



# Perinatal Hepatitis B Prevention Program

Aemon C. Weaver, DHPE Intern, Fort Valley State University

Preceptors: Judy McChargue, RN, Immunizations Coordinator; Amber Erickson, MPH, Epidemiologist  
North Central Health District



## Program Goals

The Perinatal Hepatitis B Prevention Program is designed to target 100% of reported infants born to HBsAg+ (Hepatitis B surface antigen positive/Hepatitis B positive) mothers through tracking the progression of HBIG (hepatitis b immune globulin), the hepatitis B vaccine series, and post-vaccination testing. In doing so a 90% completion rate is to be maintained or increase the number of completed perinatal hepatitis B cases in the district by 2% based off previous year's rate.

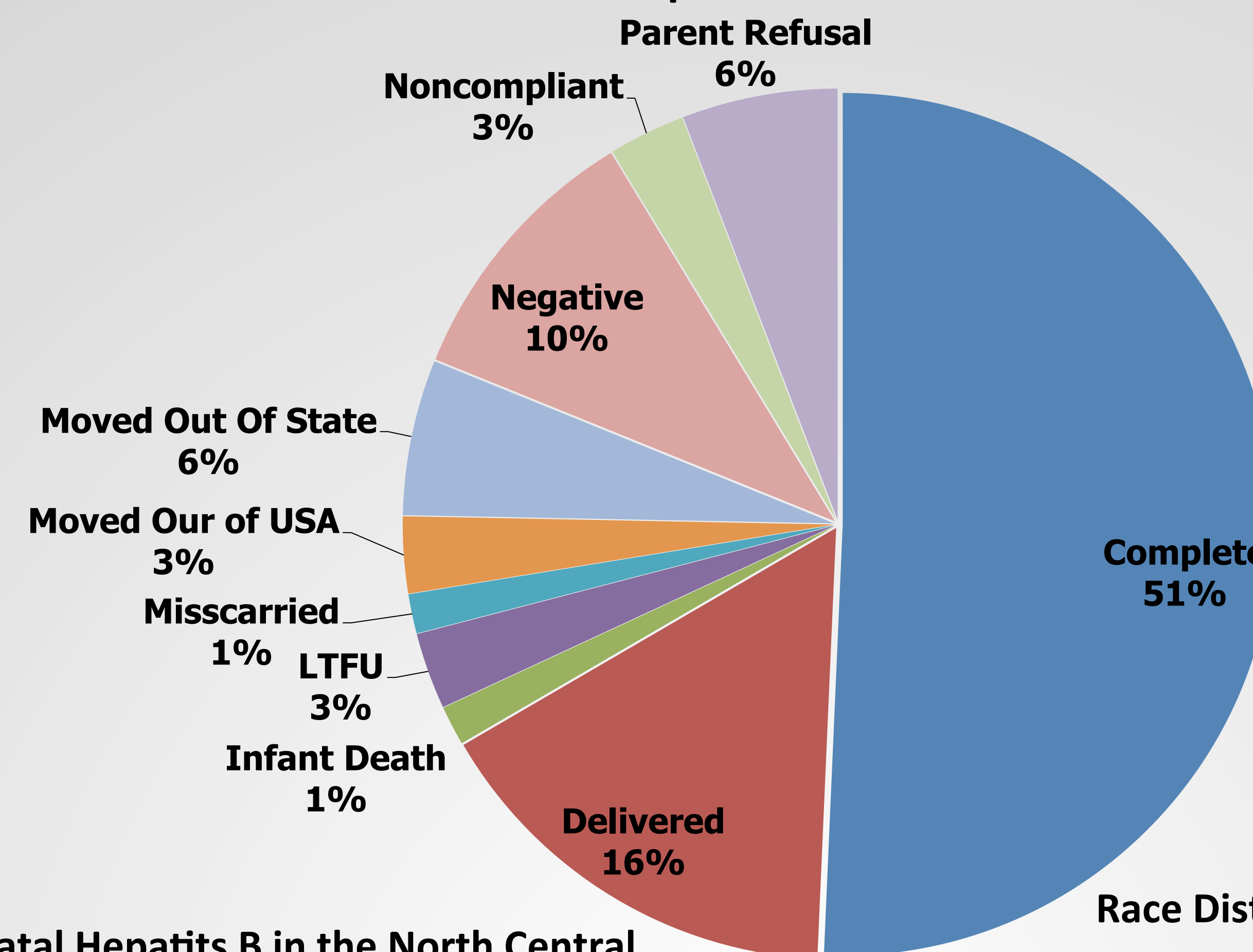
## Activities

In an effort to achieve the program goals the following activities were performed:

