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Printable Version of Entire OB/GYN Section

Perinatal Hepatitis B Prevention Program (PHBPP)

Michigan Perinatal Hepatitis B Prevention Program Staff:

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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

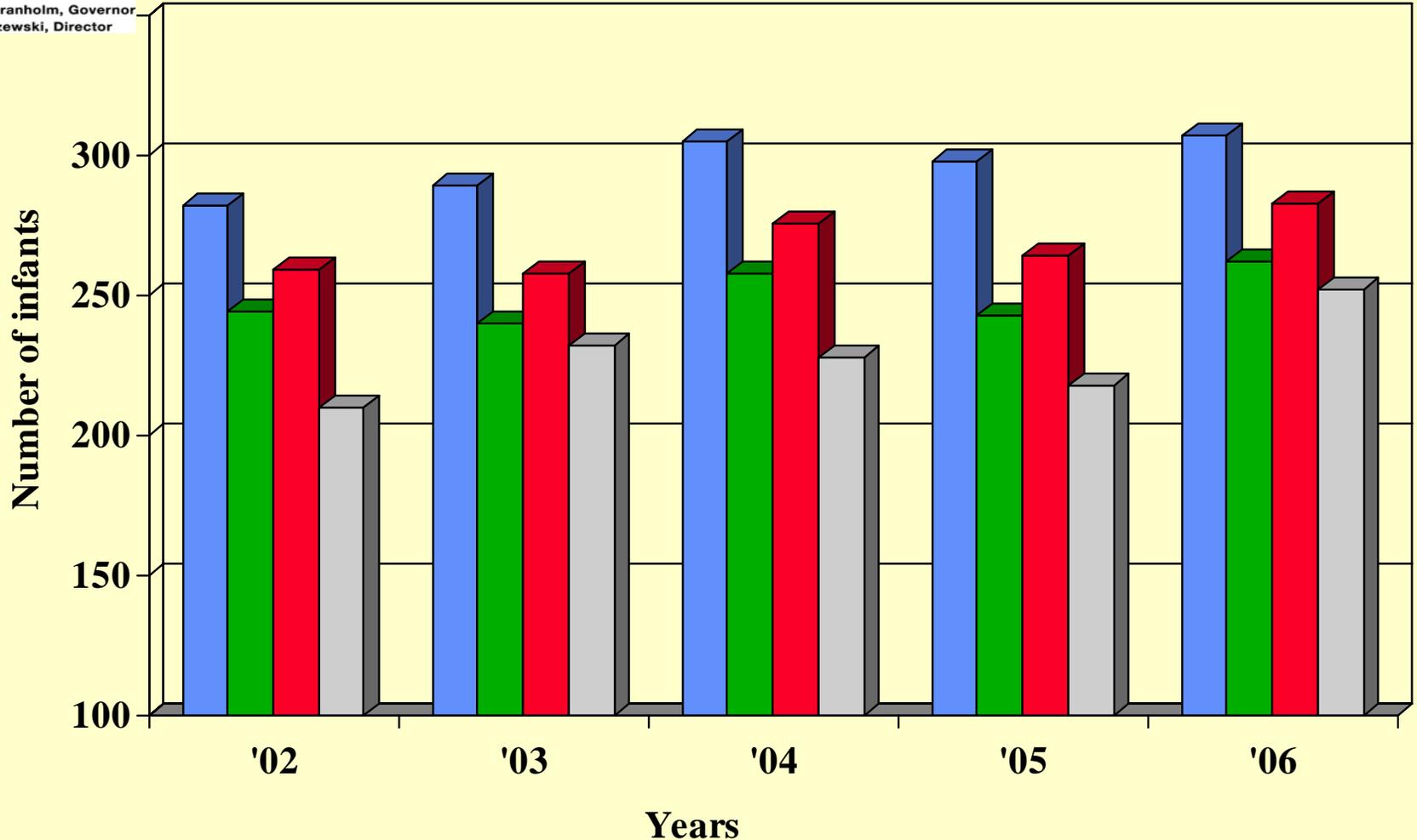
WITH HepB vaccine alone in a 3 or 4 dose series started at birth:

