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Date: April 20, 2016

To: Local Health Departments
Tribal Health Clinics

From: Stephanie Schauer, Ph.D. *Stephanie Schauer*
Immunization Program Director
Bureau of Communicable Diseases

Re: Reminder and Recall for Hepatitis B Vaccine and Post-Vaccination Serologic Testing

During October 2015, the Wisconsin Perinatal Hepatitis B Prevention Program conducted a survey among a sample of local health departments that case-manage hepatitis B surface antigen (HBsAg)-positive pregnant women. The purpose was to collect information on reminder (client is due for vaccine) and recall (client is past due for vaccine) interventions being conducted by individual jurisdictions to ensure completion of the hepatitis B vaccine series and post-vaccination serologic testing (PVST) among infants born to HBsAg-positive women. The survey response rate was 79% (22/28), which is very good for this type of survey. Thank you to all who completed the survey. Below is a summary of the survey findings.

The majority of local health departments use reminder and recall to encourage clients to receive the hepatitis B vaccine series (77%; 17/22).

- 76% (13/17) for dose 1 (if the birth dose was not administered in the hospital)
- 94% (16/17) for dose 2
- 82% (14/17) for dose 3
- 65% (11/17) for dose 4 (e.g., Pediarix was used to complete the series)

The majority of local health departments use reminder and recall to encourage clients to present for PVST (82%; 18/22).

- 83% (15/18) conduct their intervention before the child is due for PVST
- 56% (10/18) conduct their intervention after the child is due for PVST

Sixty-seven percent (12/18) of local health departments target infants aged 9-12 months for PVST, following the Advisory Committee on Immunization Practices recommendation (previously was at age 9-18 months).

Some local health departments use the Wisconsin Immunization Registry (WIR) to track hepatitis B vaccine series completion and to guide the timing of their reminders to pediatric care providers of the need to order PVST for patients born to HBsAg-positive women (e.g., remind of the importance of and need for PVST when the child is due for the last dose of hepatitis B vaccine). Methods of reminding the client of the need to complete the vaccine series or have PVST done include sending a letter to, calling or visiting the client's parents, or contacting the client's health care provider.

Reminder and recall have been shown to increase childhood immunization rates; therefore, we *strongly* recommend that both are incorporated into your jurisdiction's work flow for perinatal hepatitis B case management. Our statewide PVST rates are below the national average (Wisconsin: 61% vs. national: 65%), and reminder and recall are tools that can successfully increase our PVST rate.

Best practices for conducting reminder and recall intervention include:

- Conducting reminder and recall before and after the child is due for hepatitis B vaccine or PVST.
- Conducting reminder and recall for PVST in advance of the 9- and 12-month well-child visits to allow for two opportunities to have PVST done.
- Conducting reminder and recall for hepatitis B vaccine in an effort to keep doses on schedule (i.e., doses at age 0, 1-2 months and 6 months). Do not wait to assess children's hepatitis B vaccine status at their 2-year birthday. It is especially important for children born to HBsAg-positive women to complete their hepatitis B vaccine series according to schedule in order to ensure protection.
- Using multiple modes of communication with parents as some may not speak English.
- Recording PVST results (collection date and result) on the "Hep B Lab Clinical" tab within the child's contact investigation in WEDSS.

If you have questions or need additional assistance, please contact Stephanie Borchardt at 608-266-9923 or Stephanie.Borchardt@wi.gov.