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# Universal Adult Hepatitis B Recommendations are Here: Best Practices for Implementing Universal Screening and Vaccination



May 1st, 2023

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# Participating in the webinar



**Audio** – Attendees on mute



**Chat** – Hello! Feel free to drop a chat and respond to open-ended poll questions



**Questions?** Please type questions in the Q&A window

*\*The session is being recorded. We will also share slide presentations.*

# Hep B United: A National Coalition

## Hep B United



- 50+ local coalitions & national organizations in 29 cities and 23 states, and D.C.
- **Mission** - Hep B United is a national coalition dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States.

# Hepatitis B Community Health Center Learning Collaborative: "Getting to Protected"

- **Where:** Virtual
- **Who:** Community-based health centers, FQHCs, and/or non-FQHCs
- **Goal:** Improve capacity to implement hBV education, screening, vaccination, and linkage to care programs, and to promote cross-sector partnerships with community-based organizations
- 2 participants from each organization, and will be compensated for their time

**APPLICATION DEADLINE: June 9th**

**[bit.ly/CHC-LC](https://bit.ly/CHC-LC)**

**AAPCHO**  
ASSOCIATION OF ASIAN PACIFIC  
COMMUNITY HEALTH ORGANIZATIONS

**Hep B United**  
hepbunited.org

**HEPATITIS B**  
FOUNDATION

## Hepatitis B Community Health Center Learning Collaborative: "Getting to Protected"

This 4-part learning module will focus on improving hepatitis B vaccination and screening. This program is for health centers serving Asian American, Native Hawaiian, Pacific Islander, African Immigrant, and/or drug-using communities.

**Session Dates**  
June 28  
July 5  
July 12  
July 19  
3:00-4:30pm ET

**The deadline to apply is June 9, apply now!**

**[BIT.LY/CHC-LC](https://bit.ly/CHC-LC)**

This program is created in part using funds from the Centers of Disease Control and Prevention under award #5NU51PS005196-02.

**Michaela Jackson, MPH, MS**

*Hepatitis B Foundation*

**Lisa Bade, PharmD**

*SpartanNash*

**Su Wang, MD, MPH, FACP**

*Center for Asian Health*

*Cooperman Barnabas Medical Center |*

*RWJBarnabas-Rutgers Medical Group*

*Hepatitis B Foundation*

PANELISTS

# Call to Action

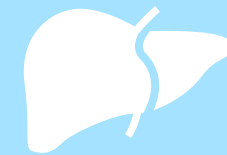
**Eliminating Hepatitis B Virus Through Universal Screening and Vaccination for Adults Ages 19-59**

*Michaela Jackson, MPH, MS  
Program Director, Prevention Policy  
Hepatitis B Foundation*



# Background

- Updated hepatitis B vaccination (2023) and screening (2023)
- Risk-based guidelines failed:
  - 68% of physicians say patient's nondisclosure of risk factors prevented vaccination
  - 44% reported inadequate time to assess risk factors
  - 2/3rds of individuals had missing risk data or no identified risk
- Impacted communities face significant burdens to hepatitis B care
  - Stigma/discrimination
  - Cost
- U.S. is moving towards eliminating viral hepatitis by 2030



People living with chronic hepatitis B have a **15% to 25% risk of premature death from cirrhosis or liver cancer** without monitoring and antiviral treatment as indicated



Up to  
**2.4 Million  
Americans**

Are living with chronic hepatitis B



**67%**

Of people living with hepatitis B are unaware of their infection



**70%**

Of adults 19 and older have **NOT** completed the hepatitis B vaccine series

# Universal Vaccination for Hepatitis B

01

Universal vaccination for all adults 19-59

02

Vaccinate all adults 60 and older with risk factors

03

Anyone who requests a hepatitis B vaccine



The CDC recommends all adults ages 19-59 and 60 and older with risk factors get vaccinated against hepatitis B