- 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 Obstetricians-Gynecologists Need to Know

Disease Burden

United States:*

- 1.25 million people chronically infected with hepatitis B virus (HBV)
- 20-39 year olds have the highest rates of HBV infection
- 20,000 hepatitis B surface antigen-positive (HBsAg-positive) pregnant women expected annually
- 1,000 infants chronically infected with HBV annually due to infected mothers not being identified and not receiving appropriate post-exposure prophylaxis at birth
- 52% of HBsAg-positive pregnant women not identified (Centers for Disease Control and Prevention Estimate)

Michigan:

- 300 infants born to HBsAg-positive women reported annually
- 396-597 number of infants born to HBsAg-positive women should be identified annually

Prevention

Prenatal care providers need to:

- Test every pregnant woman during every pregnancy for HBsAg
- Inform pregnant women of HBsAg status
- Send copy of HBsAg test result for this pregnancy to delivery hospital

If the patient is HBsAg-positive:

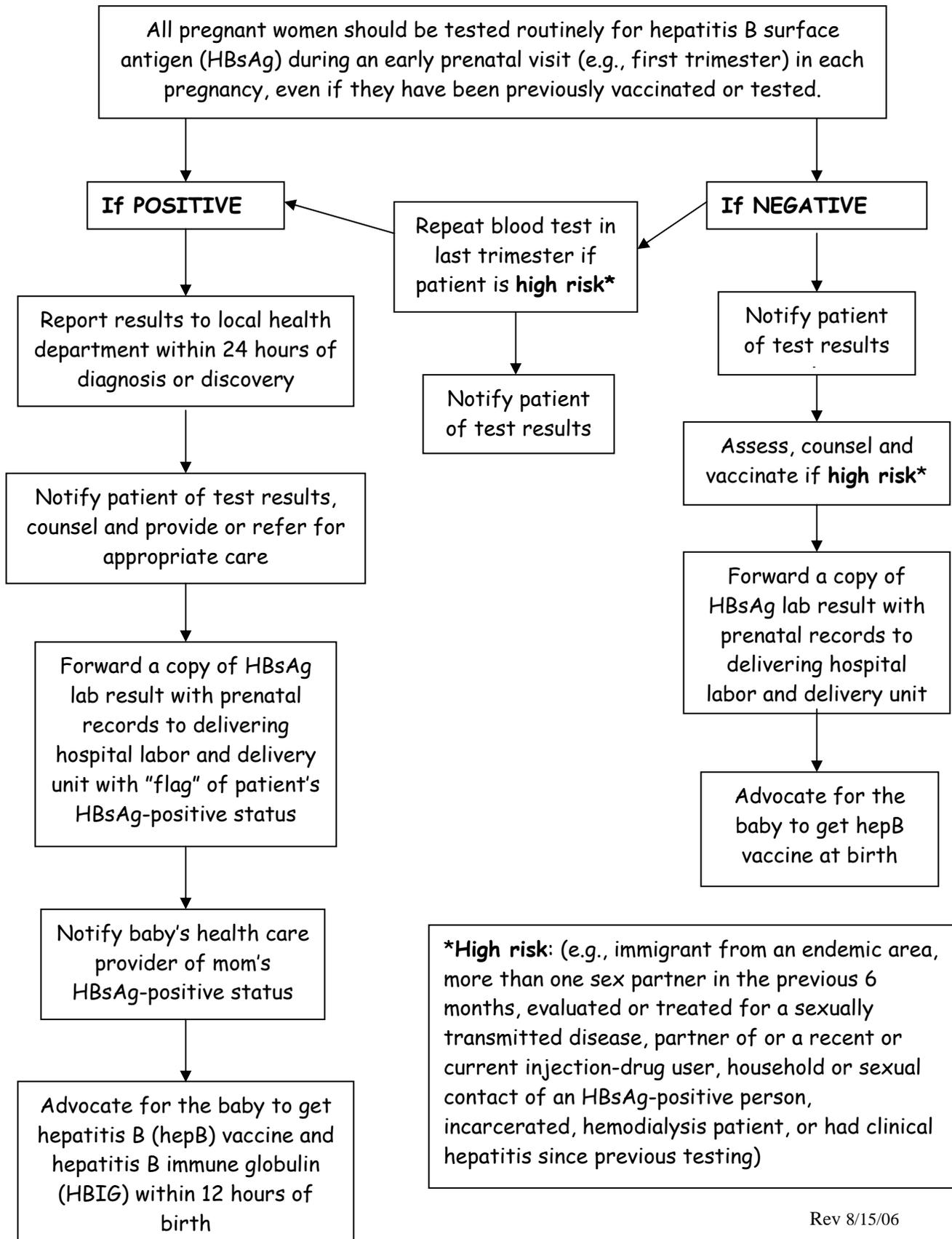
- Report results to local health department (LHD) within 24 hours
- Counsel and provide or refer for medical evaluation and case management

