



North Carolina Department of Health and Human Services
Division of Public Health

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April 1, 2014

TO: Local Health Directors
Communicable Disease Nurse Coordinators

FROM: Wendy Holmes, R.N., Head *WH*
Immunization Branch

SUBJECT: Changes to the North Carolina Perinatal Hepatitis B Program

The purpose of this memo is to announce a change in State Perinatal Hepatitis B Coordinator staff and to notify you of a change in reporting requirements in the North Carolina Electronic Disease Surveillance System (NC EDSS).

Sheree Smith, R.N., B.S.N. Perinatal Hepatitis B Coordinator will be retiring on March 31st, 2014 after 30 years in public service to the state of North Carolina. The Immunization Branch is pleased to introduce two staff members who will be serving in the role of Perinatal Hepatitis B Coordinator. Mary Stanley, R.N., and Jenny Snow, M.P.H., together will be managing the statewide Perinatal Hepatitis B program, effective March 31st, 2014.

The Centers for Disease Control and Prevention (CDC) have new reporting requirements that will need to be collected for each hepatitis B surface antigen (HBsAg) positive mother and her infant, effective immediately. Enhancements to the NC EDSS system are currently underway to include fields for these questions, but until these changes have been implemented, this data will need to be documented under the "Notes" section in the NC EDSS event. Additional guidance will be released once enhancements have been made to the NC EDSS system. The following table summarizes the new documentation requirements and how to document them in NC EDSS:

<i>Data Element</i>	<i>Answer</i>	<i>Where to document</i>
Was the infant born weighing less than 2000 g? (These infants are considered low birth weight, LBW.)	Yes or No	Under the <u>Notes</u> section (upper right-hand corner) on the main page of the NC EDSS event.
Was the first dose of hepatitis B vaccine administered within 12 hours of birth?	Yes or No (If no, within what time frame was it administered?)	<i>Example:</i> LBW infant HB-1 given within 12 hours of birth Ins. status of mother at time of enrollment: No Insurance
What was the insurance status of the HBsAg-positive pregnant woman upon enrollment?	1. Private 2. Public (Medicaid) 3. No Health Insurance 4. Unknown	Ins. status of infant at time of delivery: Public (Medicaid)

What was the insurance status of the infant at the time of delivery?	<ol style="list-style-type: none"> 1. Private 2. Public (Medicaid) 3. No Health Insurance 4. Unknown 	
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As a reminder, please continue to document ALL hepatitis B vaccination dates into the North Carolina Immunization Registry (NCIR) and NC EDSS. According to CDC recommendations, all preterm infants born to HBsAg-positive women should receive hepatitis B immune globulin (HBIG) and single-antigen hepatitis B vaccine within 12 hours of birth. Three additional doses of hepatitis B vaccine should be administered at ages 1 month, 2-3 months, and 6 months for single-antigen vaccine. If using hepatitis-B-containing combination vaccine, three additional doses should be administered at ages 2 months, 4 months, and 6 months (when using Pediarix) or 2 months, 4 months, and 12-15 months (when using Comvax).

Thank you for your patience during this transition as well as your continued efforts to reduce the incidence of perinatal hepatitis B virus transmission in North Carolina. If you have any comments or questions related to this memo, please contact Mary Stanley at mary.stanley@dhhs.nc.gov (919-707-5573) or Jenny Snow at jenny.snow@dhhs.nc.gov (919-707-5558).

CDC Resources:

Hepatitis B Immunization Management of Preterm Infants Weighing <2,000 g, by Maternal Hepatitis B Surface Antigen (HBsAg) Status: <http://www.cdc.gov/HEPATITIS/HBV/PDFs/CorrectedTable4.pdf>

Cc: Communicable Disease Branch SMT RINs

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