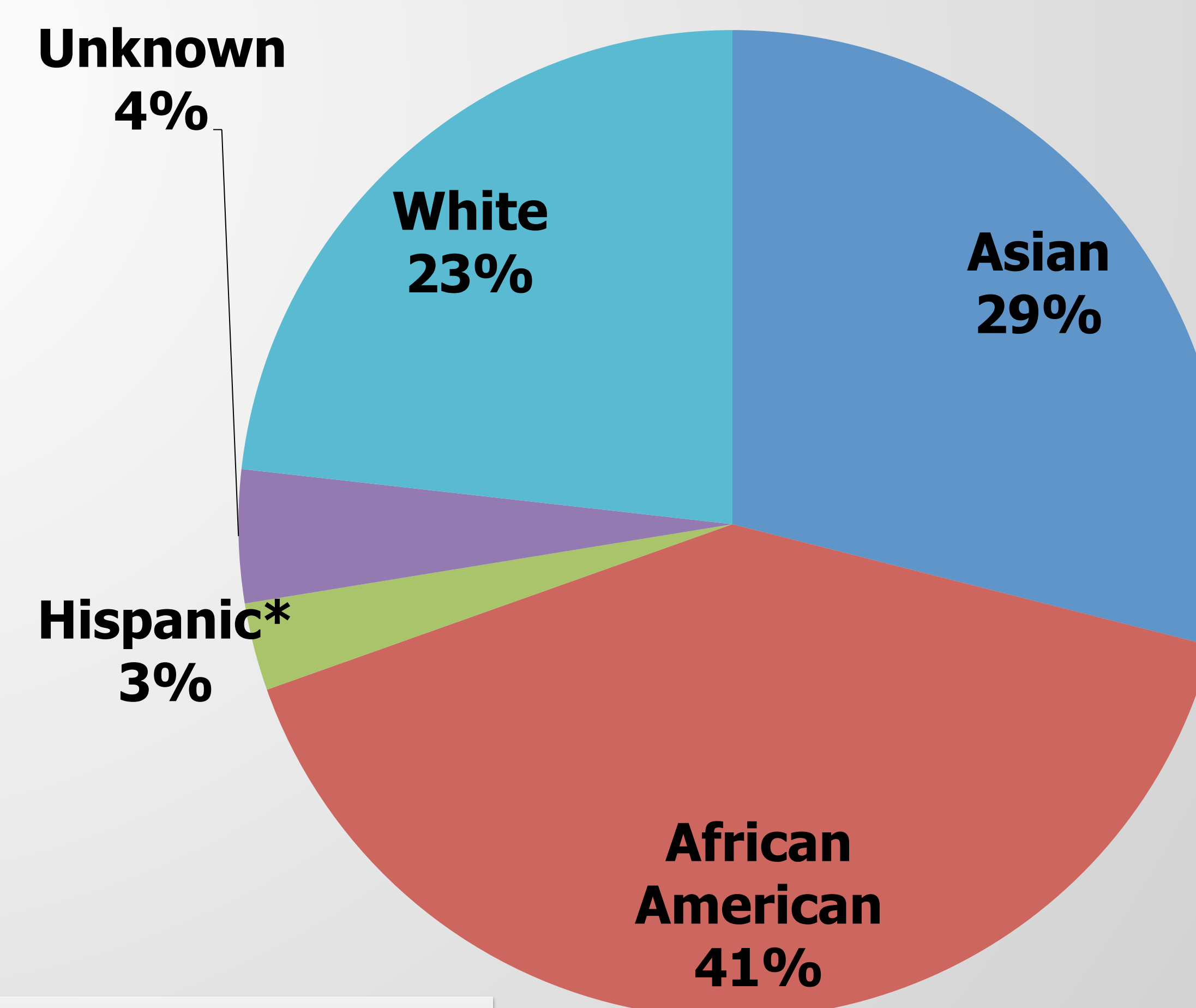
- Performed timely disease intervention strategies to decrease the prevalence of Hepatitis B.
- Case management through SendSS (State Electronic Notifiable Disease Surveillance System) and GRITS (GA Registry of Immunization Transactions and Services) to accurately track infants immunizations
- Conduct case interviews with mother gathering important pregnancy, contact, and disease history information.
- Created correspondence materials for mothers and physicians to remind them of upcoming immunizations and screening
- Coordinated provider trainings with local pediatric offices to educate on the AAP/CDC recommendations on the Hepatitis B vaccination series.
- Counseled and educated mothers throughout infant's progression through the vaccination and testing series.
- Performed investigations, data collection and analysis, and interpretation.