If the patient is HBsAg-negative:

- Assess risk for HBV infection
- Counsel and provide transmission and prevention education
- Vaccinate if high risk
- Retest during last trimester if high risk

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

Health Care Provider Responsibilities for Pregnant Women



Screening Pregnant Women for Hepatitis B Surface Antigen (HBsAg)

All pregnant women should be:

1. **Routinely tested** for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated or tested
2. **Assessed** for risk of hepatitis B virus (HBV) infection if HBsAg-negative
3. **Counseled** on methods to prevent HBV transmission and vaccinated if high risk
4. **Retested** in their last trimester if they are at risk for HBV infection (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 an HBsAg-positive person, incarcerated, hemodialysis patient, or had clinical hepatitis since previous testing.)
5. **Informed** of their HBsAg results and advised to notify delivery staff
6. **Provided** or referred for medical evaluation if they are HBsAg-positive
7. **Referred** to a case-management program, if they are HBsAg-positive, to ensure their infants, household and sexual contacts receive appropriate prophylaxis, testing and follow-up to prevent HBV infection
8. **Reported** within 24 hours to the local health department (LHD) in the county where the patient resides if they are HBsAg-positive
9. **Reported** to the labor and delivery unit by transmitting information regarding care during pregnancy, by recording HBsAg test results on all forms, and by transferring a copy of the original HBsAg laboratory report for this pregnancy

If you have any questions, please call the Perinatal Hepatitis B Prevention Program staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Section 333.5123 of Michigan's Public Health Code declares: "A physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for venereal disease (syphilis), HIV or an antibody to HIV, and for hepatitis B. If, when a woman presents at a health care facility to deliver an infant or for care in the immediate postpartum period having recently delivered an infant outside a health care facility, no record of results from the tests required by this subsection is readily available to the physician or individual otherwise authorized to provide care in such a setting, then the physician or individual otherwise authorized to provide care shall take or cause to be taken specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing department approved tests for venereal disease (syphilis), for HIV or an antibody to HIV, and for hepatitis B. This subsection does not apply if, in the professional opinion of the physician or other person, the tests are medically inadvisable or the woman does not consent to be tested."

Hepatitis B Testing in Pregnant Women

Michigan law requires prenatal care providers to:

- Test** all pregnant women during every pregnancy for hepatitis B surface antigen (HBsAg) status at the time of the woman's initial examination and after receiving consent for treatment.
- Report** every positive HBsAg test result in a pregnant woman to the local health department within 24 hours of diagnosis or discovery.

It is recommended that prenatal care providers:

- Retest** high risk pregnant women, who initially test HBsAg-negative, in the last trimester or at delivery.
- Send** a copy of prenatal HBsAg test results, for the current pregnancy, with all forms to the delivering hospital.
- Advocate** that all infants receive hepatitis B vaccine before hospital discharge and that all infants born to HBsAg-positive women receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth.

