | Corunna | 989 | 673-8114 | 673-7490 |
| Isabella | Cent MI DHD | Mt. Pleasant | 989 | 773-5921 | 773-4319 | Tuscola | Tuscola Co | Caro | 989 | 621-3143 | 621-2725 |
| Jackson | Jackson Co | Jackson | 517 | 768-4420 | 788-4373 | Van Buren | VanBur-Cass DHD | Hartford | 269 | 621-3143 | 621-2725 |
| Kalamazoo | Kalamazoo Co | Kalamazoo | 269 | 373-5200 | 373-5363 | Washtenaw | Washtenaw Co | Ypsilanti | 734 | 544-6700 | 544-6706 |
| Kalkaska | District 10 | Kalkaska | 231 | 258-8669 | 258-2805 | Wayne (out-Wayne) | Wayne Co | Wayne | 734 | 727-7006 | 727-7043 |
| Kent | Kent Co | Grand Rapids | 616 | 632-7100 | 632-7084 | Detroit | Detroit City | Detroit | 313 | 876-4000 | 871-5363 |
| Keweenaw | Western UP DHD | Hancock | 906 | 482-7382 | 482-9410 | Wexford | District 10 | Cadillac | 231 | 775-9942 | 775-5372 |
| Lake | District 10 | Baldwin | 231 | 745-4663 | 745-2501 | | | | | | |

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health department.

Vaccines to Consider for the Pregnant Woman

Trivalent (Inactivated) Influenza Vaccine (TIV)

The ACIP* recommends that due to **increased risk for influenza-related complications, women who will be pregnant during the influenza season should be vaccinated.** Vaccination can occur in any trimester. Researchers estimate that an average of 1-2 hospitalizations can be prevented for every 1,000 pregnant women vaccinated. One study of influenza vaccination of more than 2,000 pregnant women demonstrated no adverse fetal effects associated with influenza vaccine. It has been reported that only 12% of pregnant women, with no additional risk factor, receive TIV during their pregnancy.

Hepatitis B Vaccine (hep B)

The vaccine contains noninfectious hepatitis B surface antigen (HBsAg) particles and should cause no risk to the fetus. Hepatitis B virus infection affecting a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. **Therefore, neither pregnancy nor lactation should be considered a contraindication to vaccination.**

Tetanus/Diphtheria Vaccine (Td) and Tetanus/Diphtheria/Pertussis Vaccine (Tdap)

ACIP recommends Td when tetanus and diphtheria protection is required during pregnancy. In some situations**, health care providers can choose to administer Tdap instead of Td to add protection against pertussis. When Td or Tdap is given during pregnancy, the 2nd or 3rd trimester is preferred. Pregnancy is not a contraindication for use of Tdap. Outcomes of pregnancy, data on safety, and the immunogenicity are not available for pregnant women who receive Tdap. When Tdap is administered during pregnancy, transplacental maternal antibodies might protect the infant against pertussis in early life. They also could interfere with the infant's immune response to infant doses of DTaP, and leave the infant less well protected against pertussis.

Pneumococcal Polysaccharide Vaccine (PPV23)

PPV23 is **recommended for pregnant women with a high-risk condition.**

The safety of pneumococcal polysaccharide vaccine during the 1st trimester of pregnancy has not been evaluated. No adverse consequences have been reported among newborns whose mothers were inadvertently vaccinated during pregnancy.

Hepatitis A Vaccine (hep A)

The safety of hep A vaccination during pregnancy has not been determined. However, because it is an inactivated vaccine, theoretical risk to the fetus is low. The risk associated with vaccination should be weighed against the risk of HAV infection.

Vaccines to Avoid During Pregnancy

Live, Attenuated Influenza Vaccine (LAIV)

The ACIP recommendations state that pregnant women should not be vaccinated with LAIV. (These persons should receive inactivated influenza vaccine)

Human Papillomavirus Vaccine (HPV4)

There has only been limited information about vaccine safety among pregnant women and their unborn babies. So far, studies suggest that the vaccine has not caused health problems during pregnancy, nor has it caused health problems for the child. But more research is still needed. For now, **pregnant women should wait to complete their pregnancy before getting HPV4 vaccine.** If a vaccine dose was inadvertently given during pregnancy, there is no indication for medical intervention. Complete the vaccine series when the woman is no longer pregnant.

Measles, Mumps, Rubella (MMR)

Measles, mumps, rubella (MMR) vaccine and its component vaccines should not be administered to women known to be pregnant. Because a risk to the fetus from administration of these live virus vaccines cannot be excluded for theoretical reasons, women should be counseled to avoid becoming pregnant for 4 weeks after vaccination with measles or mumps vaccines, or MMR or other rubella-containing vaccines.

Varicella (VAR) and Herpes Zoster (Zoster)

The effect of varicella virus and herpes zoster vaccine on the fetus is unknown; therefore, **pregnant women should not be vaccinated.** Non-pregnant women who are vaccinated should avoid becoming pregnant for 4 weeks following varicella vaccination. At this time, FDA guidelines recommend waiting 3 months between zoster vaccination and pregnancy.

Injectable Vaccine Administration for Adults*

| Vaccine | Age/Reminders | Route | Site | Needle Size | Contraindications [†] |
|--------------------------------------|--|-------|-------------------|---------------------|---|
| Tetanus/Diphtheria (Td) | 7 years & older | IM | Deltoid | 1" – 1.5" 22-25g | Anaphylactic reaction to prior dose or component; For Tdap: encephalopathy within 7 days of previous pertussis vaccine dose without other known cause |
| Td with pertussis (Tdap) | 11-64 yrs (Adacel®) 10-18 yrs (Boostrix®) | | | | |
| Hepatitis B (hep B) | 3-dose series; no booster recommended | IM | Deltoid | 1" – 1.5" 22-25g | Anaphylactic reaction to prior dose or component (baker's yeast) |
| Hepatitis A (hep A) | 2-dose series; 2 nd dose 6 mo after 1st | IM | Deltoid | 1" – 1.5" 22-25g | Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix® only: 2-phenoxyethanol) |
| Measles/Mumps/Rubella (MMR) | Born 1957 or later, assure 1 dose given; 2 doses for high risk | SC | Lateral Upper Arm | 5/8" 23-25g | Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy |
| Varicella (Var) | Born 1980 or later, assure 2 doses or evidence of immunity | SC | Lateral Upper Arm | 5/8" 23-25g | Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy |
| Inactivated Influenza (TIV) | Given yearly (thru March/April) | IM | Deltoid | 1" – 1.5" 22-25g | Anaphylactic reaction to prior dose or component (eggs) |
| Pneumococcal Polysaccharide (PPV 23) | No more than 2 lifetime doses Space at least 5 years apart | SC | Lateral Upper Arm | 5/8" 23-25 g | Anaphylactic reaction to prior dose or component |
| | | IM | Deltoid | 1" – 1.5" 22-25g | |
| Meningococcal Conjugate (MCV4) | All adol 11-18 yrs; persons 19-55 yrs with risk factor | IM | Deltoid | 1" – 1.5" 22-25g | Anaphylactic reaction to prior dose or component; history of GBS (use MPSV4) |
| Human Papillomavirus (HPV4) | Females age 9 thru 26; 3-dose series | IM | Deltoid | 1" – 1.5" 22-25g | Anaphylactic reaction to prior dose or component; hypersensitivity baker's yeast |
| Herpes Zoster (zoster) | Adults 60 years and older | SC | Lateral Upper Arm | 5/8" 23-25 g | Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy |

* Routinely screen for and administer these vaccines as needed. See Adult Immunization Schedule for additional information on risk groups, dosing and minimum intervals.

For travel and select-group vaccine information (IPV, yellow fever, rabies, etc.), refer to www.cdc.gov/vaccines

† Vaccines should never be administered in the buttocks. See package insert for complete contraindication/component listing; components may vary by brand of vaccine

Vaccine Administration Record for Adults

Patient Name: _____

Date of Birth: _____

MCIR ID #: _____

Clinic Name/Address

Guide to using this form

| Vaccine | Date Vaccine ¹ & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site Given ² | Route ³ | Signature of Vaccine Administrator | Client Status ⁴ |
|---|---|-----------------|---|---------------|--------------------|-------------------------|--------------------|------------------------------------|----------------------------|
| Tetanus, diphtheria Td with acellular pertussis Types are: Td Tdap | 01/12/89* | Td | | | | | | | |
| | 04/25/99* | Td | | | | | | | |
| | 07/06/06* | Tdap | | | | | | | |
| | | | | | | | | | |
| Hepatitis B Types are: HepB HepB-HepA | 10/2/02 | HepB-HepA | 7/11/01 | GSK | HAB239A4 | RA | IM | Sally Smith RN | P |
| | 11/12/02 | HepB-HepA | 7/11/01 | GSK | HAB239A4 | RA | IM | Sally Smith RN | P |
| | 08/04/03 | HepB-HepA | 7/11/01 | GSK | HAB239A4 | RA | IM | Jane Doe, MA | P |
| Measles, Mumps, Rubella Type is: MMR | 10/2/02 | MMR | 06/13/02 | MRK | M23456a | LA | SC | Sally Smith RN | P |
| | 11/12/02 | MMR | 06/13/02 | MRK | M23456a | LA | SC | Sally Smith RN | P |
| Varicella Type is: Var | History of disease | 12/03/89 | | | | | | | |
| Influenza Types are: TIV (Injectable) LAIV (Nasal) (See Back for Additional Spaces) | 11/12/03 | TIV | | | U088211 | RA | IM | Sally Smith RN | P |
| Pneumococcal Type is: PPV23 | | | | | | | | | |
| Hepatitis A Types are: HepA HepB-HepA | 10/2/02 | HepB-HepA | 8/25/98 | GSK | HAB239A4 | RA | IM | Sally Smith RN | P |
| | 11/12/02 | HepB-HepA | 8/25/98 | GSK | HAB239A4 | RA | IM | Sally Smith RN | P |
| | 08/04/03 | HepB-HepA | 8/25/98 | GSK | HAB239A4 | RA | IM | Jane Doe MA | P |
| Meningococcal Types are: MCV4 MPSV4 | | | | | | | | | |
| Human Papillomavirus Type: HPV4 | | | | | | | | | |
| Zoster Type; Zoster | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |

[*] Indicates vaccine given elsewhere

Documents varicella disease history

Same shot (hep A-hep B) 2 different "Date on VIS"

How to complete the administration record for:

- Single vaccines (those with one VIS)
- Combination vaccines (those with more than one VIS)
- Vaccines that are given elsewhere, and
- History of chickenpox disease

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere

² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal

³ Route Code: IM=intramuscular, SC=subcutaneous, and intranasal

⁴ Client VFC Status: M=Medicaid, U=Uninsured, D=Underinsured, A=American Indian or Alaskan Native, P=Private Insurance,

Vaccine Administration Record for Adults

Patient Name: _____

Date of Birth: _____

MCIR ID #: _____

Clinic Name/Address

| Vaccine | Date Vaccine ¹ & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site Given ² | Route ³ | Signature of Vaccine Administrator | Client Status ⁴ |
|----------------------------------|---|-----------------|---|---------------|--------------------|-------------------------|--------------------|------------------------------------|----------------------------|
| Tetanus, diphtheria | | | | | | | | | |
| Td with acellular pertussis | | | | | | | | | |
| Types are: | | | | | | | | | |
| Td | | | | | | | | | |
| Tdap | | | | | | | | | |
| Hepatitis B | | | | | | | | | |
| Types are: HepB | | | | | | | | | |
| HepA/HepB | | | | | | | | | |
| Measles, Mumps, Rubella | | | | | | | | | |
| Type is: MMR | | | | | | | | | |
| Varicella | | | | | | | | | |
| Type is: Var | | | | | | | | | |
| Influenza | | | | | | | | | |
| Types are: | | | | | | | | | |
| TIV (Injectable) | | | | | | | | | |
| LAIV (Nasal) | | | | | | | | | |
| (See Back for Additional Spaces) | | | | | | | | | |
| Pneumococcal | | | | | | | | | |
| Type is: PPV23 | | | | | | | | | |
| Hepatitis A | | | | | | | | | |
| Types are: HepA | | | | | | | | | |
| HepA/HepB | | | | | | | | | |
| Meningococcal | | | | | | | | | |
| Types are: MCV4 | | | | | | | | | |
| MPSV4 | | | | | | | | | |
| Human Papillomavirus | | | | | | | | | |
| Type: HPV4 | | | | | | | | | |
| Zoster | | | | | | | | | |
| Type; Zoster | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere

² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal

³ Route Code: IM=intramuscular, SC=subcutaneous, and intranasal

⁴ Client VFC Status: M=Medicaid, U=Uninsured, D=Underinsured, A=American Indian or Alaskan Native, P=Private Insurance,

| Vaccine | Date Vaccine ¹ & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site Given ² | Route ³ | Signature of Vaccine Administrator | Client Status ⁴ |
|--|---|-----------------|---|---------------|--------------------|-------------------------|--------------------|------------------------------------|----------------------------|
| Influenza Types are: TIV (Injectable) LAIV (Nasal) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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Notes:

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Note:

Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a patient/parent signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

| | | | | | |
|--------------|------|------------------|---------------|------|------------------|
| 1. SIGNATURE | DATE | Insurance Status | 6. SIGNATURE | DATE | Insurance Status |
| 2. SIGNATURE | DATE | Insurance Status | 7. SIGNATURE | DATE | Insurance Status |
| 3. SIGNATURE | DATE | Insurance Status | 8. SIGNATURE | DATE | Insurance Status |
| 4. SIGNATURE | DATE | Insurance Status | 9. SIGNATURE | DATE | Insurance Status |
| 5. SIGNATURE | DATE | Insurance Status | 10. SIGNATURE | DATE | Insurance Status |

Important Vaccine Information Statement (VIS) Facts

VIS now posted on MDCH website

The English language Vaccine Information Statements (VIS) are now posted on our website. We are also in the process of posting the foreign language VIS.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan version of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

www.michigan.gov/immunize

Foreign Languages

The VIS are available in 36 foreign languages. They include information about MCIR. When the foreign language VIS is not the most current version, parents should also be given the current English version. To receive the VIS in a foreign language, call the MDCH Division of Immunization at 517-335-8159.

We are currently in the process of posting the foreign language VIS on the MDCH website. The foreign language VIS will be posted at www.michigan.gov/immunize.