## Five Year Data

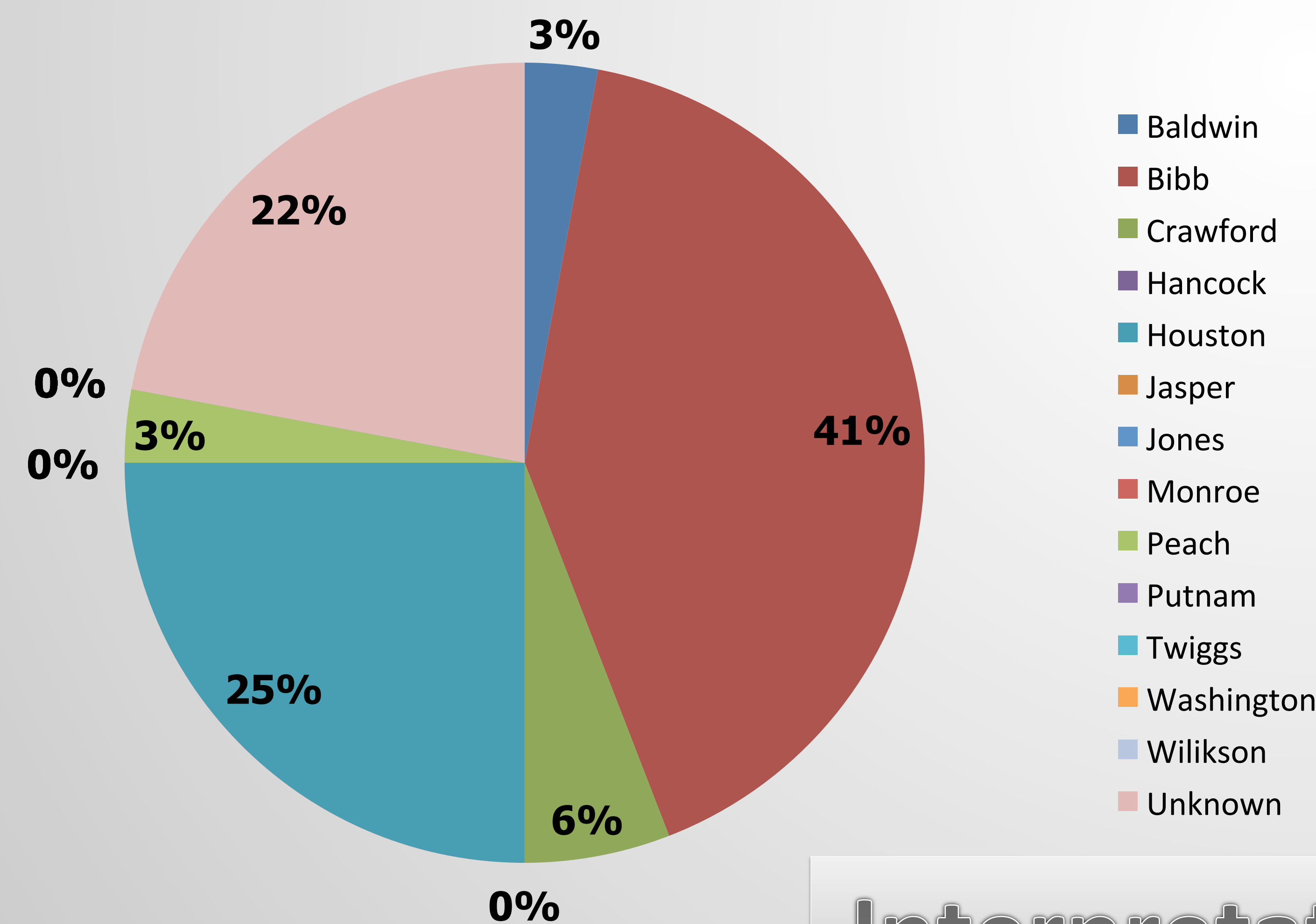
Case Status of Perinatal Hepatitis B in the North Central Health District



Race Distribution of Perinatal Hepatitis B in the North Central Health District (Infants)



Percentage per County of Perinatal Hepatitis B in the North Central Health District



## Interpretation of Data

Results show a five year case completion rate of 51 %. Changes in nursing staff and office management is a hindrance to this rate, as well as not targeting parents in time and keeping constant contact with them through counseling and education. The top two counties represented in the district are Bibb (41%) Houston (25%). There is an unrepresented portion accounting for majority Bibb, Houston and Baldwin according to birth hospital. Within the district African Americans represent 41% of cases over the last five years. Asian/Pacific Islander population accounts for 50% of HBV cases in the USA. A district From this internship and training it was easy to identify socioeconomic, cultural, and educational determinants that are associated within the population of hepatitis representation of this race is to be expected. b mothers.

## Conclusion and Recommendations

This internship program at the North Central Health District and through the Directors of Health Promotion and Education provided an opportunity to encounter what actual practitioner's encounter in a profession of public health. The program is designed to provide practical experience and guidance to aid in one's knowledge of this subject. For the PHBPP specifically the social determinants that I have identified were socioeconomic status, education level, and cultural differences among the current cohort. Knowing this makes it easier to target population effectively and administer interventions accordingly. My recommendation for the PHBPP is to coordinate a bi-annual educational training event for district pediatric providers to target ensure if offices have high turnover all staff is abreast to current recommendations as well as district protocol for testing and reporting. Also, monthly newsletter or correspondence to mothers reiterating [reminding of] the vaccination schedule for their infants. Both measures are done in an effort to increase and maintain case completion above 90%

## Acknowledgements

I want to thank Judy McChargue for the opportunity and considering me for this internship. I want to thank Amber Erickson for her help and guidance on numerous occasions through this internship. I want to thank the Infectious Disease staff and Dr. William Harvey of the North Central Health District for a wonderful office experience. I want to also thank Tracy Kavanaugh of the Georgia Department of Health and Mike Chaney of the Georgia chapter of the American Academy of Pediatrics. Without their help and guidance none of this would have been possible. With their help I have gained a wealth of knowledge vital to success in this field.