Section 333.5123 of Michigan's Public Health Code declares: A physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for venereal disease, HIV or an antibody to HIV, and for hepatitis B. Michigan's Communicable Disease Rules, Section 333.5111, Act No. 368, Public Acts of 1978, as amended in R325.171, R325.172, and R325.173. In R325.173, Rule 3 (1), a physician shall report each case of a serious communicable disease specified in R325.172, except for human immunodeficiency virus infection and acquired immunodeficiency syndrome which are governed by MCL 333.5114, within 24 hours of diagnosis or discovery, to the appropriate health department.

Health Insurance Portability and Accountability Act (**HIPAA**): Sharing of public health information (PHI) with public health authorities is addressed in **§164.512(b)**: (1) Permitted disclosures: A covered entity may disclose protected health information for the public health activities and purposes to: (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.

If you have any questions, please call the Perinatal Hepatitis B Prevention Program staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

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	Ogemaw	District 2	West Branch	989	854-5020	343-1899
Eaton	Barry-Eaton DHD	Charlotfe	517	343-2430	543-2656	Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2358
Emmet	NW MI Community	Petoskey	231	547-6014	347-2861	Oscoda	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.

Reporting Hepatitis B Surface Antigen-Positive (HBsAg-positive) Pregnant Women to the Local Health Department

One of the primary goals of the Perinatal Hepatitis B Prevention Program (PHBPP) is to identify all pregnant women who test positive for HBsAg prenatally so that their newborns can receive the appropriate prophylaxis. Therefore, it is very important that health care providers who offer prenatal services report all HBsAg-positive test results within 24 hours of discovery or diagnosis to the local health department (LHD) in the county where the patient resides.

Directions:

To ensure that all HBsAg-positive pregnant women are identified and their lab results are reported in a timely manner, do one of the following:

1. Fax a copy of the HBsAg test results to the LHD/Communicable Disease Unit in the county where the patient resides. ([optional Fax Cover Sheet](#))
2. Report all HBsAg-positive results electronically through the Michigan Disease Surveillance System (MDSS). (If you are not currently enrolled in MDSS, please contact your LHD/Communicable Disease Unit.)
3. Call your LHD directly. ([Directory of Michigan Health Departments by County, see page 2](#))

Other considerations:

1. Identify who is responsible and accountable for communicable disease reporting in your practice.
2. Review the [Reportable Diseases in Michigan](#) with all staff and post the [Hepatitis B Testing in Pregnant Women](#) as a quick reference tool.

If you have any questions please call the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Communicable Disease Rules, Section 333.5111, Act No. 368, Public Acts of 1978, as amended in R325.171, R325.172, and R325.173. In R325.173, Rule 3 (1), a physician shall report each case of a serious communicable disease specified in R325.172, except for human immunodeficiency virus infection and acquired immunodeficiency syndrome which is governed by MCL 333.5114, within 24 hours of diagnosis or discovery, to the appropriate health department.

Health Insurance Portability and Accountability Act (HIPAA): Sharing of public health information (PHI) with public health authorities is addressed in §164.512(b): (1) Permitted disclosures: A covered entity may disclose protected health information for the public health activities and purposes to: (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.

Hepatitis B Surface Antigen Positive (HBsAg-positive) Lab Result in a Pregnant Woman

FAX COVER SHEET

Date: _____

To: _____

Office: _____

Phone: _____

Fax: _____

From: _____

Office: _____

Phone: _____

Fax: _____

**Please provide a copy of the HBsAg-positive lab report
to your local health department**

Communicable Disease Rules, Section 333.5111, Act No. 368, Public Acts of 1978, as amended in R325.171, R325.172, and R325.173. In R325.173, Rule 3 (1), a physician shall report each case of a serious communicable disease specified in R325.172, except for human immunodeficiency virus infection and acquired immunodeficiency syndrome which is governed by MCL 333.5114, within 24 hours of diagnosis or discovery, to the appropriate health department.

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Laboratories and physicians are both required to report

A public health nurse will be contacting you for additional information regarding this client

Total number of pages including the cover page ____

Confidentiality Notice: These documents contain information, which is confidential in nature. The information is for the sole use of the intended recipient(s) named on the cover sheet. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to the contents of this information is solely prohibited. If you have received this fax in error, please telephone us immediately so that we can correct the error and arrange for destruction or return of the faxed documents.