VIS documentation procedures

By noting the version date of the VIS on the patient's vaccine administration record, the provider is indicating that the parent and/or patient received the most current information about the vaccine. To document this, the provider must note in the patient's medical record the date the VIS was given and the version date of the VIS.

Revised 3/13/08

VIS Version Dates (3/13/08)

| VIS | Current Version Date | New Version Dates |
|--------------------------------|----------------------|-------------------|
| Multiple Vaccines (new) | 1-30-08 | |
| HPV | Interim 2-2-07 | |
| Hep B | Interim 7-18-07 | |
| DTaP | 5-17-07 | |
| Td | 6-10-94 | |
| Tdap | Interim 7-12-06 | |
| Hib | 12-16-98 | |
| IPV | 1-1-00 | |
| MMR (updated) | Interim 3-13-08 | |
| VAR (updated) | Interim 3-13-08 | |
| PCV | 9-30-02 | |
| PPV23 | 7-29-97 | |
| Hep A | 3-21-06 | |
| TIV (Flu) | Updated annually | 7-16-07 |
| LAIV (Flu) | Updated annually | 10-4-07 |
| Meningococcal* (MCV4 & MPSV4) | Interim 1-28-08 | |
| Rota (Rotavirus) | Interim 4-12-06 | |
| Zoster (Shingles) | Interim 9-11-06 | |
| Japanese Encephalitis | 5-11-05 | |
| Rabies | 1-12-06 | |
| Typhoid | 5-19-04 | |
| Yellow Fever | 11-09-04 | |

VIS are available in 36 foreign languages

| | | | |
|--------------------|--------------------|-------------|----------------|
| Albanian | Croatian (Serbian) | Japanese | Samoan |
| Amheric (Ethiopia) | Farsi | Korean | Serbo-Croatian |
| Arabic | French | Laotian | Somali |
| Armenian | German | Marshallese | Spanish |
| Bengali | Haitian Creole | Polish | Tagalog |
| Bosnian | Hindi | Portuguese | Thai |
| Burmese | Hmong | Punjabi | Turkish |
| Cambodian | Ilokano | Romanian | Urdu |
| Chinese | Italian | Russian | Vietnamese |

Give the birth dose . . .

Hepatitis B vaccine at birth saves lives!

By **Deborah L. Wexler, MD**, Executive Director, Immunization Action Coalition

On Dec. 23, 2005, CDC issued new recommendations on hepatitis B vaccination that were published in the MMWR. The recommendations strongly support the birth dose of hepatitis B vaccine for every newborn prior to hospital discharge and also recommend the use of standing orders for giving the birth dose. Copies of original maternal hepatitis B lab reports are also recommended (instead of transcribed test results). According to the new recommendations, the birth dose should only be withheld in "rare circumstances," and if doing so, physicians should write an order **not** to give the dose, and a copy of the mother's original HBsAg-negative lab report must be on the infant's chart. The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists endorse these new recommendations.

The Immunization Action Coalition (IAC) urges all health professionals and hospitals to protect all infants from hepatitis B virus (HBV) infection by administering the first dose of hepatitis B vaccine to every infant at birth and no later than hospital discharge.

Approximately 19,000 women with chronic hepatitis B virus infection give birth in the U.S. each year. Up to 95% of perinatal infections can be prevented by postexposure prophylaxis given within 12 hours of birth. Tragically, many babies are exposed to HBV at birth but do not receive appropriate postexposure prophylaxis.

The primary advantage of giving the first dose at birth is that IT SAVES LIVES.

Why is such a policy necessary? Following are some of the ways infants who are not vaccinated at birth can become infected:

- The pregnant woman is tested and found to be hepatitis B surface antigen (HBsAg) positive, but her status is not communicated to the newborn nursery. The infant receives neither hepatitis B vaccine nor HBIG protection at birth.
- A chronically infected pregnant woman is tested with the wrong test. For example, antibody to hepatitis B surface antigen is sometimes ordered in error instead of HBsAg. This can happen because some laboratories use the improper and confusing abbreviation HBsAb instead of anti-HBs. This misordering of a test is relatively common since the two abbreviations (HBsAg and HBsAb) differ by only one letter. However, when her incorrectly ordered test comes back "negative," the woman may have actually been HBsAg positive and her infant would not receive appropriate postexposure prophylaxis.
- The pregnant woman is HBsAg positive, but her test results are misinterpreted or mistranscribed into her prenatal record or her infant's chart. Her infant does not receive HBIG or hepatitis B vaccine.
- The pregnant woman is not tested for HBsAg ei-

ther prenatally or in the hospital at the time of delivery. Women in this group have a higher likelihood of being HBsAg-positive (in one study, women who didn't receive prenatal care were 8 times more likely to be HBsAg positive than women who received such care). Her infant does not receive hepatitis B vaccine in the hospital, even though it is recommended within 12 hours of birth for infants whose mothers' test results are unknown.

- The woman is tested in early pregnancy for HBsAg and is found to be negative. She develops HBV infection later in pregnancy, but it is not detected, even though it is recommended by CDC that high-risk women be retested later in pregnancy. Because the infection is not clinically detected by her health care provider, her infant does not receive hepatitis B vaccine or HBIG at birth.
- The mother is HBsAg negative, but the infant is exposed to HBV postnatally from another family member or caregiver. This occurs in two-thirds of the cases of childhood transmission.

While there are certain advantages to giving the first dose at a later well-baby visit, these are advantages of administrative convenience. The primary advantage of giving the first dose at birth is that it saves lives.

In 2001 and 2002, IAC surveyed hepatitis coordinators at every state health department as well as at city and county CDC projects to express their views about providing hepatitis B vaccine in the hospital. Their responses contained many examples of children who were unprotected or inadequately protected because health professionals failed to order or misordered the hepatitis B blood test or misinterpreted, mistranscribed, or miscommunicated the test results of the children's mothers.

These state coordinators' reports tell us that no matter how well healthcare providers think they are doing with HBsAg screening of all pregnant women, serious mistakes continue to occur; children are unnecessarily being exposed without the benefit of postexposure prophylaxis, and at least

To obtain the CDC recommendations (12/23/05) for hepatitis B immunization of infants, children, and adolescents, go to: www.cdc.gov/mmwr/pdf/rr/rr5416.pdf.

For more information on the importance of giving the birth dose, and results from IAC's survey of state hepatitis B coordinators, go to: www.immunize.org/birthdose.

one baby has died. In order to overcome these failures, all 50 state hepatitis B coordinators overwhelmingly endorse providing a birth dose.

To maximally protect every newborn, ACIP recommends we vaccinate *all* infants (regardless of the mother's HBsAg status) prior to hospital discharge with Engerix-B® or Recombivax HB®. Providers who wish to complete the series using hepatitis B-containing combination vaccines (Comvax®, Pediarix®), may do so by giving three additional doses. Giving a total of four doses of hepatitis B vaccine to infants is acceptable to CDC, AAP, AAFP, and these vaccine doses are covered under the Vaccines for Children (VFC) program.

All 50 state hepatitis B coordinators overwhelmingly endorse providing a birth dose.

Hepatitis B vaccine is a highly effective vaccine. Studies have shown that infants of the most highly infectious mothers (women who are both HBsAg and HBeAg positive) who receive postexposure prophylaxis with hepatitis B vaccine alone (without HBIG) at birth are protected in up to 95% of cases, essentially the same level of protection afforded by administering hepatitis B vaccine in addition to HBIG. Even higher rates of protection with postexposure prophylaxis have been demonstrated in infants born to less infectious mothers (those who are HBsAg positive and HBeAg negative).

Please read the hepatitis coordinators' survey results (see the web address box above), including descriptions of their experiences with failures of the current system—failures that largely will be prevented by administering hepatitis B vaccine to infants before they go home from the hospital.

Your support for providing a birth dose of hepatitis B vaccine to infants while still in the hospital will protect and save lives that are now being put at risk. ♦

www.immunize.org/catg.d/p2125.pdf • Item #P2125 (5/06)

Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants

| Maternal Status | Infants greater than or equal to 2000 g * | Infants less than 2000 g * |
|--|--|---|
| Hepatitis B Surface Antigen (HBsAg) positive | <p>Give single-antigen hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.</p> <p>Complete the hepB vaccine series with single-antigen doses at 1-2 and 6 months of age or hepB-containing combination vaccines given at 2, 4, and 6 months of age, or 2, 4, and 12-15 months of age depending on the combination product used. (Combination vaccines cannot be given before 6 weeks of age.)</p> <p>Test for hepatitis B surface antibody (anti-HBs) and HBsAg at 9-18 months of age (3 months after the completion of the hepB vaccine series).</p> <p>If the infant is HBsAg and anti-HBs negative, repeat the 3 dose hepB vaccine series and retest 1-2 months after the completion of the second vaccine series.</p> <p>If infant is HBsAg-positive, refer to a specialist.</p> | <p>Give single-antigen hepB vaccine and HBIG within 12 hours of birth.</p> <p>Do not count the hepB birth dose as the first dose. Initiate the full hepB vaccine series with single-antigen doses at 1, 2-3 and 6 months of age or hepB-containing combination vaccines given at 2, 4, and 6 months of age, or 2, 4, and 12-15 months of age depending on the combination product used. (Combination vaccines cannot be given before 6 weeks of age.)</p> <p>Test for anti-HBs and HBsAg at 9-18 months of age (3 months after the completion of the hepB vaccine series).</p> <p>If infant is HBsAg and anti-HBs negative, repeat the 3 dose hepB vaccine series and retest 1-2 months after the completion of the second vaccine series.</p> <p>If infant is HBsAg-positive, refer to a specialist.</p> |
| HBsAg status unknown | <p>Test mother STAT for HBsAg.</p> <p>Give single-antigen hepB vaccine within 12 hours of birth and HBIG within 7 days if mom's status remains unknown or sooner if found to be HBsAg-positive.</p> <p>Follow the recommended vaccination schedule.</p> | <p>Test mother STAT for HBsAg.</p> <p>Give single-antigen hepB vaccine and HBIG within 12 hours of birth if mom's status remains unknown or if found to be HBsAg-positive.</p> <p>Follow the recommended vaccination schedule.</p> |
| HBsAg-negative | <p>Give single-antigen hepB vaccine at birth or prior to hospital discharge.</p> <p>Follow the recommended vaccination schedule.</p> <p>Anti-HBs and HBsAg testing is not recommended.</p> | <p>Give single-antigen hepB vaccine to medically stable infants at 30 days of chronologic age or at hospital discharge if before 30 days of chronologic age.</p> <p>Follow the recommended vaccination schedule.</p> <p>Anti-HBs and HBsAg testing is not recommended.</p> |

* All doses of hepB vaccine and HBIG must be entered into the Michigan Care Improvement Registry (MCIR). This may be done by entering the data directly into the MCIR or on the Electronic Birth Certificate (EBC). It is important that all providers who see the baby in a neonatal intensive care unit (NICU) or in an office enter the dose information into MCIR so that a follow-up provider knows when to give the next dose.

- Adapted from: Saari TN and the Committee on Infectious Diseases, Immunization of Preterm and Low Birth Weight Infants. *Pediatrics* 2003; 112:193-198.

Recommended Dosages of Hepatitis B Vaccine and Hepatitis B Immune Globulin Using Single-Antigen Vaccine

| Hepatitis B Vaccine Recipient | Engerix-B® (GlaxoSmithKline) | | Recombivax HB® (Merck) | |
|---|---|-------------------------------------|--|-------------------------------------|
| | Pediatric Formulation 10mcg (0.5mL) (or in prefilled syringes) | Adult Formulation 20mcg (1mL) | Pediatric/Adolescent Formulation 5mcg (0.5mL) | Adult Formulation 10mcg (1mL) |
| Newborns born to HBsAg (+) mothers* | 10mcg (0.5mL) ¹ & (0.5mL) HBIG within 12 hours of birth | | 5mcg (0.5mL) ¹ & (0.5mL) HBIG within 12 hours of birth | |
| Newborns born to mothers whose HBsAg status is unknown* | 10mcg (0.5mL) ¹ within 12 hours of birth; (0.5mL) HBIG should also be given within 7 days if mom's status remains unknown or sooner if found to be HBsAg (+) | | 5mcg (0.5mL) ¹ within 12 hours of birth; (0.5mL) HBIG should also be given within 7 days if mom's status remains unknown or sooner if found to be HBsAg (+) | |
| Newborns born to HBsAg (-) mothers* | 10mcg (0.5mL) ¹ | | 5mcg (0.5mL) ¹ | |
| Birth - 19 years ² | 10mcg (0.5mL) ¹ | | 5mcg (0.5mL) ¹ | |
| 11 - 15 years ³ | | | | 10mcg (1mL) |
| 20 + years ² | | 20mcg (1mL) | | 10mcg (1mL) |
| Dialysis patients | 10mcg (0.5mL) | 40mcg (2mL) ⁴ | 5mcg (0.5mL) | 40mcg (1mL) ⁵ |

*For newborns weighing less than 2000 g, see ([Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants](#))

¹**Hepatitis B vaccine** is strongly recommended at birth. This birth dose MUST be a single antigen vaccine. A 4-dose hepatitis B series is approved in conjunction with Pediarix® or Comvax®. first three doses of DTaP and IPV vaccines). A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of Pediarix®.

²**HBIG** (hepatitis B immune globulin) All susceptible contacts of an HBsAg (+) person, should receive a (0.06 mL/kg) dose of HBIG, within 7 days of a blood exposure, or within 14 days of a sexual exposure, along with the hepatitis B vaccine series.

³**Merck's 2-dose (adolescent)** hepatitis B vaccine series (using the adult formulation of Recombivax HB® 10mcg, 1 ml) is approved only for adolescents 11-15 years of age. The second dose should be administered 4-6 months after the first dose. If the 2-dose regimen is used, documentation must indicate that the adolescent received 2 adult 10mcg (1ml) doses of the Merck brand. If a child starts the hepatitis B series prior to age 11, starts the hepatitis B series between the ages of 11 and 15 with a hepatitis B vaccine other than the adult formulation of the Merck product, or completes the series after age 15, a 3-dose series should be administered. *This specific use of vaccine is not included in the VFC program.*

⁴**Engerix-B® dialysis formulation** is approved for adult hemodialysis patients by using 2 x 20mcg/1mL in one or two injections at 0, 1, 2 and 6 months.