# Universal HBV Screening Recommendation

01

Universal, one-time hepatitis B screening for adults 18 & older

Hepatitis B Surface Antigen  
Hepatitis B Surface Antibody  
Hepatitis B Core Antibody

02

Periodic testing for all susceptible persons with ongoing risk

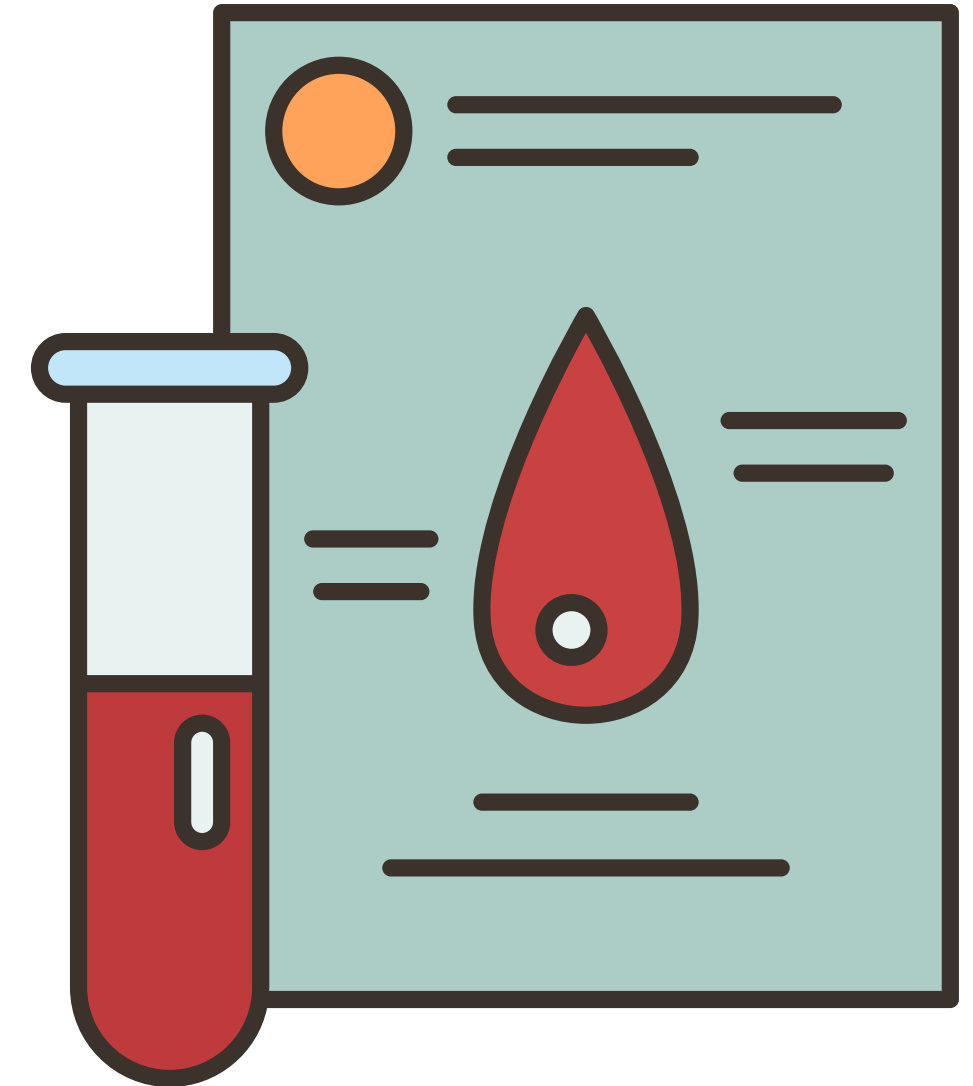
New groups added to risk-based recommendation:

- current or history of STI
- currently or formerly incarcerated persons
- hepatitis C infection

03

Anyone who requests a hepatitis B screening test

Hepatitis B Surface Antigen  
Hepatitis B Surface Antibody  
Hepatitis B Core Antibody



# Hepatitis B Screening and Vaccine Advisory Council

## Council Participants:

- Public Health professionals
- Providers (primary care, nurses, physician assistants)
- Medical societies
- Federal agencies
- Hepatitis B experts

## Overall Tasks:

- Review recommendations + research
- Share findings from personal experience working in various settings
- Identify opportunities to improve implementation

Anyone can have an unrecognized risk of hepatitis B infection, and the risk varies over the lifespan.