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.

ACIP = Advisory Committee on Immunization Practices

**Prevention of Tetanus, Diphtheria and Pertussis among Pregnant Women: Provisional ACIP Recommendations for the Use of Tdap Vaccine, August 1, 2006
Refer "Guidelines for Vaccinating Pregnant Women", abstracted from ACIP Recommendations, May 2007@www.cdc.gov/vaccines/pubs/preg-guide.htm#women
Alliance for Immunization in Michigan 2008 AIM Kit – Adult Immunization Section November 8, 2007

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.

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

After receiving vaccines...



You have received one or more immunizations today: (circled)

Influenza – Injectable
Influenza – Nasal
Pneumococcal
Tetanus/Diphtheria
Tetanus/Diphtheria/Pertussis
Human Papillomavirus

Hepatitis A
Hepatitis B
Measles/Mumps/Rubella
Varicella (chickenpox)
Meningococcal
Zoster (shingles)

Sometimes the immunizations that protect you from serious diseases may also cause some discomfort. Reactions to vaccinations do occur, but serious reactions are rare. The more common reactions are redness, slight swelling and pain at the injection site and fever.

- If your arm becomes sore, you may want to apply ice or a cold pack to the injection area for 5–10 minutes at a time.
- Using or exercising the arm where the injection was given will distribute the medication quickly and decrease soreness.
- If you develop a fever greater than 100°F (38°C)
 - Please take a fever reducing medication as directed: _____ for the next 24 hours.
 - Drink plenty of fluids.
 - Dress lightly.

If you have other questions or are concerned about how you are feeling, **CALL** the clinic!

The Clinic Phone Number is _____

Your next vaccine(s) are due on or after _____

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 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)									

Notes:

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

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

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.

Information for People with Chronic Hepatitis B Infection How to Take Care of Yourself and Others

People with chronic hepatitis B virus (HBV) infection (having HBV for more than six months) are known as carriers. Carriers who get HBV at a young age have an increased risk of liver disease as adults. Most HBV carriers do not feel or look sick, but still need to see their doctor at least once a year for follow-up care.

Carriers may feel healthy, but they can still give HBV to others. Carriers must protect others from their blood, or other body fluids such as semen and vaginal fluids. HBV is not spread by sneezing, coughing, or by casual contact such as holding hands or hugging.

What you can do to take care of yourself

- See your doctor for a check-up at least once a year
- Review all medications (prescription, over-the-counter, and alternative) with your doctor
- Discuss with your doctor about getting periodic ultrasounds, alpha-fetoprotein (AFP) blood tests, or other studies to make sure there is no evidence of a developing liver cancer
- Don't drink alcohol because it can further damage your liver, especially when used with acetaminophen (an ingredient found in cold and headache remedies)
- Don't eat raw oysters
- Get the hepatitis A vaccinations and all other immunizations that may be needed

What you can do to protect others

- If you are pregnant, tell your doctor that you have HBV so your baby can get the hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) at birth
- Cover all cuts and open sores
- Properly dispose of all items such as tissues, menstrual pads and tampons, so others don't come into contact with any blood or body fluids
- Wash hands well after touching your blood or body fluids
- Clean up blood spills with one part bleach to ten parts water
- Make sure all household and sexual partners are tested and treated
- Tell your sexual partner(s) that you have HBV and continue to use a latex condom until they have had a blood test and are fully vaccinated, if needed
- Let your doctor and dentist know that you have HBV
- Do **NOT** share food or gum that has been in your mouth
- Do **NOT** share toothbrushes, razors, tattooing and body piercing equipment, earrings, nail files, clippers, or anything that may have come into contact with your blood or body fluids
- Do **NOT** share syringes or needles
- Do **NOT** donate blood, plasma, body organs, tissue, sperm or eggs

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
Byelorussia	Iran	New Caledonia	Togo
Cambodia (Kampuchea)	Iraq	Niger	Tonga
Cameroon	Israel	Nigeria	Tunisia
Cape Verde	Italy	Northern Mariana	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	Kirgizstan	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.
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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/hbvinfos
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 Adult Immunization Schedule

Note: These recommendations must be read with the footnotes that follow.