⁵**Recombivax HB® dialysis formulation** is approved for pre-dialysis and dialysis patients in a three dose series of 40mcg/1mL at 0, 1, and 6 months.

Combination vaccines are not to be used prior to age 6 weeks, for information about the use of Comvax®, Pediarix®, and Twinrix® vaccines, see Recommended Dosages of Hepatitis B Vaccine and Hepatitis B Immune Globulin (HBIG) Including Hepatitis B Combination Vaccines.

For specific prescribing information, precautions, contraindications, and specific dialysis formulations, refer to product inserts.

Recommended Dosages of Hepatitis B Vaccine & Hepatitis B Immune Globulin (HBIG) Including Hepatitis B Combination Vaccines

| Hepatitis B Vaccine Recipients | Single-Antigen Vaccines | | | | Combination Vaccines | | |
|--|--|--------------------------|---|--------------------------|-------------------------------|----------------------------|----------------------------|
| | Engerix-B® (GSK) | | Recombivax HB® (Merck) | | Pediarix® (GSK) | Comvax® (Merck) | Twinrix® (GSK) |
| | Pediatric Formulation | Adult Formulation | Pediatric/Adolescent Formulation | Adult Formulation | DTaP-HepB-IPV (6 wks – 7 yrs) | Hib-HepB (6 wks – 59 mos) | HepA-HepB (18 yrs & older) |
| Infants born to hepatitis B surface antigen (HBsAg) positive mothers* | 10mcg (0.5mL) ¹ & (0.5mL) ² HBIG within 12 hours of birth | | 5mcg (0.5mL) ¹ & (0.5mL) ² HBIG within 12 hours of birth | | | | |
| Newborns born to HBsAg unknown mothers* | 10mcg (0.5mL) ¹ within 12 hours of birth; (0.5mL) ² HBIG within 7 days if mom's status remains unknown or sooner if HBsAg-positive | | 5mcg (0.5mL) ¹ within 12 hours of birth; (0.5mL) ² HBIG within 7 days if mom's status remains unknown or sooner if HBsAg-positive | | | | |
| Newborns born to HBsAg - negative mothers* | 10mcg (0.5mL) ¹ within 12 hours of birth or prior to hospital discharge | | 5mcg (0.5mL) ¹ within 12 hours of birth or prior to hospital discharge | | | | |
| Infants 6wks & older | 10mcg (0.5mL) | | 5mcg(0.5mL) | | 10mcg (0.5mL) ^{1/3} | 5mcg (.5mL) ^{1/4} | |
| Birth-19 years | 10mcg (0.5mL) | | 5mcg(0.5mL) | | | | |
| 11-15 years⁵ | | | | 10mcg (1mL) ⁵ | | | |
| 18 years & older | | | | | | | 20mcg (1mL) ⁶ |
| 20 + years | | 20mcg (1mL) | | 10mcg (1mL) | | | 20mcg (1mL) ⁶ |
| Dialysis patients | 10mcg (0.5mL) | 40mcg (2mL) ⁷ | 5mcg (0.5mL) | 40mcg (1mL) ⁸ | | | |

For specific prescribing information, precautions, contraindications, and specific dialysis formulations, refer to product inserts.

*Newborns weighing less than 2000 grams see [Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants](#)

¹Hepatitis B vaccine is strongly recommended at birth. This birth dose MUST be a single antigen vaccine. A 4-dose hepatitis B series is approved in conjunction with Pediarix® or Comvax®.

²HBIG (hepatitis B immune globulin) All infants born to HBsAg-positive women should receive (0.5mL) HBIG within 12 hours of birth. All susceptible contacts of an HBsAg-positive person, should receive a (0.06 mL/kg) dose of HBIG, within 7 days of a blood exposure, or within 14 days of a sexual exposure, along with the hepatitis B vaccine series.

³Pediarix® (DTaP, hepatitis B and IPV) - GlaxoSmithKline (GSK)'s combination vaccine used as an alternative to single antigens for administration at 2, 4 and 6 months of age. This combination vaccine is NOT to be given at birth. It may be given to any child between ages 6 weeks to 7 years of age for whom no antigen is contraindicated, and only as a primary series. (Primary series is considered first three doses of DTaP and IPV vaccines.) A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of hepatitis B vaccine.

⁴Comvax® (hepatitis B and Hib) - Merck's combination vaccine used as an alternative to single antigens for administration to any child 6 weeks to 59 months of age at 2, 4 and 12-15 months of age when neither antigen is contraindicated. This combination vaccine is NOT to be given at birth. A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of hepatitis B vaccine.

⁵Adolescent 2-dose series - Merck's 2 dose adult Recombivax HB® (10mcg, 1 ml) used only for adolescents 11-15 years of age administered at 0 and 4-6 months apart. If this 2-dose regimen is used, documentation must indicate adolescent received 2 adult (10mcg, 1ml) doses of the Merck brand. If child starts hepatitis B series prior to age 11, between the ages of 11 and 15 with a hepatitis B vaccine other than adult formulation of Merck product, or completes series after age 15, a 3-dose series should be administered. *This specific use of vaccine is not included in VFC program.*

⁶Twinrix® (hepatitis A and hepatitis B) – GSK's combination vaccine used as an alternative to single antigens for persons 18 years of age and older at 0, 1 & 6 months when neither antigen is contraindicated.

⁷Engerix-B® dialysis formulation is approved for adult hemodialysis patients 20 years and older by using 2 x 20mcg/1mL at one site in one or two injections at 0, 1, 2 and 6 months.

⁸Recombivax HB® dialysis formulation is approved for pre-dialysis and dialysis patients in a three dose series of 40mcg/1mL at 0, 1, and 6 months.

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a **series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
 - sex partners of people infected with HBV,
 - men who have sex with men,
 - people who inject street drugs,
 - people with more than one sex partner,
 - people with chronic liver or kidney disease,
 - people with jobs that expose them to human blood,
 - household contacts of people infected with HBV,
 - residents and staff in institutions for the developmentally disabled,
 - kidney dialysis patients,

- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to baker's yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic

DCH-0450

reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
1-888-767-4687
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC websites at:
www.cdc.gov/ncidod/diseases/hepatitis
www.cdc.gov/vaccines
www.cdc.gov/travel



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

AUTH: P.H.S., Act 42, Sect. 2126.

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

Important Vaccine Information Statement (VIS) Facts

VIS now posted on MDCH website

The English language Vaccine Information Statements (VIS) are now posted on our website. We are also in the process of posting the foreign language VIS.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan version of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

www.michigan.gov/immunize

Foreign Languages

The VIS are available in 36 foreign languages. They include information about MCIR. When the foreign language VIS is not the most current version, parents should also be given the current English version. To receive the VIS in a foreign language, call the MDCH Division of Immunization at 517-335-8159.

We are currently in the process of posting the foreign language VIS on the MDCH website. The foreign language VIS will be posted at www.michigan.gov/immunize.

VIS documentation procedures

By noting the version date of the VIS on the patient's vaccine administration record, the provider is indicating that the parent and/or patient received the most current information about the vaccine. To document this, the provider must note in the patient's medical record the date the VIS was given and the version date of the VIS.

Revised 3/13/08

VIS Version Dates (3/13/08)

| VIS | Current Version Date | New Version Dates |
|--------------------------------|----------------------|-------------------|
| Multiple Vaccines (new) | 1-30-08 | |
| HPV | Interim 2-2-07 | |
| Hep B | Interim 7-18-07 | |
| DTaP | 5-17-07 | |
| Td | 6-10-94 | |
| Tdap | Interim 7-12-06 | |
| Hib | 12-16-98 | |
| IPV | 1-1-00 | |
| MMR (updated) | Interim 3-13-08 | |
| VAR (updated) | Interim 3-13-08 | |
| PCV | 9-30-02 | |
| PPV23 | 7-29-97 | |
| Hep A | 3-21-06 | |
| TIV (Flu) | Updated annually | 7-16-07 |
| LAIV (Flu) | Updated annually | 10-4-07 |
| Meningococcal* (MCV4 & MPSV4) | Interim 1-28-08 | |
| Rota (Rotavirus) | Interim 4-12-06 | |
| Zoster (Shingles) | Interim 9-11-06 | |
| Japanese Encephalitis | 5-11-05 | |
| Rabies | 1-12-06 | |
| Typhoid | 5-19-04 | |
| Yellow Fever | 11-09-04 | |

VIS are available in 36 foreign languages

| | | | |
|--------------------|--------------------|-------------|----------------|
| Albanian | Croatian (Serbian) | Japanese | Samoan |
| Amheric (Ethiopia) | Farsi | Korean | Serbo-Croatian |
| Arabic | French | Laotian | Somali |
| Armenian | German | Marshallese | Spanish |
| Bengali | Haitian Creole | Polish | Tagalog |
| Bosnian | Hindi | Portuguese | Thai |
| Burmese | Hmong | Punjabi | Turkish |
| Cambodian | Ilokano | Romanian | Urdu |
| Chinese | Italian | Russian | Vietnamese |

Vaccine Administration Record for Children and Teens

Patient Name: Any Child

Date of Birth: 11/30/2002

MCIR ID#

Clinic Name/Address
Guide for using this form...

| Vaccine | Date Vaccine ¹ & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site Given ² | Route ³ | Signature of Vaccine Administrator | Client VFC Status ⁴ |
|---|---|-----------------|---|---------------|--------------------|-------------------------|--------------------|------------------------------------|--------------------------------|
| Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Tdap Td | 02/05/03 | DTap-HepB-IPV | 7/30/01 | GSK | 635A | RT | IM | Sally Woods MA | M |
| | 04/05/03 | DTap-HepB-IPV | 7/30/01 | GSK | 712A2 | RT | IM | Sally Woods MA | M |
| | 06/05/03 | DTap-HepB-IPV | 7/30/01 | GSK | 712A2 | RT | IM | Sally Woods MA | M |
| Haemophilus influenzae type b Types are: Hib Hib-HepB DTaP-Hib | 02/05/03 | Hib | 12/16/98 | AVP | UA744AA | LT | IM | Sally Woods MA | M |
| | 04/05/03 | Hib | 12/16/98 | AVP | UA744AA | LT | IM | Sally Woods MA | M |
| | 06/05/03 | Hib | 12/16/98 | AVP | UA744AA | LT | IM | Sally Woods MA | M |
| Hepatitis B Types are: HepB Hib-HepB DTaP-HepB-IPV | 12/02/02* | Hep B | | | | Given | at | Anywhere Hospital | |
| | 02/05/03 | DTap-HepB-IPV | 7/11/01 | GSK | 635A2 | RT | IM | Sally Woods MA | M |
| | 04/05/03 | DTap-HepB-IPV | 7/11/01 | GSK | 712A2 | RT | IM | Sally Woods MA | M |
| | 06/05/03 | DTap-HepB-IPV | 7/11/01 | GSK | 712A2 | RT | IM | Sally Woods MA | M |
| Hepatitis A Type is: HepA | | | | | | | | | |
| Polio Types are: IPV DTaP-HepB-IPV | 02/05/03 | DTap-HepB-IPV | 1/01/00 | GSK | 635A2 | RT | IM | Sally Woods MA | M |
| | 04/05/03 | DTap-HepB-IPV | 1/01/00 | GSK | 712A2 | RT | IM | Sally Woods MA | M |
| | 06/05/03 | DTap-HepB-IPV | 1/01/00 | GSK | 712A2 | RT | IM | Sally Woods MA | M |
| Measles, Mumps, Rubella Types are: MMR MMRV | 12/20/03 | MMR | 1/15/03 | MRK | 0857M | LA | SC | Linda Miller MA | M |
| Varicella Types are: Var MMRV | Disease date | | | | | | | | |
| | 11/15/03 | | | | | | | | |
| Pneumococcal conjugate Type is: PCV7 | 02/05/03 | PCV 7 | 9/30/02 | WYE | 489-835 | RT | IM | Sally Woods MA | M |
| | 04/05/03 | PCV 7 | 9/30/02 | WYE | 489-835 | RT | IM | Sally Woods MA | M |
| | 06/05/03 | PCV 7 | 9/30/02 | WYE | 489-835 | RT | IM | Sally Woods MA | M |
| | 03/05/04 | PCV 7 | 9/30/02 | WYE | 501-245 | LT | IM | Sally Woods MA | M |
| Rotavirus Type is: Rota | | | | | | | | | |
| Influenza Types are: TIV (Injectable) LAIV (Intranasal) (More space on the reverse side.) | | | | | | | | | |
| Meningococcal Types are: MCV4 MPSV4 | | | | | | | | | |
| Human Papillomavirus Type is: HPV4 | | | | | | | | | |

[*] Indicates vaccine given elsewhere.

Same shot, 3 different Vaccine Information Statements (VIS) version dates

Documents disease history

How to complete the administration record for:
 — Single Vaccines
 — Combination Vaccines (ie. DTAP-HepB-IPV)
 — Vaccines that are given elsewhere and
 — History of Chickenpox Disease

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.
² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG ³ Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral
⁴ Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

Documenting Immunizations- What You Need To Know

The National Childhood Vaccine Injury Act (NCVIA) requires all health care providers in the United States who administer any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, Hib, pneumococcal conjugate, influenza, rotavirus and varicella antigen to document the information detailed below:

Vaccine Administration Record For Children and Teens

Patient Name _____
 Date of Birth _____
 MCIR ID# _____

Clinic Name/Address

| Vaccine | Date ¹ Vaccine & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site ² Given | Route ³ | Signature of Vaccine Administrator | Client VFC Status ⁴ |
|--|--|--------------------|---|------------------|-----------------------|----------------------------|--------------------|---------------------------------------|--------------------------------------|
| Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Td Tdap | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

1 The date the vaccine is administered and the date the Vaccine Information Statement (VIS) was given must be charted. Combination vaccines should be recorded under EACH of the antigens in the vaccine. If the vaccine was administered elsewhere, add an asterisk after the administration date.

2 Federal law requires the health care provider to provide a copy of the most current version of the appropriate Vaccine Information Statement (VIS). VIS are updated when there are changes in the information. By noting the version date of the VIS in the patient's medical record, the provider is indicating that the patient or parent has received the most current information about the vaccine. For combination vaccines (except MMR and DTaP), a VIS for each antigen in the vaccine must be provided and documented. In Michigan, it is important to use VIS that includes information about the Michigan Care Improvement Registry (MCIR). These VIS are available free from your local health department or at www.michigan.gov/immunize

The version date is located on the back of the VIS, towards the bottom.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Disease Control and Prevention
 National Immunization Program

Vaccine Information Statement
 Hepatitis A (3/21/06) 42 U.S.C. § 300aa-26

Vaccines not administered due to true contraindications, supply, or parental refusal should be noted. A sample *Refusal to Consent to Vaccinations* form may be found in this section of the AIM Kit.