*Screening and vaccination eliminate that risk for the lifetime regardless of how the risks change.*

# Goals of the Advisory Council & White Paper

1

Engage key stakeholders of the new screening and vaccine recommendations

2

Develop implementation strategies for the universal recs. for diverse stakeholders

3

Promote the new recommendations & identified strategies

**Ultimate Mission:**

Improving adult hepatitis B vaccination & screening rates by helping providers successfully implement the new recommendation in their practice



## Community Groups

Ability to follow-up  
Funding  
Establishing integrated services  
Capacity



## Primary Care

Awareness  
Differences in the recommendations  
Adult Immunization Infrastructure  
Systems



## Hospital

EHR Platforms & Champions



## Pharmacy

Clinics vs. Pharmacy  
Screening supplies + reimbursement  
Public Awareness  
Vaccine Fatigue



## Corrections and Substance Use Service

Transfer of medical records  
Siloed infectious disease and  
behavioral health care  
No in-house viral hepatitis services

**Educate stakeholders  
about disease burden &  
new recommendations**



**Explore multi-stakeholder  
collaborations and  
technology**



**Address Vaccine  
Hesitancy**



**Priority Action Items**

# Best Practices

- **Messaging matters:**
  - Routine, Safe, Effective
  - Who is your audience?
    - Providers = Elimination
    - Public = Anyone can be at risk/ Cancer Prevention
    - Higher-risk groups = Variable
  - Be consistent nationally, locally, & community-wide!
- **Collaboration is essential:**
  - Collaborate with clinical training programs, provide hospital grand rounds, and develop interprofessional continuing education
  - State/local health departments or state/local clinics for vaccine delivery
- **Technology eases the way**
  - Mobile-access vaccine cards
  - EHR systems
- **Screening should not be a barrier to vaccination and vaccination should not be a barrier to screening**
- **Implementation will take time, but it must start somewhere**

## Best Practices in Action

- **Primary Care:** *North East Medical Services, California*
- **Hospital settings:** *Beth Israel Deaconess Medical Center, Massachusetts*
- **Community-Based Settings with Federal Funding:** *Cooper Barnabas Medical Center, New Jersey*

# U.S. FDA APPROVED HEPATITIS B VACCINES

# DIRECT LINKS TO RESOURCES

Vaccine	Manufacturer	Populations/ Considerations
<b>Recombivax HB (1986)</b> 3-doses	Merck	<ul style="list-style-type: none"> <li>Adults and children</li> <li>Approved for pregnant adults</li> </ul>
<b>Engerix-B (1989)</b> 3-doses	GlaxoSmithKline	<ul style="list-style-type: none"> <li>Adults and children</li> <li>Approved for pregnant adults</li> </ul>
<b>Twinrix (2001)</b> 3-doses <i>*combination hepatitis A and B vaccine</i>	GlaxoSmithKline	<ul style="list-style-type: none"> <li>Adults and children</li> <li>Approved for pregnant adults</li> </ul>
<b>PreHevbrio (2021)</b> 3-doses	VBI Vaccines	<ul style="list-style-type: none"> <li>Adults only</li> <li>Insufficient data to recommend for pregnant persons</li> <li><u>Data</u> suggests this may be a better option for people with well-managed chronic conditions</li> </ul>
<b>Hepislav-B (2018)</b> 2-doses	Dynavax Technologies	<ul style="list-style-type: none"> <li>Adults only</li> <li>Insufficient data to recommend for pregnant persons</li> <li><u>Data</u> suggests that this may be a better choice for those with hyporesponsive conditions or who have had difficulty responding to the hepatitis B vaccine previously</li> </ul>

To learn more about hepatitis B prevention, diagnosis, management, and treatment, visit the websites below:

- [CDC Division of Viral Hepatitis](#)
- [Hepatitis B Online - Primary Care Guidance](#)
- [Hepatitis B Foundation](#)
- [Immunize.org](#)
- [National Foundation for Infectious Diseases](#)
- [SAMHSA - Screening and Treatment of Viral Hepatitis in People with Substance Use Disorders](#)



Questions?