Figure 1. Recommended adult immunization schedule, by vaccine and age group United States, October 2007 – September 2008

VACCINE ▼	AGE GROUP ▶	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs		
		Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ^{2,*}		3 doses females (0, 2, 6 mos)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses	1 dose	
Varicella ^{4,*}		2 doses (0, 4–8 wks)		
Influenza ^{5,*}			1 dose annually	
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ^{10,*}		1 or more doses		
Zoster ¹¹				1 dose

*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications United States, October 2007 – September 2008

VACCINE ▼	INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]), medications, radiation ¹³	HIV infection ^{3,12,13} CD4+ T lymphocyte count		Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
				<200 cells/μL	≥200 cells/μL					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs								
		Substitute 1 dose of Tdap for Td								
Human papillomavirus (HPV) ^{2,*}		3 doses for females through age 26 yrs (0, 2, 6 mos)								
Measles, mumps, rubella (MMR) ^{3,*}		Contraindicated				1 or 2 doses				
Varicella ^{4,*}		Contraindicated				2 doses (0, 4–8 wks)				
Influenza ^{5,*}						1 dose TIV annually				1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{6,7}						1–2 doses				
Hepatitis A ^{8,*}						2 doses (0, 6–12 mos, or 0, 6–18 mos)				
Hepatitis B ^{9,*}						3 doses (0, 1–2, 4–6 mos)				
Meningococcal ^{10,*}						1 or more doses				
Zoster ¹¹		Contraindicated				1 dose				

*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of October 1, 2007. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

Footnotes

Recommended Adult Immunization Schedule • United States, October 2007 – September 2008

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit www.cdc.gov/vaccines/pubs/ACIP-list.htm.

1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults aged <65 years who have not previously received a dose of Tdap. Only one of two Tdap products (Adacel[®] [sanofi pasteur]) is licensed for use in adults.

Adults with uncertain histories of a complete primary vaccination series with tetanus and diphtheria toxoid-containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses of tetanus and diphtheria toxoid-containing vaccines; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. However, Tdap can substitute for any one of the doses of Td in the 3-dose primary series. The booster dose of tetanus and diphtheria toxoid-containing vaccine should be administered to adults who have completed a primary series and if the last vaccination was received ≥ 10 years previously. Tdap or Td vaccine may be used, as indicated.

If the person is pregnant and received the last Td vaccination ≥ 10 years previously, administer Td during the second or third trimester; if the person received the last Td vaccination in <10 years, administer Tdap during the immediate postpartum period. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women, close contacts of infants aged <12 months, and all health-care workers with direct patient contact. In certain situations, Td can be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be administered instead of Td to a pregnant woman after an informed discussion with the woman.

Consult the ACIP statement for recommendations for administering Td as prophylaxis in wound management.

2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended for all females aged ≤ 26 years who have not completed the vaccine series. History of genital warts, abnormal Papanicolaou test, or positive HPV DNA test is not evidence of prior infection with all vaccine HPV types; HPV vaccination is still recommended for these persons.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated. Sexually active females who have not been infected with any of the HPV vaccine types receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types.

A complete series consists of 3 doses. The second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for females with the medical indications described in Figure 2, "Vaccines that might be indicated for adults based on medical and other indications," it is not a live-virus vaccine and can be administered. However, immune response and vaccine efficacy might be less than in persons who do not have the medical indications described or who are immunocompetent.

3. Measles, mumps, rubella (MMR) vaccination

Measles component: Adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥ 1 dose of MMR unless they have a medical contraindication, documentation of ≥ 1 dose, history of measles based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally.

Mumps component: Adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, history of mumps based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) are in an age group that is affected during a mumps outbreak; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. For unvaccinated health-care workers born before 1957 who do not have other evidence of mumps immunity, consider administering 1 dose on a routine basis and strongly consider administering a second dose during an outbreak.

Rubella component: Administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

4. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health-care personnel and pregnant women birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on health-care provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.