3 The lot number of the vaccine used and the manufacturer name must be documented for each immunization administered. This information will be needed in the case of an adverse event or vaccine recall.

4 The name and title of the person who administered the vaccine must be charted. The clinic name and address should also be documented on the record.

Vaccine Administration Record for Children and Teens

Clinic Name/Address

Patient Name: _____

Date of Birth: _____

MCIR ID# _____

| Vaccine | Date Vaccine ¹ & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site Given ² | Route ³ | Signature of Vaccine Administrator | Client VFC Status ⁴ |
|--|---|-----------------|---|---------------|--------------------|-------------------------|--------------------|------------------------------------|--------------------------------|
| Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Tdap Td | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Haemophilus influenzae type b Types are: Hib Hib-HepB DTaP-Hib | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Hepatitis B Types are: HepB Hib-HepB DTaP-HepB-IPV | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Hepatitis A Type is: HepA | | | | | | | | | |
| | | | | | | | | | |
| Polio Types are: IPV DTaP-HepB-IPV | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Measles, Mumps, Rubella Types are: MMR MMRV | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Varicella Types are: Var MMRV | | | | | | | | | |
| | | | | | | | | | |
| Pneumococcal conjugate Type is: PCV7 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Rotavirus Type is: Rota | | | | | | | | | |
| | | | | | | | | | |
| Influenza Types are: TIV (Injectable) LAIV (Intranasal) (More space on the reverse side.) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Meningococcal Types are: MCV4 MPSV4 | | | | | | | | | |
| | | | | | | | | | |
| Human Papillomavirus Type is: HPV4 | | | | | | | | | |
| | | | | | | | | | |

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.

² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG ³ Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral

⁴ Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

Patient Name: _____ Date of Birth: _____ MCIR ID# _____

| Vaccine | Date Vaccine ¹ & Vaccine Information Statement Given | Type of Vaccine | Date on Vaccine Information Statement (VIS) | Vaccine Manf. | Vaccine Lot Number | Site Given ² | Route ³ | Signature of Vaccine Administrator | Client VFC Status ⁴ |
|--|---|-----------------|---|---------------|--------------------|-------------------------|--------------------|------------------------------------|--------------------------------|
| Influenza Types are: TIV LAIV | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |
| Other | | | | | | | | | |

Note:
 Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

| | | | | | |
|--------------|------|------------------|---------------|------|------------------|
| 1. SIGNATURE | DATE | Insurance Status | 7. SIGNATURE | DATE | Insurance Status |
| 2. SIGNATURE | DATE | Insurance Status | 8. SIGNATURE | DATE | Insurance Status |
| 3. SIGNATURE | DATE | Insurance Status | 9. SIGNATURE | DATE | Insurance Status |
| 4. SIGNATURE | DATE | Insurance Status | 10. SIGNATURE | DATE | Insurance Status |
| 5. SIGNATURE | DATE | Insurance Status | 11. SIGNATURE | DATE | Insurance Status |
| 6. SIGNATURE | DATE | Insurance Status | 12. SIGNATURE | DATE | Insurance Status |





Hepatitis B Perinatal Case Report – Infant/Contact

Michigan Department of Community Health (MDCH)

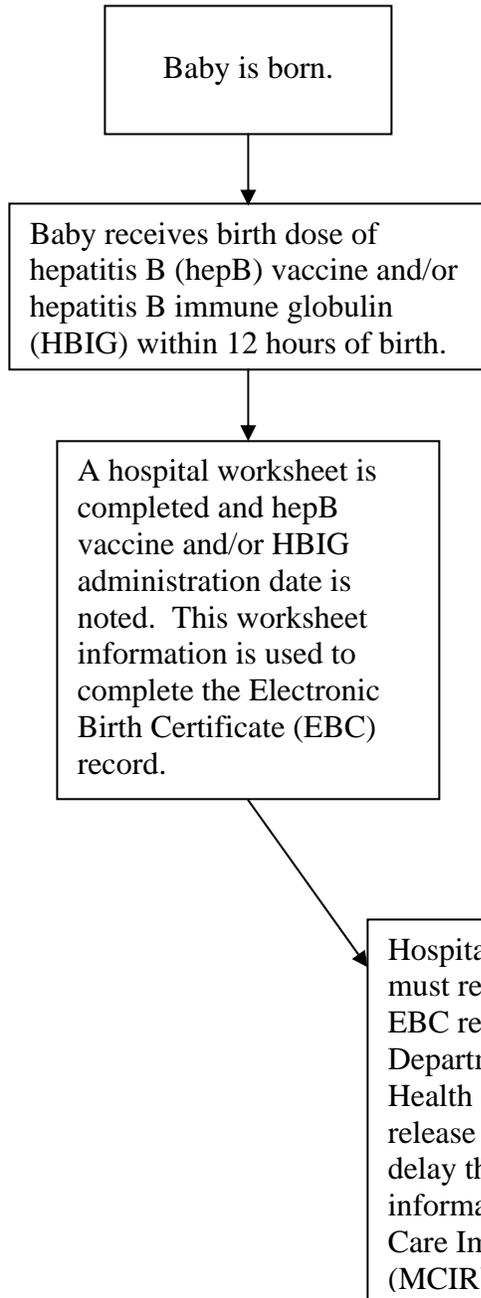
Please complete this form each time a dose of hepatitis B vaccine and/or hepatitis B immune globulin (HBIG) is administered to an infant whose mother has tested hepatitis B surface antigen (HBsAg) positive or when given to her household or sexual contacts. **Mail** this form to MDCH, Immunization Division, PO Box 30195, Lansing, MI 48909; or **fax** to 517-335-9855; or **call** the Perinatal Hepatitis B Prevention staff at 517-335-8122 or 1-800-964-4487. In **southeast Michigan, mail** to MDCH, Immunization Division, Detroit Regional Office, 3056 W. Grand Blvd., Suite 3-150, Detroit, MI 48202; or **fax** to 313-456-4427; or **call** 313-456-4431 or 313-456-4432. Also, please make sure to update the infant/contact's Michigan Care Improvement Registry (MCIR) record.

| PROVIDER | | | | | | |
|--|-----------------------------------|---|--|--|---|--|
| Hospital or Provider Name | | | | | County | |
| Address | | | | | | |
| City | | | Zip Code | | Telephone # | |
| HBsAg POSITIVE MOTHER | | | | | | |
| Mother's Name | | | Medical Record # | | Date of Birth / / | |
| Address | | | | City | | Zip Code |
| Social Security # | | | Telephone # | | Emergency Contact Name & Telephone # | |
| Grav | Para | Country of Birth | | | Maternal Grandmother's Country of Birth | |
| TEST DATE RESULTS: (P=POSITIVE/REACTIVE N=NEGATIVE/NON-REACTIVE U=UNKNOWN) | | | | | | |
| HBsAg | / / | <input type="checkbox"/> P | <input type="checkbox"/> N | <input type="checkbox"/> U | HBeAg | / / |
| | | <input type="checkbox"/> P | <input type="checkbox"/> N | <input type="checkbox"/> U | HBeAb | / / |
| HBV DNA | / / | <input type="checkbox"/> P | <input type="checkbox"/> N | <input type="checkbox"/> U | Anti-HBc | / / |
| | | <input type="checkbox"/> P | <input type="checkbox"/> N | <input type="checkbox"/> U | Anti-HBc IgM | / / |
| HBV Viral Load | | Other infections (HCV, HIV, other STIs, etc) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | If yes, please specify: |
| Race | <input type="checkbox"/> Asian/PI | <input type="checkbox"/> Black | <input type="checkbox"/> White | <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Unknown |
| Ethnicity | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Unknown | | |
| Does mother need an interpreter? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, what language? | Repeat HBsAg | / / | <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U |
| Was mother referred for care/evaluation for hepatitis B infection? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Is mother being treated for hepatitis B infection? | <input type="checkbox"/> Y | <input type="checkbox"/> N | |
| If yes, treatment start date | / / | Treatment brand/dose | | | | |
| INFANT OR HOUSEHOLD/SEXUAL CONTACT (relationship of contact) | | | | | | |
| Name | | | DOB / / | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birth Weight (If infant) | | Time of Birth (If infant) | | <input type="checkbox"/> AM | <input type="checkbox"/> PM | Medical Record # |
| VACCINE/LAB RESULTS OF INFANT OR CONTACT | | | | | | |
| Vaccine | Date Given | Time Given (if infant) | Manufacturer | Lab Results | Test Date | |
| HBIG | / / | <input type="checkbox"/> AM <input type="checkbox"/> PM | | HBsAg | / / | |
| Hep B #1 | / / | <input type="checkbox"/> AM <input type="checkbox"/> PM | | Anti-HBs | / / | |
| Hep B #2 | / / | | | Anti-HBc IgM | / / | |
| Hep B #3 | / / | | | Anti-HBc | / / | |
| FOLLOW-UP CARE PROVIDER OF INFANT OR CONTACT (if different from above) | | | | | | |
| Facility's Name | | | Provider's Name | | | |
| Address | | | City | | Zip Code | |
| Telephone # | | | County | | | |
| Name of Person Completing This Form | | | Telephone # | | | |

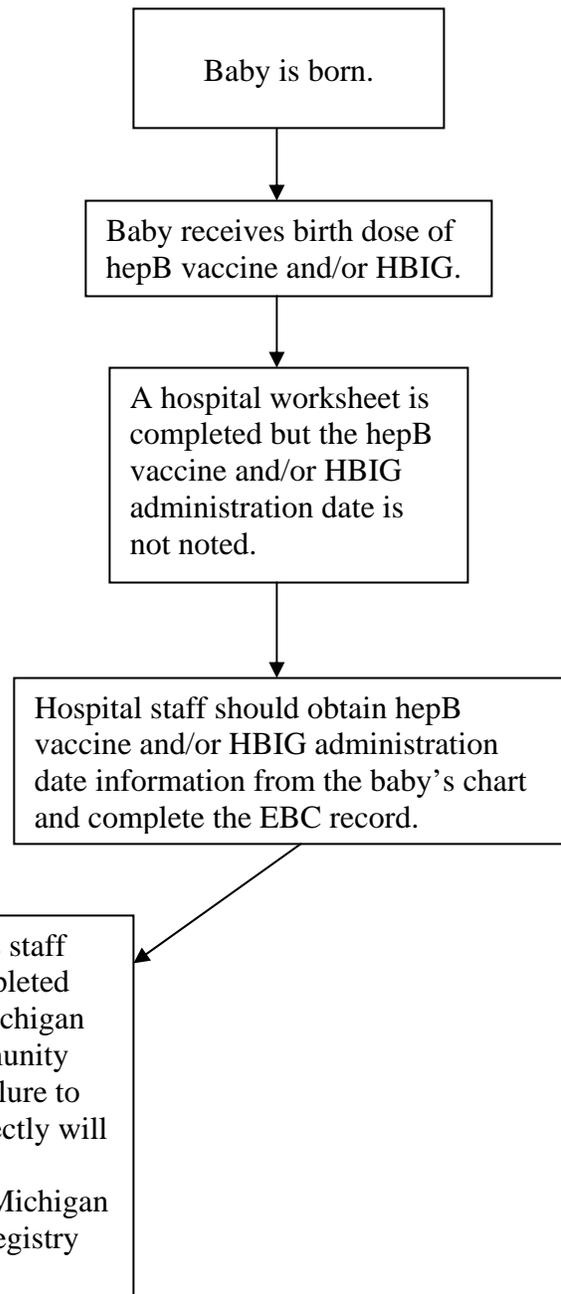
Patients may NOT be charged for cost of vaccines provided through project grant funds whether administered in public clinics or by private physicians. Vaccine may NOT BE DENIED in public clinics for failure to pay administration fee or to make a donation to the provider.

Submission of the Electronic Birth Certificate (EBC) Birth Dose Hepatitis B Vaccine and/or Hepatitis B Immune Globulin (HBIG) Data