# Hepatitis B

## Universal Screening and Vaccination: Implementation and Integration

**Su Wang, MD MPH**

Medical Director, Viral Hepatitis Programs &  
Center for Asian Health  
**Cooperman Barnabas Medical Center,**  
**RWJBarnabas Health Medical Group, NJ, USA**

Past-President  
**World Hepatitis Alliance**  
Senior Advisor, Global Health  
**Hepatitis B Foundation**

 @swang8

**Cooperman Barnabas** | **RWJBarnabas**  
**Medical Center** **HEALTH**

 **HEPATITIS B**  
FOUNDATION

 **World**  
**Hepatitis**  
**Alliance**



MARCH 2023



# Call to Action

Eliminating Hepatitis B Virus Through  
Universal Screening and Vaccination for  
Adults Ages 19-59



<https://www.hepb.org/assets/Uploads/FINALv3-Call-to-Action-Universal-HBV-Screening-and-Vaccination-03.13.2023.pdf>

# Center for Asian Health

- NJ has 4<sup>th</sup> largest Asian population in the US
  - 1 in 10 NJ residents identify as Asian
- **Center for Asian Health at Cooperman Barnabas Medical Center** is a comprehensive primary care practice, part of RWJBarnabas Health which launched in 2013 to:
  - Provide **culturally responsive medical care**
  - Address **health disparities** in Asians
  - Increase community health awareness through **education/screenings**
  - **Link patients to network** of providers & services
  - Conduct **community-based research & collaborate** with partners to **advance knowledge of Asian health & conditions affecting diverse communities**

**RWJBarnabas Health Medical Group**

**Center for Asian Health | 華人醫療服務中心**



**During the COVID-19 pandemic, your health is more important than ever!**  
 新冠疫情期间，您需要比以往任何时候都更加重视健康!  
**Are you up to date with your care and screenings?**  
 您按時做檢查和篩檢了嗎?

- Chronic disease management (high blood pressure, diabetes)  
慢性疾病 (高血壓、糖尿病)
- Wellness care (vaccinations, lifestyle, and nutrition)  
健康保健 (疫苗、生活方式和營養)
- Cancer screenings (breast, colon, liver)  
癌症篩檢 (乳癌、腸癌、肝癌)



**Free at-home testing kits**  
for colon cancer screening!  
免費糞便潛血化驗採樣包  
(腸癌篩檢)

**Primary Care Providers | 內科醫師群**  
**Center for Asian Health welcomes Dr. Michael Kuo to our practice!**  
**華人醫療服務中心歡迎郭翔龍醫師加入診所!**

				
<b>Su Wang, MD</b> <i>Medical Director</i> 汪思涵主任醫師 Mandarin/English 中文/英文	<b>Elaine Zhai, DO</b> <i>Internal Medicine</i> 翟曉靜醫師 Mandarin/English 中文/英文	<b>Michael Kuo, MD</b> <i>Internal Medicine</i> 郭翔龍醫師 Mandarin/English 中文/英文	<b>Shih-Fen Chow, MD</b> <i>Internal Medicine</i> 張世芬醫師 Mandarin/Taiwanese/English 中文/台灣話(閩南)/英文	<b>Mindy Houg, MD</b> <i>Internal Medicine</i> 宋致貞醫師 Korean/English 韓語/英文