5. Influenza vaccination

Medical indications: Chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus, renal or hepatic dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or human immunodeficiency virus [HIV]); any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, or seizure disorder or other neuromuscular disorder); and pregnancy during the

influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

Occupational indications: Health-care personnel and employees of long-term care and assisted-living facilities.

Other indications: Residents of nursing homes and other long-term care and assisted-living facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged 0–59 months, or persons of all ages with high-risk conditions); and anyone who would like to be vaccinated. Healthy, nonpregnant adults aged ≤ 49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered live, attenuated influenza vaccine (FluMist[®]) or inactivated vaccine. Other persons should receive the inactivated vaccine.

6. Pneumococcal polysaccharide vaccination

Medical indications: Chronic pulmonary disease (excluding asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); chronic alcoholism, chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

Other indications: Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term care facilities.

7. Revaccination with pneumococcal polysaccharide vaccine

One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); or immunosuppressive conditions. For persons aged ≥ 65 years, one-time revaccination if they were vaccinated ≥ 5 years previously and were aged <65 years at the time of primary vaccination.

8. Hepatitis A vaccination

Medical indications: Persons with chronic liver disease and persons who receive clotting factor concentrates.

Behavioral indications: Men who have sex with men and persons who use illegal drugs.

Occupational indications: Persons working with hepatitis A virus (HAV)-infected primates or with HAV in a research laboratory setting.

Other indications: Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at www.cdc.gov/travel/content/diseases.aspx) and any person seeking protection from HAV infection.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix[®]), or 0 and 6–18 months (Vaqta[®]). If the combined hepatitis A and hepatitis B vaccine (Twinrix[®]) is used, administer 3 doses at 0, 1, and 6 months.

9. Hepatitis B vaccination

Medical indications: Persons with end-stage renal disease, including patients receiving hemodialysis; persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons with HIV infection; and persons with chronic liver disease.

Occupational indications: Health-care personnel and public-safety workers who are exposed to

blood or other potentially infectious body fluids.

Behavioral indications: Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); current or recent injection-drug users; and men who have sex with men.

Other indications: Household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/content/diseases.aspx); and any adult seeking protection from HBV infection.

Settings where hepatitis B vaccination is recommended for all adults: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

Special formulation indications: For adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40 $\mu\text{g/mL}$ (Recombivax HB[®]), or 2 doses of 20 $\mu\text{g/mL}$ (Engerix-B[®]) administered simultaneously.

10. Meningococcal vaccination

Medical indications: Adults with anatomic or functional asplenia, or terminal complement component deficiencies.

Other indications: First-year college students living in dormitories; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December–June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine is preferred for adults with any of the preceding indications who are aged ≤ 55 years, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Revaccination after 3–5 years might be indicated for adults previously vaccinated with MPSV4 who remain at increased risk for infection (e.g., persons residing in areas in which disease is epidemic).

11. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults aged ≥ 60 years regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib conjugate vaccines are licensed for children aged 6 weeks–71 months. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults with the chronic conditions associated with an increased risk for Hib disease. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had splenectomies; administering vaccine to these patients is not contraindicated.

13. Immunocompromising conditions

Inactivated vaccines are generally acceptable (e.g., pneumococcal, meningococcal, and influenza [trivalent inactivated influenza vaccine]), and live vaccines generally are avoided in persons with immune deficiencies or immune suppressive conditions. Information on specific conditions is available at www.cdc.gov/vaccines/pubs/acip-list.htm.

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

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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.



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</i> (Hib)	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)**				
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

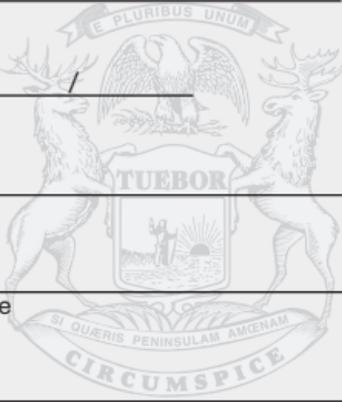
Name: _____ Sex: F M

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: _____