BEST PRACTICE



OTHER



HOSPITAL WORKSHEET



| | | | | | | |
|--|--|---|---|---|---|--|
| CHILD | MEDICAL RECORD NUMBER OF CHILD | | METABOLIC CARD NUMBER | | MEDICAL RECORD OF MOTHER | |
| | CHILD'S NAME (first) | | CHILD'S NAME (middle) | | CHILD'S NAME (last) | |
| | CHILD'S NAME (suffix) | | | | | |
| | TIME OF BIRTH M | DATE OF BIRTH | SEX | PLURALITY - Single, Twin, Triplet (Specify) | IF NOT SINGLE BIRTH, First, Second, Third, etc. (Specify) | |
| CERTIFIER'S NAME AND TITLE (print or type) | | | DATE CERTIFIED | ATTENDANT'S NAME AND TITLE IF OTHER THAN CERTIFIER | | |
| MOTHER INFO | MOTHER'S CURRENT LEGAL NAME (first, middle, last) | | MOTHER'S FULL NAME BEFORE FIRST MARRIAGE (first, middle, last) | | MOTHER'S DATE OF BIRTH | |
| | MOTHER'S STATE OF BIRTH (and name of country if not USA) | | MOTHER'S RESIDENCE ADDRESS (#, n-s-e-w, street name, street type, n-s-e-w, apt #, state/country, county, city/village/twp, zip+ext) | | | |
| | WITHIN CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | MOTHER'S MAILING ADDRESS IF DIFFERENT FROM RESIDENCE (#, n-s-e-w, street name, street type, n-s-e-w, apt #, state/country, city/village/twp, zip+ext) | | | | |
| | CURRENT MARITAL STATUS | | WAS MOTHER MARRIED AT BIRTH OR CONCEPTION? | | DID A COURT RULE THAT THE HUSBAND WAS NOT THE FATHER? | |
| | <input type="checkbox"/> Never Married <input type="checkbox"/> Currently Married <input type="checkbox"/> Divorced/Widowed <input type="checkbox"/> Married but Refusing Husband's Information <input type="checkbox"/> Unknown | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| | | | DO YOU INTEND TO FILE AN AFFIDAVIT OF PARENTAGE? | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | | | |
| | INFORMANT'S NAME IF DIFFERENT FROM MOTHER (first, middle, and last) | | MOTHER'S SOCIAL SECURITY NUMBER | | MOTHER'S EDUCATION | |
| | | | | | <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th-12th grade; no diploma <input type="checkbox"/> 3. High school graduate or GED <input type="checkbox"/> 4. Some college but no degree <input type="checkbox"/> 5. Associate degree (AA, AS) <input type="checkbox"/> 6. Bachelor's degree (BA, AB, BS) <input type="checkbox"/> 7. Master's degree (MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> 8. Doctorate or Professional degree (PhD, EdD, MD, DO, DDS, DVM, LLB, JD) <input type="checkbox"/> 9. Unknown | |
| | FATHER'S CURRENT LEGAL NAME (first, middle, last, suffix) | | FATHER'S DATE OF BIRTH | | FATHER'S BIRTHPLACE (state, territory, or foreign country) | |
| FATHER'S RESIDENCE ADDRESS (if different than mother's) | | FATHER'S SOCIAL SECURITY NUMBER | | FATHER'S EDUCATION | | |
| | | | | <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th-12th grade; no diploma <input type="checkbox"/> 3. High school graduate or GED <input type="checkbox"/> 4. Some college but no degree <input type="checkbox"/> 5. Associate degree (AA, AS) <input type="checkbox"/> 6. Bachelor's degree (BA, AB, BS) <input type="checkbox"/> 7. Master's degree (MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> 8. Doctorate or Professional degree (PhD, EdD, MD, DO, DDS, DVM, LLB, JD) <input type="checkbox"/> 9. Unknown | | |
| MEDICAL ADMIN | DID MOTHER RECEIVE PRENATAL CARE? | | DATE OF FIRST VISIT (month/day/year) | | DATE OF LAST VISIT (month/day/year) | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | | | |
| | TOTAL PRENATAL VISITS | | LIVE BIRTHS NOW LIVING (do not include this birth) | | LIVE BIRTHS NOW DEAD (do not include this birth) | |
| | DATE OF LAST LIVE BIRTH (month/year) | | OTHER TERMINATIONS (spontaneous and induced at any time after conception) | | | |
| | DATE OF LAST OTHER TERMINATION (month/year) | | DATE LAST NORMAL MENSES BEGAN | | OBSTETRIC ESTIMATED GESTATION (Weeks) | |
| | CHILD'S BIRTH WEIGHT (specify unit) | | APGAR SCORE | | HOSPITAL NAME (If not hospital, street name and number) | |
| | | | 5 min <input type="checkbox"/> 10 min <input type="checkbox"/> | | | |
| | IS INFANT STILL LIVING AT TIME OF REPORT | | DATE BABY DIED (month/day/year) | | IS INFANT TO BE ADOPTED? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| MOTHER STAT | HISPANIC ORIGIN | | ANCESTRY | | OTHER (specify) | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CHICANO | | <input type="checkbox"/> OTHER HISPANIC <input type="checkbox"/> AFRO-AMERICAN <input type="checkbox"/> ARAB <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> FINNISH | |
| | RACE | | IF ASIAN, SPECIFY NATIONALITY | | | |
| | <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE | | <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> OTHER | | | |
| FATHER STAT | HISPANIC ORIGIN | | ANCESTRY | | OTHER (specify) | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CHICANO | | <input type="checkbox"/> OTHER HISPANIC <input type="checkbox"/> AFRO-AMERICAN <input type="checkbox"/> ARAB <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> FINNISH | |
| | RACE | | IF ASIAN, SPECIFY NATIONALITY | | | |
| | <input type="checkbox"/> AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE | | <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> OTHER | | | |
| MED STAT | MOTHER TRANSFERRED PRIOR TO DELIVERY? | | IF YES ENTER NAME OF FACILITY TRANSFERRED FROM | | MOTHER'S HEIGHT (in feet and inches) | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | DID MOTHER SMOKE BEFORE OR DURING PREGNANCY? | | DID MOTHER QUIT SMOKING? | | DATE MOTHER QUIT SMOKING | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | | | OTHERS IN HOUSEHOLD SMOKE? | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | DID MOTHER RECEIVE W.I.C.? | | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | |
| BREAST FEEDING INITIATED, PLANNED, OR NOT PLANNED? | | | | EXPECTED SOURCE OF PAYMENT FOR MEDICAL SERVICES (Private Insurance, Medicaid, etc.) | | |
| <input type="checkbox"/> INITIATED <input type="checkbox"/> PLANNED <input type="checkbox"/> NOT PLANNED <input type="checkbox"/> UNKNOWN | | | | | | |
| INFANT TRANSFERRED | | IF YES, FACILITY TRANSFERRED TO | | | SOCIAL SECURITY REGISTRATION REQUESTED | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | |

SIGNATURE OF MOTHER OR INFORMANT _____

ONSET OF LABOR (Check all that apply)

- 01 Premature Rupture of the Membranes (prolonged >= 12 hrs.)
- 02 Precipitous Labor (<3 hrs.)
- 03 Prolonged Labor (>= 20 hrs)
- 00 None of the above
- 99 Unknown

OBSTETRIC PROCEDURES (Check all that apply)

- 01 Cervical cerclage
- 02 Tocolysis
- External cephalic version:
 - 03 Successful
 - 04 Failed
- 00 None of the above
- 99 Unknown

METHOD OF DELIVERY

- A. Was delivery with forceps attempted but unsuccessful?
- Yes No Unknown
- B. Was delivery with vacuum extraction attempted but unsuccessful?
- Yes No Unknown
- C. Fetal presentation at birth
- 01 Cephalic
 - 02 Breech
 - 03 Other
 - 04 Unknown
- D. Final route and method of delivery (Check one)
- 01 Vaginal/Spontaneous
 - 02 Vaginal/Forceps
 - 03 Vaginal/Vacuum
 - 04 Cesarean
- If cesarean, was a trial of labor attempted?
- Yes No Not applicable Unknown
- Was cesarean needed to prevent disease transmission, i.e.: HIV, Genital Herpes, etc.?
- Yes No Not applicable Unknown

CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)

- 01 Induction of labor
- 02 Augmentation of labor
- 03 Non-vertex presentation
- 04 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- 05 Antibiotics received by the mother during labor
- 06 Clinical chorioamnionitis diagnosed during labor or maternal temperature =>38 degrees C (100.4 degrees F)
- 07 Moderate/heavy meconium staining of the amniotic fluid
- 08 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- 09 Epidural or spinal anesthesia during labor
- 00 None of the above

MATERNAL MORBIDITY (Check all that apply) (complications associated with labor and delivery)

- 01 Maternal transfusion
- 02 Third or fourth degree perineal laceration
- 03 Ruptured uterus
- 04 Unplanned hysterectomy
- 05 Admission to intensive care unit
- 06 Unplanned operating room procedure following delivery
- 00 None of the above
- 99 Unknown

RISK FACTORS IN THIS PREGNANCY (Check all that apply)

- Diabetes
- 01 - Prepregnancy (Diagnosis prior to this pregnancy)
 - 02 - Gestational (Diagnosis in this pregnancy)
- Hypertension
- 03 - Prepregnancy (Chronic)
 - 04 - Gestational (PH, preeclampsia, eclampsia)
 - 05 Previous preterm birth
 - 06 Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
 - 07 Vaginal bleeding during this pregnancy prior to the onset of labor
 - 08 Pregnancy resulted from infertility treatment
 - 09 Mother had a previous cesarean delivery -- If "yes," how many _____
 - 10 Alcohol use during pregnancy
 - 00 None of the above
 - 99 Unknown

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)

- 01 Gonorrhea
 - 02 Syphilis
 - 03 Genital Herpes
 - 04 Chlamydia
 - 05 Hepatitis B
 - 06 Hepatitis C
 - 07 Group B Strep
 - 00 None of the above
- Was Maternal HIV Test Performed?
- Yes No Unknown

ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- 01 Assisted ventilation required immediately following delivery
- 02 Assisted ventilation required for more than six hours
- 03 NICU admission
- 04 Newborn given surfactant replacement therapy
- 05 Antibiotics received by the newborn for suspected neonatal sepsis
- 06 Seizure or serious neurologic dysfunction
- 07 Significant birth injury (skeletal fracture[s], peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- 00 None of the above
- 99 Unknown

CONGENITAL ANOMALIES OF THE NEWBORN (Circle all that apply)

- 01 Anencephaly
 - 02 Meningocele/Spina Bifida
 - 03 Congenital heart disease
 - 04 Cyanotic congenital heart disease
 - 05 Congenital diaphragmatic hernia
 - 06 Omphalocele
 - 07 Gastroschisis
 - 08 Limb reduction defect excluding congenital amputation and dwarfing syndrome
 - 09 Cleft lip with or without cleft palate
 - 10 Cleft palate alone
 - Down Syndrome
 - 11 - Karyotype confirmed
 - 12 - Karyotype pending
 - Suspected chromosomal disorder
 - 13 - Karyotype confirmed
 - 14 - Karyotype pending
 - 15 Hypospadias
 - 16 Other congenital anomalies (specify) _____
 - 00 None of the above
 - 99 Unknown
- Date Immune Globulin given: _____

EHDI INFORMATION

INITIAL SCREEN RESULTS

Was a Hearing Screen Performed? _____

Date Screened: _____

Screen Method: _____

Results of Left Ear: _____

Results of Right Ear: _____

Reason Hearing Screening Not Performed: _____

SECONDARY SCREEN RESULTS

Was a Second Hearing Screen Performed? _____

Date Screened: _____

Screen Method: _____

Results of Left Ear: _____

Results of Right Ear: _____

Reason Hearing Screening Not Performed: _____

IMMUNIZATION GUI

Was Hepatitis B immunization given to infant?

Yes No Unknown

Date Hepatitis B given: _____

Was Hepatitis B Immune Globulin given?

Yes No Unknown

Date Immune Globulin given: _____

Completing the Newborn Screening Card

It is extremely important to fill out the *Newborn Screening (NBS) Card* completely and legibly.

Baby:

Name: Last name, first name
 Gender: Male or Female
 Birth Date: Use (mm/dd/yy) for birth date
 Birth Time: Use military time
 Birth Weight: Record weight in grams
 Current Weight: Record weight in grams
 Gestational Weeks: Record week of gestation at the time of birth
 Single Birth: Shade in oval to indicate this is a single birth
 Multiple Birth Order: Shade in oval indicating order of birth (A, B, C, etc)
 Antibiotics: Antibiotics given to the baby or intrapartum
 Specimen Date: Use (mm/dd/yy) for date the specimen is collected
 Collection Time: Use military time for the time the specimen is collected
 Collected By: Initials of person collecting the specimen
 NICU/Special Care: Shade in oval if newborn was in NICU or special care nursery when specimen was collected
 RBC Transfusion: Shade in oval if baby was transfused and record date (mm/dd/yy)
 Medical Record #: Record the baby's medical record number
 TPN Feeding: Shade in oval if infant received total parenteral nutrition (TPN) prior to specimen collection
 Ancestry: Shade in oval for "Hispanic" or "Non-Hispanic"
 Race: Shade in oval for race. Mark "Non-White" parent if one parent is White, and mark "multiracial" if both parents are Non-White

Mother:

Name: Last name, first name
 Mom/Baby Steroid Treatment: If mom received steroids two weeks or less prior to delivery or if baby receives steroids after delivery and prior to card submission
 Address: Mom's current street address, city, state and zip code
 Phone: Area code and home telephone number
 Social Security #: Record mom's social security number (SS#) but if mom has no SS# enter 9's all the way across the field indicating SS# was not forgotten
 Medical Record #: Record mom's medical record number
 Birth Date: Use (mm/dd/yy) for mom's birth date
Hepatitis B Surface Antigen (HBsAg): Use (mm/dd/yy) for date mom is tested, and shade in positive or negative results. If there is no HBsAg test results in chart, test mom STAT.

Physician:

Name: Last name, first name
 Phone: Area code and physician's office telephone number
 Fax: Area code and physician's office fax number

Submitter:

Name: Last name, first name
 Hospital Code: Hospital ID code number
 Address: List current street address, city, state and zip code
 Phone: Area code and telephone number
 Birth Hospital: Name of birth hospital

This form is a condensed version of the original document. To view the entire document, go to http://www.michigan.gov/documents/NewCardInstructions_70647_7.pdf

Can Hepatitis B Surface Antigen-Positive Women Breastfeed?

Women infected with the hepatitis B virus often raise the question about the risk of infection to their infants from breastfeeding. The Perinatal Hepatitis B Prevention Program uses the following sources as reference:

1) The Red Book, American Academy of Pediatrics, 2006 Report of the Committee on Infectious Diseases "Transmission of Infectious Agents via Human Milk" p.125

"Hepatitis B surface antigen (HBsAg) has been detected in milk from HBsAg-positive women. However, studies from Taiwan and England have indicated that breastfeeding by HBsAg-positive women does not increase significantly the risk of infection among their infants. In the United States, infants born to known HBsAg-positive women should receive Hepatitis B Immune Globulin (HBIG) and the recommended series of 3 doses of hepatitis B virus vaccine, effectively eliminating any theoretic risk of transmission through breastfeeding. There is no need to delay initiation of breastfeeding until after the infant is immunized. Immunoprophylaxis of infants with hepatitis B virus vaccine alone also provides protection, but optimal therapy of infants born to HBsAg-positive mothers includes HBIG and the 3-dose series of hepatitis B virus vaccine."

2) Vaccinate Women, Winter 2002: A periodical for obstetrician/gynecologists from the Immunization Action Coalition, Volume 1, Number 1, p.1.

In the column "Ask the Experts" Harold Margolis, MD, and Linda Moyer, RN gave the following information.

Q: "Is it safe for an HBsAg-positive mother to breast-feed her infant?"

A: "Yes! An HBsAg-positive mother who wishes to breastfeed should be encouraged to do so, including immediately following delivery. However, the infant should receive HBIG and hepatitis B vaccine within 12 hours of birth. Although HBsAg can be detected in breast milk, studies done before hepatitis B vaccine was available showed that breastfed infants born to HBsAg-positive mothers did not demonstrate an increased rate of perinatal or early childhood HBV infection. More recent studies have shown that among infants receiving postexposure prophylaxis to prevent perinatal HBV infection, there is no increased risk of infection among breastfed infants."