**Specialists with on-site office hours | 駐診專科醫師**

				
<b>Sarah Fan, MD</b> <i>Cardiologist</i> 范余興醫師 心臟專科醫生	<b>Ammie Patel, PharmD</b> <i>Pharmacist</i> 艾米·帕特爾藥學博士 藥劑師	<b>Nan-Hsien Kuo, MD</b> <i>Rheumatologist</i> 郭南顯醫師 風濕專科醫生	<b>Nikolaos Pysropoulos, MD</b> <i>Hepatologist</i> 尼古拉·皮爾索帕羅斯醫師 肝膽腸胃專科醫生	<b>Larry Siu, MD</b> <i>Gastroenterologist</i> 蕭家林醫師 肝膽腸胃專科醫生

For an appointment, please call 請來電預約 **973-261-9077**  
 Patient Navigation available in Mandarin and Cantonese  
 病患服務人員提供中文及粵語服務  
**Monday - Friday, 9 am to 5 pm | 周一至周五 上午9時至下午5時**  
**Every second Saturday, 9 am to 3 pm | 每月第二個周六 上午9時至下午3時**

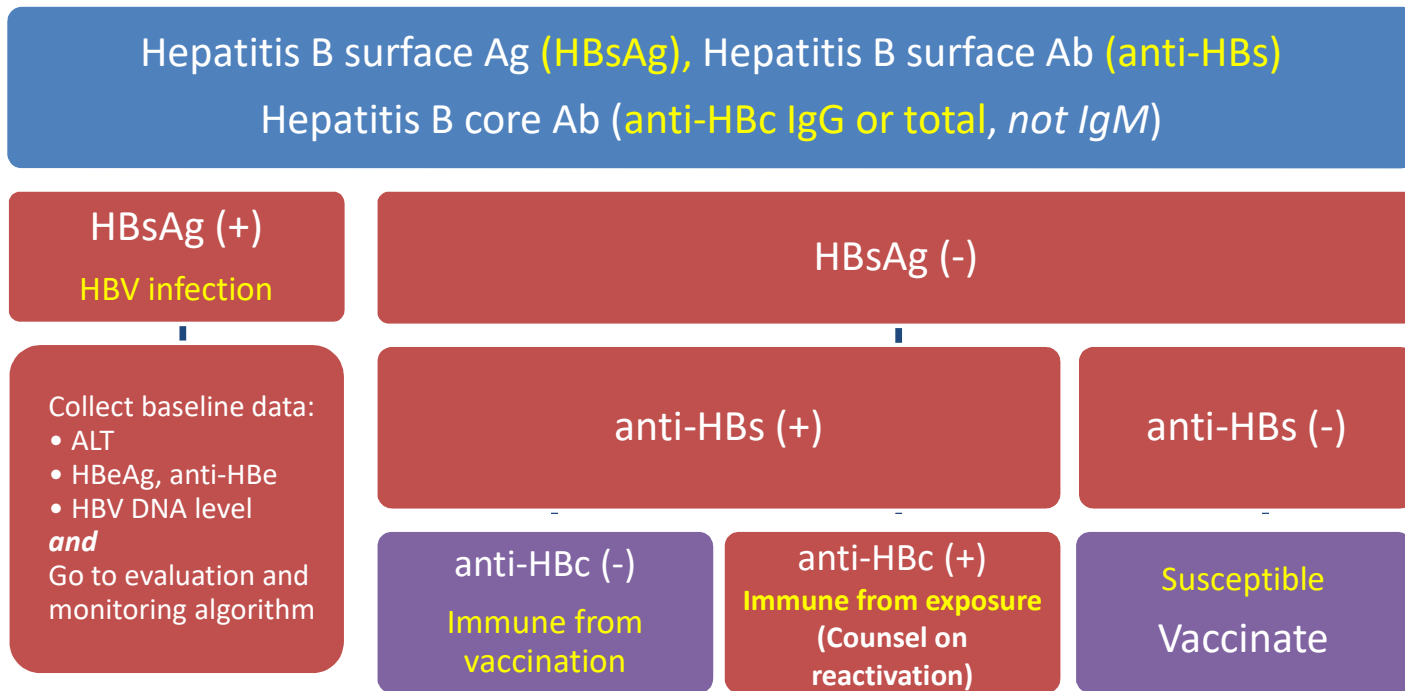
**Cooperman Barnabas Medical Center**  
 Center for Asian Health  
 華人醫療服務中心