3) Vaccinate Women, August 2004: A periodical for obstetrician/gynecologists from the Immunization Action Coalition, Volume 3, Number 1, p.1.

Q: "What is the possibility of maternal transmission of hepatitis B virus (HBV) when breast-feeding an infant if the mother is HBsAg-positive and has cracked or bleeding nipples?"

A: "Although HBsAg can be detected in breast milk, there is no evidence that HBV can be transmitted by breast-feeding. In studies done before hepatitis B vaccine was available, similar rates of mother-to-infant transmission were found among breast-fed and formula-fed infants. These findings indicate that the risk of transmission from breast-feeding is negligible, if any, compared with the high risk of infant exposure to maternal blood and body fluids at birth. More recent studies have shown that among infants receiving postexposure prophylaxis to prevent perinatal HBV infection, there is no increased risk of infection among breast-fed infants.

Babies born to HBV-infected mothers should be immunized with hepatitis B vaccine and hepatitis B immune globulin (HBIG), which will substantially reduce the risk of perinatal transmission. In addition, immunization should protect the infant from modes of postnatal HBV transmission, including possible exposure to HBV from cracked or bleeding nipples during breast-feeding. To prevent cracked and bleeding nipples, all mothers who breast-feed should be instructed on proper nipple care.

Vaccine Storage Basics

1. Keep the refrigerator/freezer plugged in and cold

1. Refrigerators should have separate, sealed refrigerator & freezer compartments
2. Have separate temperature controls for refrigerator & freezer compartments
 - a. Put certified thermometers in the refrigerator and in the freezer
 - b. Check and record the temperature in the refrigerator & freezer twice daily
 - c. Use a safety plug or plug cover to prevent accidental disconnection
 - d. Place “DO NOT UNPLUG” warnings near the outlet and circuit breaker
 - e. Keep water bottles in refrigerator and ice packs in freezer

2. Keep these vaccines in the refrigerator (35° – 46° F or 2° – 8° C)

| | | |
|--------------------|-------|-------|
| LAIV | Hep B | Rota |
| DTaP, Tdap, Td, DT | HPV4 | PCV7 |
| Hib | MMR* | PPV23 |
| IPV | MCV4 | TIV |
| Hep A | MPSV4 | |

- a. Put them in the refrigerator as soon as they arrive

3. Keep these vaccines frozen (5°F or -15°C or lower)

| | |
|-----------|--------|
| Varicella | MMRV |
| MMR* | Zoster |

- a. Put them in the freezer as soon as they arrive

4. Keep vaccines protected from light

- a. Remove individual dose vials from cardboard package only as needed

5. Do not allow vaccine to expire

- a. Check expiration dates monthly
- b. Place vaccines so those that will expire first are used first
- c. Stock only what you can use in 1– 2 months
- d. For VFC vaccine: call your local health department VFC contact person if any of your VFC vaccine will expire in 3-6 months

6. Transport vaccines correctly

- a. Refrigerated vaccines must be transported in an insulated cooler with a barrier separating the vaccines from the ice/cold packs
- b. Place a thermometer in the cooler to monitor the temperature
- c. Frozen vaccines can only be transported in an insulated cooler with dry ice
- d. Place vaccines appropriately in the refrigerator or freezer immediately upon arrival at the clinic

* MMR vaccine can be stored in the refrigerator or the freezer

Eligibility and Ordering Protocol: Hepatitis B Vaccine and Hepatitis B Immune Globulin for Infants and Contacts of Hepatitis B Surface Antigen-Positive Women

Summary:

Hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) are available on an as-needed basis for administration in private provider offices, hospitals, local health departments, health centers, and clinics for the care of those clients currently enrolled in the Perinatal Hepatitis B Prevention Program (PHBPP).

Eligibility for those currently enrolled in the PHBPP:

HepB vaccine and HBIG:

- Infants born to hepatitis B surface antigen-positive (HBsAg-positive) women

HepB vaccine:

- Susceptible household and sexual contacts of HBsAg-positive women

HBIG*:

- Susceptible household and sexual contacts of HBsAg-positive women should receive HBIG within 7 days of an identifiable blood exposure.
- Susceptible sexual contacts of acutely HBsAg-positive women should receive HBIG within 14 days of a sexual exposure.

Infants born to HBsAg-positive women should receive HBIG and 3 doses of single-antigen hepB vaccine at 0, 1-2 and 6 months of age. If using hepB-containing combination vaccines, give HBIG and a single-antigen dose of hepB vaccine within 12 hours of birth and complete the series with doses at 2, 4 and 6 months of age if using Pediarix®; or with doses at 2, 4, & 12-15 months of age if using Comvax®. Post-vaccination serology should be done at 9-18 months of age (3 months after the completion of the hepB vaccine series). Susceptible household and sexual contacts of HBsAg-positive women should receive 3 doses of hepB vaccine on a schedule of 0, 1 and 4-6 months with post-vaccination serology 1-2 months after the completion of the vaccine series.

Private Providers, Hospitals, Health Centers, Clinics and Local Health Departments (LHD):

Whenever hepB vaccine and/or HBIG are administered to eligible infants or contacts in the PHBPP a [Hepatitis B Perinatal Case Report-Infant/Contact](#) should be completed and forwarded to the PHBPP Case Manager.

HepB Vaccine Orders:

All private providers, hospitals, health centers, and clinics may order hepB vaccine from their LHD. The LHD will place orders through the Michigan Department of Community Health (MDCH) Immunization Division either by faxing a request to 517-335-9855 or by e-mailing the Michigan Vaccines for Children (VFC) Program at mdchvariorder@michigan.gov. The VFC Program will begin transitioning to electronic ordering via the Michigan Care Improvement Registry (MCIR). The LHD and MCIR staff will help with the transition and with an ordering frequency plan to assure adequate vaccine supply for all facilities. Once all providers are transitioned to the electronic ordering, all orders for hepB vaccine will be electronically submitted to the LHD and all LHDs will electronically submit their orders directly to MDCH. All doses of hepB vaccine administered should be recorded in the MCIR and accounted for on the *VFC Programs Vaccine Doses Administered Reporting Form*, which should be submitted to the LHD. The LHD should also account for hepB vaccine on the *Local Health Department Monthly Vaccine Inventory Report*.

HBIG Orders:

Requests for HBIG should continue to be forwarded to the PHBPP.

All doses of hepB vaccine and/or HBIG given in the hospital should be entered in MCIR, via the Electronic Birth Certificate (EBC) process or direct data entry, so that all doses can be electronically recorded.

For additional information, please call the PHBPP program staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

*Suggested intervals between immune globulin preparations and live virus vaccines are 3 months.

Special Purpose Michigan Vaccines for Children (VFC)/Immunization Programs

Universal Hepatitis B Vaccination Program for Newborns

To encourage the immunization of **all** newborns with the birth dose of hepatitis B vaccine before discharge from the hospital, Michigan Department of Community Health (MDCH) makes vaccine available to hospitals for all newborns, regardless of VFC status. The *Universal Hepatitis B Vaccination Program for Newborns - Hospital Enrollment Form* is used to enroll birthing hospitals in this component of the VFC Program and must be updated and submitted annually. Assessment of VFC eligibility is required to comply with federal regulations. However, the vaccine is available for **all** newborns, regardless of VFC status. Screening of infants who receive hepatitis B vaccine through the Universal Hepatitis B Vaccination Program may be accomplished by having each child's eligibility status (Medicaid, uninsured, American Indian/Alaskan Native, underinsured, insured) documented somewhere in their medical record. If this documentation already exists in the record, additional screening is not needed. For example, if the child is enrolled in Medicaid or a private health plan, a photocopy of their health plan card in the chart is sufficient. For children who are uninsured or American Indian/Alaskan Native, documentation of these eligibility criteria in the chart is adequate.

Hospitals are required to report hepatitis B vaccinations to the Michigan Care Improvement Registry (MCIR). The easiest way to submit this data is to note the immunization on the electronic birth certificate (EBC). The data may also be provided to the MCIR by other methods.

**VACCINES FOR CHILDREN (VFC)
PROGRAM Universal Hepatitis B
Vaccination Program for Newborns -
Hospital Enrollment Form
Year 2007/2008 (Revised 10/23/07)
Page 1 of 3**

| |
|---|
| VFC PIN # (Required) |
| _____ (For Local Health Department Use Only) |
| COUNTY (Required) |
| _____ |

Please Type or Print

Name of Hospital: _____

Physician: _____
Last Name First M.I.

Vaccine Delivery Address: _____
Street Suite # City Zip

Mailing Address: _____
(if different) Street Suite # City Zip

Telephone: (_____) _____ Fax: (_____) _____
Area Code Area Code

Contact Name: _____
Last Name First M.I.

Medical License #: _____ Medicaid Provider #: _____

Is your hospital a: Federally Qualified Health Center (FQHC)* Yes No
 Rural Health Center (RHC)* Yes No

* FQHCs and RHCs are health care clinics that have applied for and received federal approval to serve medically under-served populations using federal grant funds.

To participate in the Universal Hepatitis B Vaccination Program for Newborns and receive federally procured vaccine at no cost, I, on behalf of the hospital listed above and all the practitioners, nurses, and others associated with this health delivery facility, agree to do the following:

- Administer VFC vaccines only to newborns in accordance with the immunization schedule, dosages and contraindications established by the Advisory Committee on Immunization Practices (ACIP) and the VFC resolutions issued by the ACIP. Any exceptions to these guidelines practice must be based on: a) the attending physician's medical judgment, in accordance with accepted medical practice; or b) a reasonable belief that a specific requirement contradicts the law in my state pertaining to religious or other exemptions.
- Maintain medical records pertaining to the Universal Hepatitis B Vaccination Program for Newborns for a period of at least 3 years. If requested, the hospital named above will make such records available to the local health department, the state or the Department of Health and Human Services (DHHS).
- Provide eligibility information in each child's medical record (see Section II - Page 6 for more details).
- Provide a current Vaccine Information Statement (VIS) that includes the Michigan Care Improvement Registry (MCIR) statement and maintain records in accordance with the *National Childhood Vaccine Injury Act (NCVIA)*, which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
- Not impose a charge for the cost of the vaccine.

**VACCINES FOR CHILDREN (VFC) PROGRAM
Universal Hepatitis B Vaccination Program
for Newborns - Hospital Enrollment Form
Year 2007/2008
Page 2 of 3**

6. Not impose a charge for the administration of the vaccine that is higher than the maximum fee of \$16.75 per injection as established by DHHS.
7. Report hepatitis B immunizations of any newborn immunized at the hospital directly to the Michigan Care Improvement Registry (MCIR) via the electronic birth certificate (EBC) worksheet.
8. Use the state's *Official Certificate of Immunization* (green immunization record card) or a printed record from the MCIR to record doses of vaccine administered for the patient's personal record.
9. Not deny administration of a federally procured vaccine to a child because the child's parent, guardian, or individual of record is unable to pay the administration fee.
10. Comply with state and local health department requirements for ordering vaccine and vaccine accountability. Agree to operate within the VFC Program in a manner intended to avoid fraud and abuse. Use of the MCIR will be required with Centralized Distribution.
11. Comply with the Centers for Disease Control and Prevention's (CDC) *Recommendations for Handling and Storage of Vaccines*. In the event that vaccines obtained through the program are wasted due to expiration, negligence and/or improper vaccine storage and handling practices, the hospital will reimburse the Michigan Department of Community Health (MDCH) for the replacement cost of vaccines wasted.
12. Allow the local health department to conduct a CDC-based VFC site visit, including access to 30 patient charts for a review of immunization documentation and eligibility screening. Agree to work with the local health department to implement any corrective actions as a result of the site visit.
13. Follow appropriate vaccine management procedures such as submitting regular doses administered reports to the local health department, using certified thermometers and maintaining appropriate temperatures in refrigerators and freezers where vaccine is stored, monitoring refrigerator and freezer temperatures twice daily in units where vaccine is stored, and notifying the local health department when state-supplied vaccine has wasted or will expire within three months.
14. Document according to *Statute 42 US Code 300aa-25* and CDC requirements (see Section II, page 22).

The hospital may terminate this agreement at any time. The State may terminate this agreement at any time if I fail to comply with these requirements. Upon termination, the hospital agrees to properly return all publicly provided vaccines to the local health department.

Physician (Please print or type Physician's name)

Title (MD, DO)

Physician's signature

Date

VACCINES FOR CHILDREN (VFC) PROGRAM
Universal Hepatitis B Vaccination Program
for Newborns - Hospital Enrollment Form
Year 2007/2008
Page 3 of 3

This document provides shipping information and is used to develop annual population estimates that are submitted to the Centers for Disease Control and Prevention (CDC) and used by CDC to determine Michigan's annual allocation of federal funds. The form is also used to compare estimated vaccine needs with actual vaccine supply.

Profile Table: The following information must be based on data rather than estimates and should reflect the number of children expected to be born in a year. Please document the data source.

| Eligibility Criteria | Number of Births |
|--|------------------|
| Enrolled in Medicaid | |
| Uninsured | |
| American Indian/Alaskan Native | |
| Underinsured/Fully insured/Private Pay (includes MI-Child) | |
| ANNUAL TOTALS | |

Data source used to determine profile (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Registry Data (MCIR) PREFERRED | <input type="checkbox"/> Medicaid Claims Data |
| <input type="checkbox"/> Provider Encounter Data | <input type="checkbox"/> Tally Sheet |
| <input type="checkbox"/> Vaccine Replacement Data | <input type="checkbox"/> Doses Administered Data |
| <input type="checkbox"/> Prior Ordering Data | <input type="checkbox"/> Other (Specify) _____ |

Clinic/Site Delivery Hours:

| | | | | | | |
|-----------|----|-------|----|-------|----|------------------------------|
| Monday | AM | _____ | to | _____ | PM | Closed for lunch from: _____ |
| Tuesday | AM | _____ | to | _____ | PM | Closed for lunch from: _____ |
| Wednesday | AM | _____ | to | _____ | PM | Closed for lunch from: _____ |
| Thursday | AM | _____ | to | _____ | PM | Closed for lunch from: _____ |
| Friday | AM | _____ | to | _____ | PM | Closed for lunch from: _____ |

Countries with Moderate or High Rates of Hepatitis B

(Greater than 2% of the population is HBsAg positive for Hep B)

| | | | |
|--------------------------|----------------------|----------------------|-----------------------|
| Afghanistan | French Polynesia | Malawi | Seychelles |
| Albania | Gabon | Malaysia | Sierra Leone |
| Algeria | Gambia, The | Maldives | Singapore |
| American Samoa | Georgia | Mali | Slovakia |
| Angola | Ghana | Malta | Solomon Islands |
| Antigua & Barbuda | Greece | Marshall Islands | Somalia |
| Armenia | Grenada | Martinique | South Africa |
| Azerbaijan | Guadeloupe | Mauritania | Spain |
| Bahrain | Guam | Mauritius | St. Kitts and Nevis |
| Bangladesh | Guatemala | Micronesia, FSM | St. Lucia |
| Benin | Guinea | Moldova | Sudan |
| Bhutan | Guinea-Bissau | Mongolia | Suriname |
| Botswana | Guyana | Morocco | Swaziland |
| Brazil | Haiti | Mozambique | Syrian Arab Republic |
| Brunei | Honduras | Myanmar | Taiwan |
| Bulgaria | Hong Kong | Namibia | Tajikistan |
| Burkina Faso | India | Nepal | Tanzania, United Rep. |
| Burundi | Indonesia | Netherlands Antilles | Thailand |
| Byelorus | Iran | New Caledonia | Togo |
| Cambodia (Kampuchea) | Iraq | Niger | Tonga |
| Cameroon | Israel | Nigeria | Tunisia |
| Cape Verde | Italy | Northern Marinia | Turkey |
| Cayman Islands | Jamaica | Oman | Turkmenistan |
| Central African Republic | Japan | Pakistan | Uganda |
| Chad | Jordan | Palau | Ukraine |
| China | Kazakhstan | Papau New Guinea | United Arab Emirates |
| Comoros | Kenya | Paraguay | UNRWA |
| Congo, Peoples Republic | Kirgyzstan | Peru | Uzbekistan |
| Cook Islands | Kiribati | Philippines | Vanuatu |
| Cote d'Ivoire | Korea, Peoples (DPR) | Poland | Venezuela |
| Czechoslovakia | Korea, Republic of | Portugal | Vietnam |
| Djibouti | Kuwait | Puerto Rico | Virgin Islands, U.S. |
| Dominica | Laos | Qatar | Wallis and Futuna |
| Dominican Republic | Latvia | Reunion | Yemen |
| Ecuador | Lebanon | Romania | Yemen Dem |
| Egypt, Arab Republic of | Lesotho | Russia | Yugoslavia |
| Equatorial Guinea | Liberia | Rwanda | Zaire |
| Estonia | Libya | Samoa, Western | Zambia |
| Ethiopia | Lithuania | Sao Tome & Principe | Zimbabwe |
| Fiji | Macau | Saudi Arabia | |
| French Guiana | Madagascar | Senegal | |

Free immunization brochures and materials order form

Submit your order at www.healthymichigan.com

You may also fax this order form to (517) 699-2376. For information about orders that have already been placed, call the Michigan Department of Community Health (MDCH) Clearinghouse toll-free at (888) 76-SHOTS. Other questions should be directed to the MDCH Division of Immunization (517) 335-8159.

Please enter quantity for each requested item. (Orders for brochures are usually limited to 500, unless otherwise stated. Limits on orders may be temporarily decreased if inventory is low.)

| Quantity needed | Item requested |
|--|--|
| (Limit 1) | <p>2008 Alliance for Immunization in Michigan (AIM) Provider Tool Kit – (Updated annually) This packet is designed for health care professionals who administer vaccines to their patients. Immunization schedules for children, adolescents and adults are included, along with information about contraindications, administration, documentation, and storage and handling of vaccines.</p> |
| <p>The AIM Provider Tool Kit is now online: www.aimtoolkit.org</p> | |
| (Limit 250) | <p>The Individual Immunization Record card has replaced the Adult Immunization Record card. The new card is used for children, adolescents and adults in Michigan.</p> <p>The limit for orders placed through the MDCH Clearinghouse is 250.</p> <p>Hospitals and local health departments: Please place your orders directly with the Michigan Department of Community Health’s Division of Immunization by calling (517) 335-8159.</p> |
| (Limit 50) | <p>Influenza Vaccination Pocket Guide – (the pocket guides are for health care providers only)</p> |
| (Limit 50) | <p>Pneumococcal Polysaccharide (PPV23) Vaccination Pocket Guide – (for health care providers)</p> |
| Quantity needed | Brochures |
| | <p>Protect Babies and Toddlers from Serious Diseases</p> |
| | <p>Keep Your Family Safe from the Flu</p> |
| | <p>If you have Diabetes, Getting a Flu Shot is a Family Affair</p> |
| | <p>Shots for your Child (about the Vaccines for Children program)</p> |

| Quantity needed | Brochures |
|-----------------|---|
| | Protect Pre-Teens and Teens from Serious Diseases (This brochure will be available in June 2008. This is a new brochure that replaces an older brochure for teens called "Are you 11-19 Years Old? Teens and Immunizations.") |
| | Adult Immunizations: Are you protected? |
| | Hepatitis B: What Parents Need to Know (With special information for pregnant women) |
| | The Dangers of Hepatitis B: What they are, How to avoid them |
| | Hepatitis, What you need to know (ABCs) |
| | Childhood Immunizations: Vaccine Safety (This brochure will be available in June 2008. This is a new brochure that replaces an older brochure called "Vaccine Safety.") |
| | Antibiotics: What You Should Know |

To order:

- **Submit your order at www.healthymichigan.com**
- This form may also be faxed to the MDCH Clearinghouse at (517) 699-2376

Name: _____

Type of Clinic/practice: _____
 Pediatric Family Practice Adult/Internal Med OB/GYN Specialty

Email address*: _____

Street address*: _____

City: _____ **State:** MI** **Zip code:** _____

Phone no.: _____ (include area code)

*Complete email address to receive immunization information updates.

** Reminder: We cannot ship to P.O. boxes. ** Materials are available to Michigan residents only.

For more information or for special requests, contact the Michigan Department of Community Health, Division of Immunization (517) 335-8159.



Immunization Materials

Order Date:

To order, complete the shipping information below, then indicate the quantity of each item you desire. Where possible, the latest revision date for an item is given. **NOTE:** Private providers, mail your order to your local county health department. Local county health departments, mail/fax your order to the Division of Immunization, Michigan Department of Community Health, 201 Townsend Street, PO Box 30195, Lansing, MI 48909; fax number: 517-335-9855. **Orders cannot be shipped to a PO Box.**

| | |
|----------------|----------------------------------|
| Organization | Contact Person |
| Street Address | Phone Number (include area code) |
| City | Zip Code |

FORMS

| Quantity | | Quantity | |
|----------|---|----------|--|
| | Health Appraisal Form (7-2006) OCAL-3305 | | Official Certificate of Immunization - Wallet Size (2-2007) DCH-0592 |
| | Immunization Materials Order Form (5-2007) DCH-0487 | | Perpetual Inventory Record Card (8" x 5") (2-2002) DCH-1117 |
| | Immunization Signature Record Card (4-2007) DCH-0606 | | Perpetual Inventory Record Sheet (5-91) DCH-0607 |
| | Mich. School Bldg. Weekly Report for Communicable Disease (3-2005) DCH-0453 | | Vaccine Administration Record (9-94) IP-95 |
| | MOMS Reminder Card (General) (1-96) IP-12 | | Vaccine Adverse Event Reporting System VAERS-1 |
| | MOMS Reminder Card (Tots) (1-96) IP-12A | | |

PERINATAL HEPATITIS B MATERIALS (Call 517-335-8122 to order hepatitis B forms)

| Quantity | | Quantity | |
|----------|---|----------|---|
| | NEW Alert Stickers (Infant Must receive HBIG & 1 st dose Hep B within 12 hours of birth) | | Hepatitis B Perinatal Case Report Infant/Contact DCH-0973 REVISED 4-08 |
| | Important Cards | | Mothers — Don't share hepatitis B" Cards IP-87 |
| | Alert Stickers (Must complete Hep B Series and Have a Blood Test) | | |

VACCINE INFORMATION STATEMENTS (VIS)

| | |
|-----------|--|
| QUANTITY: | NEW! Multi-Vaccine VIS — This 4-page VIS provides information on hepatitis B, Polio, Pneumococcal disease, DTaP, Rotovirus & Hib vaccines. For patients 0-6 months of age. |
|-----------|--|

MORE VACCINE INFORMATION STATEMENTS ON BACK > > > >

VACCINE INFORMATION STATEMENTS (VISS)

All Vaccine Information Statements are available in the languages shown unless otherwise noted. Please indicate the number of VIS sheets you require in each language desired. All English VISs are available ONLY in packages of 250. All translations may have the same version date as the English version. The following VISs are available in the indicated languages.

| LANGUAGE KEY  | English (E), Albanian (AL), Arabic (AR), Armenian (A), Bosnian (B), Burmese (BU) Cambodian (CA), Chinese (C), Croation (Serbian) (CR), Farsi (FA), French (F), German (G), Haitian Creole (HC), Hindi (HI), Hmong (H), Ilokano (IL), Italian (I), Japanese (J), Korean (K), Laotian (L), Marshallese (M), Polish (PO), Portuguese (P), Punjabi (PU), Romanian (RO), Russian (RU), Samoan (SA), Serbo-Croatian (SC), Somali (SO), Spanish (S), Tagalog (T), Thai (TH), Turkish (TU), Vietnamese (V) |
|---|--|
| Chickenpox | Available in: All except M |
| DTaP | Available in: All except M |
| Hib | Available in: All except M |
| Hepatitis A | Available in: All except BU, M |
| Hepatitis B | Available in: All except M |
| Influenza | Available in: All except AR, BU, G, M, RO, SA |
| Japanese Encephalitis | Available in E |
| MMR | Available in: All languages |
| Meningococcal | Available in: E, HC, PO, RU, SO, S, TH, TU |
| Pneumococcal Conjugate | Available in: All except BU, M |
| Pneumococcal Polysaccharide | Available in: E, CA, C, HC, H, L, RU, SO, S, TH, TU, V |
| Polio | Available in: All except BU, M |
| Rabies | Available in: E, S |
| Rotavirus | Available in: E, S, TH |
| Smallpox | Available in: E, CA, H, L, RU, SC, SO, S, V |
| Td | Available in: All except BU, M |
| Tdap | Available in: E, S |
| Typhoid | Available in: E, S |
| Yellow Fever | Available in: E, S |

To order VIS in the desired language, please indicate how many of each language you need. Example: For Chickenpox – 250 E, 100 S, 25 J = Equals: 250 English, 100 Spanish & 25 Japanese. **Please PRINT clearly.**

| | |
|--------------------------------------|--|
| Chickenpox | |
| DTaP | |
| Hib | |
| Hepatitis A | |
| Hepatitis B | |
| Human Papillomavirus (E, S, TH Only) | |
| Influenza | |
| MMR | |
| Meningococcal | |
| Pneumococcal Conjugate | |
| Pneumococcal Polysaccharide | |
| Polio | |
| Rabies | |
| Rotavirus | |
| Smallpox | |
| Shingles (English Only) | |
| Td | |
| Tdap | |
| Typhoid | |
| Yellow Fever | |

Web Sites for Hepatitis Resources

GENERAL INFORMATION

| | |
|---|--|
| American Academy of Pediatrics | www.aap.org |
| Centers for Disease Control & Prevention (CDC) | www.cdc.gov |
| CDC Morbidity and Mortality Weekly Report (MMWR) | www.cdc.gov/mmwr |
| Immunization Action Coalition (IAC) | www.immunize.org |
| IAC (vaccine information) | www.vaccineinformation.org |
| Immunization Gateway | www.immunofacts.com |
| Michigan Occupational Safety and Health Administration (MIOSHA) | www.michigan.gov/miosha |
| MIOSHA Standards for Bloodborne Pathogens | www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf |
| Parents of Kids w/Infectious Diseases (PKIDS) | www.pkids.org |
| Partnership for Prescription Assistance | www.pparxmi.org |
| Patient Advocate Foundation | www.patientadvocate.org |
| Vaccine Safety | www.cdc.gov/vaccinesafety |
| World Health Organization (WHO) | www.who.int/immunization |

HEPATITIS INFORMATION

| | |
|--|--|
| American Gastroenterological Association | www.gastro.org |
| American Liver Foundation | www.liverfoundation.org |
| Asian Liver Center | www.asianlivercenter.org |
| CDC Hepatitis Information | www.cdc.gov/hepatitis |
| Clinical Trial Information | www.clinicaltrials.gov |
| Hepatitis and Intravenous Drug Use | www.cdc.gov/idu/hepatitis/index.htm |
| Hepatitis B Foundation (Liver Specialists) | www.hepb.org |
| Hepatitis B Info Page | www.geocities.com/hbvinfo |
| Hepatitis B Recommendations: "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States" | www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm |
| Hepatitis B support information | www.hblist.org |
| Hepatitis C Info Page | www.all-about-hepatitisc.com |
| Hepatitis C Connection | www.hepc-connection.org |
| Hepatitis Foundation International | www.hepfi.org |
| Hepatitis Support Project | www.hbvadvocate.org |
| HIV and Hepatitis Site | www.HIVandHepatitis.com |
| Janis and Friends - Hepatitis C Support | www.Janis7hepc.com |
| Michigan Hepatitis C Foundation | www.mihepc.org |
| National Foundation for Infectious Diseases | www.nfid.org/library/hepb_safety.html |
| North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition | www.naspgn.org |
| Perinatal Hepatitis B Program Manual | www.michigan.gov/hepatitisB |

PHARMACEUTICAL COMPANIES

| | |
|---------------------------------------|--|
| Amgen | www.amgen.com |
| Bristol-Myers Squibb Company | www.bristolmyers.com |
| Chiron | www.chiron.com |
| Gilead | www.gilead.com |
| GlaxoSmithKline | www.gsk.com |
| MedImmune | www.medimmune.com |
| Merck and Co., Inc | www.merck.com |
| North American Biologics, Inc | www.nabi.com |
| Roche Pharmaceuticals | www.roche.com |
| sanofi pasteur | www.sanofipasteur.com |
| Schering-Plough | www.schering.com |
| Wyeth-Lederle Vaccines and Pediatrics | www.ahp.com |

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

| Vaccine ▼ | Age ► | Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 19–23 months | 2–3 years | 4–6 years | |
|---|-------|-------|---------|----------|----------------|------------------|----------------|--------------------|-----------|--------------|-------------|-----------|---------------------------|
| Hepatitis B ¹ | | HepB | HepB | | see footnote 1 | HepB | | | | | | | |
| Rotavirus ² | | | | Rota | Rota | Rota | | | | | | | Range of recommended ages |
| Diphtheria, Tetanus, Pertussis ³ | | | | DTaP | DTaP | DTaP | see footnote 3 | DTaP | | | | DTaP | |
| Haemophilus influenzae type b ⁴ | | | | Hib | Hib | Hib ⁴ | | Hib | | | | | Certain high-risk groups |
| Pneumococcal ⁵ | | | | PCV | PCV | PCV | | PCV | | | PPV | | |
| Inactivated Poliovirus | | | | IPV | IPV | | | IPV | | | | IPV | |
| Influenza ⁶ | | | | | | | | Influenza (Yearly) | | | | | |
| Measles, Mumps, Rubella ⁷ | | | | | | | | MMR | | | | MMR | |
| Varicella ⁸ | | | | | | | | Varicella | | | | Varicella | |
| Hepatitis A ⁹ | | | | | | | | HepA (2 doses) | | | HepA Series | | |
| Meningococcal ¹⁰ | | | | | | | | | | | MCV4 | | |

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, **800-822-7967**.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

For those who fall behind or start late, see the green bars and the catch-up schedule

| Vaccine ▼ | Age ► | 7–10 years | 11–12 years | 13–18 years |
|---|----------------|---------------------------|----------------------|-------------------|
| Diphtheria, Tetanus, Pertussis ¹ | see footnote 1 | | Tdap | Tdap |
| Human Papillomavirus ² | see footnote 2 | | HPV (3 doses) | HPV Series |
| Meningococcal ³ | | MCV4 | MCV4 | MCV4 |
| Pneumococcal ⁴ | | PPV | | |
| Influenza ⁵ | | Influenza (Yearly) | | |
| Hepatitis A ⁶ | | HepA Series | | |
| Hepatitis B ⁷ | | HepB Series | | |
| Inactivated Poliovirus ⁸ | | IPV Series | | |
| Measles, Mumps, Rubella ⁹ | | MMR Series | | |
| Varicella ¹⁰ | | Varicella Series | | |

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, **800-822-7967**.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18-year-olds who missed the 11–12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine.

- Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
- Persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

4. Pneumococcal polysaccharide vaccine (PPV).

- Administer PPV to certain high-risk groups.

5. Influenza vaccine.

- Administer annually to all close contacts of children aged 0–59 months.
- Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.

- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.

6. Hepatitis A vaccine (HepA).

- Administer the 2 doses in the series at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

10. Varicella vaccine.

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Catch-up Immunization Schedule

UNITED STATES • 2008

for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

| CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS | | | | | |
|---|------------------------|---|--|---|-----------------------|
| Vaccine | Minimum Age for Dose 1 | Minimum Interval Between Doses | | | |
| | | Dose 1 to Dose 2 | Dose 2 to Dose 3 | Dose 3 to Dose 4 | Dose 4 to Dose 5 |
| Hepatitis B ¹ | Birth | 4 weeks | 8 weeks (and 16 weeks after first dose) | | |
| Rotavirus ² | 6 wks | 4 weeks | 4 weeks | | |
| Diphtheria, Tetanus, Pertussis ³ | 6 wks | 4 weeks | 4 weeks | 6 months | 6 months ³ |
| <i>Haemophilus influenzae</i> type b ⁴ | 6 wks | 4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at 15 months of age or older | 4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed if previous dose administered at age 15 months or older | 8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months | |
| Pneumococcal ⁵ | 6 wks | 4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12 months or older or current age 24–59 months No further doses needed for healthy children if first dose administered at age 24 months or older | 4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older | 8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months | |
| Inactivated Poliovirus ⁶ | 6 wks | 4 weeks | 4 weeks | 4 weeks ⁶ | |
| Measles, Mumps, Rubella ⁷ | 12 mos | 4 weeks | | | |
| Varicella ⁸ | 12 mos | 3 months | | | |
| Hepatitis A ⁹ | 12 mos | 6 months | | | |
| CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS | | | | | |
| Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰ | 7 yrs ¹⁰ | 4 weeks | 4 weeks if first dose administered at younger than 12 months of age 6 months if first dose administered at age 12 months or older | 6 months if first dose administered at younger than 12 months of age | |
| Human Papillomavirus ¹¹ | 9 yrs | 4 weeks | 12 weeks (and 24 weeks after the first dose) | | |
| Hepatitis A ⁹ | 12 mos | 6 months | | | |
| Hepatitis B ¹ | Birth | 4 weeks | 8 weeks (and 16 weeks after first dose) | | |
| Inactivated Poliovirus ⁶ | 6 wks | 4 weeks | 4 weeks | 4 weeks ⁶ | |
| Measles, Mumps, Rubella ⁷ | 12 mos | 4 weeks | | | |
| Varicella ⁸ | 12 mos | 4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age | | | |

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

2. Rotavirus vaccine (Rota).

- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks.
- Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- DTaP is not indicated for persons aged 7 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Vaccine is not generally recommended for children aged 5 years or older.
- If current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

5. Pneumococcal conjugate vaccine (PCV).

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- For children with underlying medical conditions, administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses, or 1 dose of PCV if previously received 3 doses.

6. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.

- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- IPV is not routinely recommended for persons aged 18 years and older.

7. Measles, mumps, and rubella vaccine (MMR).

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.

8. Varicella vaccine.

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).

11. Human papillomavirus vaccine (HPV).

- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 800-CDC-INFO (800-232-4636).

Is the vaccine safe?

The hepB vaccine is very safe. The most common side effect is soreness at the place where the shot was given.

Before babies are given the hepB vaccine, their parents should be given a form called Hepatitis B Vaccine, What You Need To Know. This form gives information about the vaccine. Parents are asked to read the form and then talk with the doctor or nurse if they have questions.

Should older children get the hep B vaccine?

All children and teenagers should get the hepB vaccine. Parents can talk to their children's doctor or nurse about getting the vaccine.

Should anyone else get the shots?

People should get the hepB vaccine if they:

- live with someone who has the hepatitis B virus
- have more than one sexual partner
- have a sexually transmitted disease
- are a hemodialysis patient
- get blood products
- have liver disease
- come into contact with blood at their jobs
- inject drugs

More information

For more information, call your child's doctor, local health department, or the Michigan Department of Community Health Perinatal Hepatitis B Prevention Program at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Websites

Michigan Department of Community Health
www.michigan.gov/hepatitisb

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/hepatitis

Immunization Action Coalition
www.immunize.org

Hepatitis B Information and Support List
www.hblist.org

**PROTECT YOUR CHILDREN TODAY
BY HAVING THEM GET THEIR
HEPATITIS B SHOTS!**

*Michigan Department
of Community Health*

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

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Rev. 11/06



HEPATITIS B:

What Parents Need to Know

 With special information
for pregnant women



What is hepatitis B?

Hepatitis B is a disease caused by a virus that infects the liver. People often show no signs of having the virus. Most people who get the virus get better in a few months, but some carry the virus in their blood all their lives (they are called carriers). In the United States, about 51,000 people get hepatitis B every year, and about one million people are carriers.

♥ **Babies can get hepatitis B at birth if their mother has the hepatitis B virus.**

♥ **Babies and young children may also get hepatitis B if they come into contact with blood or body fluids from their mother or from people they live with who have hepatitis B. The younger you are when you get hepatitis B, the more likely you will become a carrier of the disease.**

How do you get hepatitis B?

You can get it:

- ♥ **at birth, if your mother has the virus**
 - by having sex or sharing needles with someone who has the virus
 - by sharing personal things like razors and toothbrushes with a person who has the virus

One out of three people with the hepatitis B virus does not know how he or she got it.

How do you know if you have hepatitis B?

Hepatitis B can make you feel tired or sick and can sometimes make your skin and eyes yellow.

Many people don't know they have hepatitis B, because they don't feel or look sick. Even if you don't look or feel sick, you can still get liver disease and give hepatitis B to others.

The only way to know if you have hepatitis B is to get a blood test.

♥ **Women should be tested for hepatitis B surface antigen (HBsAg) during EACH pregnancy to see if they have the hepatitis B virus.**

How can babies be safe from getting hepatitis B?

♥ **If a test shows that a pregnant woman has the hepatitis B virus in her blood, her baby can get this virus at birth. Babies born to women who have the hepatitis B virus need:**

- hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine **WITHIN TWELVE HOURS OF BIRTH**
- a second shot of hepB vaccine at one to two months of age
- a third shot at six months of age
- a blood test three to nine months after the last shot to make sure that they are safe from getting the hepatitis B virus

Babies born to women who do NOT have the hepatitis B virus should also get the hepB vaccine:

- starting at birth
- at one to two months of age
- on or after six months of age



MOTHERS . . .

Take this card with you when you go to the hospital. Give it to your nurse. This is one more way to help protect your baby from getting the hepatitis B virus.

Don't share hepatitis B with your baby.

You have the hepatitis B virus in your blood, and you could give this virus to your baby at birth. If your baby does get hepatitis B, he or she could become ill. Your baby could also give the virus to others.



How to protect your baby . . .

Babies born to mothers who have the hepatitis B virus should get:

- Hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine within 12 hours of birth
- A second dose of hepB vaccine one-two months after the first dose
- A third dose at six months of age
- A blood test at nine to eighteen months of age (3 months after the completion of the vaccine series)

If you have questions about this program, or about how to get free hepB vaccine or free blood tests for your baby, household or sexual contacts, please call the Michigan Department of Community Health Perinatal Hepatitis B Program at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

IMPORTANT!

Your baby got hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine on:



HBIG _____/_____/_____
Date

HepB vaccine _____/_____/_____
Date

Your baby needs at least two more doses of hepB vaccine. The next dose is due in one-two months. Please make an appointment as soon as you can, and record here as a reminder.

_____/_____/_____
Date Time

Doctor/Clinic

Please take this card and the baby's immunization record with you to your next appointment.

Note to baby's doctor on back:

To Health Care Providers:

All doses should be entered into the Michigan Care Improvement Registry (MCIR).

Recommended schedule for infants who are born to a hepatitis B surface antigen (HBsAg) positive woman:

- Hepatitis B immune globulin (HBIG) within 12 hours of birth _____ / _____ / _____
Date
- A dose of hepatitis B (hepB) vaccine within 12 hours of birth _____ / _____ / _____
Date
- A dose of hepB vaccine one-two months after the first dose (and no sooner than 4 weeks after the first dose) _____ / _____ / _____
Date
- A dose of hepB vaccine at six months of age (and no sooner than 24 weeks of age) _____ / _____ / _____
Date
- Blood tests at 9-18 months of age (3-9 months after the completion of the hepB vaccine series) _____ / _____ / _____
Date

Hepatitis B surface antigen (HBsAg) (Pos) or (Neg)
And
Antibody to hepatitis B surface antigen (anti-HBs) (Pos) or (Neg)

Name of infant _____
Last First Middle initial

Date of birth _____ / _____ / _____
Date

Name of hospital _____

If you have any questions, please call the Perinatal Hepatitis B Program at the Michigan Department of Community Health, Immunization Division, at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.



INDIVIDUAL IMMUNIZATION RECORD

BRING THIS RECORD FOR IMMUNIZATIONS

| | |
|----------------------------|------------|
| NAME (Last, First, Middle) | |
| BIRTHDATE / / | BIRTH NAME |

| VACCINE | TYPE OF VACCINE | DATE GIVEN Mo/Day/Year | HEALTH PROFESSIONAL OR CLINIC | DATE NEXT DOSE DUE |
|---|-------------------------|---------------------------|----------------------------------|-----------------------|
| Diphtheria- Tetanus- Pertussis (DTaP/DTP/DT/ Td/Tdap) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| | 6 | | | |
| | 7 | | | |
| | 8 | | | |
| | 9 | | | |
| <i>Haemophilus Influenza type B (Hib)</i> | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Hepatitis B (HepB) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Polio (IPV/OPV) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Pneumococcal Conjugate (PCV7) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Rotavirus (Rota) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Hepatitis A (HepA) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Measles-Mumps- Rubella (MMR) | 1 | | | |
| | 2 | | | |
| Varicella (Var) Chickenpox | 1 | | | |
| | 2 | | | |
| | HX of chickenpox | | | |
| Meningococcal (MCV4/MPSV4) | 1 | | | |
| | 2 | | | |
| Human Papillomavirus (HPV4) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Zoster <i>Shingles</i> | 1 | | | |
| Pneumococcal Polysaccharide PPV23 | 1 | | | |
| | 2 | | | |
| Influenza (TIV/LAIV)** | | | | |
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| Other | | | | |
| | | | | |
| | | | | |

** Influenza vaccine recommendations change from year to year. Please check www.michigan.gov/flu for the most current changes, or call your local health department.
 Combination vaccines should always be documented under each antigen.
 Please see note section on other side.

OFFICIAL IMMUNIZATION RECORD

For Children and Adults

Name: _____ Sex: F M

Birthdate: ____ / ____ / ____

Special Problems: _____

Physician/Clinic: _____
Name Telephone

Parent/Guardian: _____
Name Telephone



Getting immunized is a life-long job that prevents serious diseases.

- Children 11-12 years of age need shots to prevent tetanus, diphtheria, pertussis (whooping cough), and meningococcal disease. Girls should receive human papillomavirus vaccine.
- All adults (not just the elderly) need vaccines to protect them from severe illnesses.
- Many people need yearly influenza vaccine. Ask if you or one of your family members should get flu vaccine.

Keep track of the immunizations you and your child have received.

- Bring your immunization card to every medical visit. This is necessary for children and adults.
- Ask to have your card updated every time vaccines are given.
- The Michigan Care Improvement Registry (MCIR) keeps immunization records for Michigan residents. Ask if the vaccine you or your child received is entered in MCIR.*
- Children must meet Michigan’s immunization requirements to enroll in any nursery, day care, preschool or head start program, and public or non-public school.

*“Under Public Act 540 of 1996 and the Administrative Rules [R325.163] which govern the immunizations given to children, a physician who administers immunizations to a child under the age of 20 years is required to report this information to the Michigan Care Improvement Registry (MCIR), formally the Michigan Childhood Immunization Registry.”

Notes: _____