# Integrating & Implementing Universal HBV Screening & Vaccination

- HBV in Primary Care
  - Baseline infectious disease screening for all new patients as part of preventative care services (HIV, HAV, HBV, HCV)
  - HBV vaccination
- HBV in Community initiatives- healthfairs, testing days, coupons, vaccinations
- Hospital collaborations
  - ED and inpatient HBV (and HCV) testing and linkage to care
  - Liver Center
  - Work with Pharmacy on HBV vaccination initiatives (Heplisav on formulary, etc)

# Triple HBV Screening Panel and Interpretation



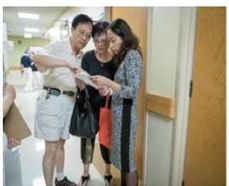
HBsAg = hepatitis B surface antigen; Anti-HBs = antibody to hepatitis B surface antigen; Anti-HBc = antibody to hepatitis B core antigen; HBeAg = hepatitis B e antigen

McMahon BJ. *Medical Clinics of North America*. 2014;98(1):39-54.; McHugh JA, et al. *J Fam Pract*, 2011;60(9):E1-E8.

## Community Events



## Chinese Wellness Day



**B1 地方**  
 新澤西生活網  
 衣食住行 吃喝玩樂  
 最新資訊 優惠活動 精彩報導

**碼頭遭撞死卡車司機 證實為華男**  
 新澤西州紐瓦克碼頭，一名華裔卡車司機在週一凌晨被一輛失控的貨車撞倒，證實為華裔。警方表示，這名司機在過馬路時被貨車撞倒，導致其受傷重，送醫後不治。這起事故引起了當地華人社區的關注。

## 新州華人健康日 群醫齊聚

聖巴拿巴醫療中心和新澤西慈濟基金會合辦 李文斯頓市長肯定

新澤西州聖巴拿巴醫療中心 (Saint Barnabas Medical Center) 與新澤西慈濟基金會 (New Jersey Tzu Chi Foundation) 聯合舉辦的「新州華人健康日」活動，吸引了眾多華裔社區人士參加。活動內容豐富，包括健康講座、免費篩檢等。市長李文斯頓在活動中發表了肯定詞，讚揚活動對華裔社區健康服務的重要貢獻。



If you or your parents are from **ONE OF THESE COUNTRIES...**

**You are at risk for Hepatitis B!**

Hepatitis B is the world's leading cause of liver cancer.

**Do you know your status?**  
 Get tested for free!  
 2 out of 3 with Hepatitis B are not aware.  
 Get tested at one of the locations on the back.  
 LiverBWell.com

## THE CENTER FOR ASIAN HEALTH WELCOMES YOU TO Chinese Wellness Day 華人健康日活動



**Special Focus: Successful Aging 特別主題: 健康老化**  
 Join us for health talks and services to help you age successfully! 讀此健康講座及服務告訴您如何健康老化

**Saturday, June 8 6月8日(周六)**  
**9:00 am to 12:00 pm 上午9時至中午12時**

**Barnabas Health Ambulatory Care Center 巴拿巴門診治療中心**  
 200 South Orange Ave.  
 Livingston, NJ 07039

- Free Screening 免費檢查**
- ▶ Blood Pressure 血壓
  - ▶ Diabetic Screening 血糖
  - ▶ Lung Function 肺功能篩檢
  - ▶ BMI 體質指數
  - ▶ Bone Density (Heel Screening) 足部骨密度篩檢
  - ▶ Hepatitis B and C 乙和丙型肝炎檢查
  - ▶ Colon Cancer Screening 腸癌篩檢(潛血檢查)

- Meet the Doctors 認識醫生**
- Internal Medicine 內科
  - Behavioral Health 身心科
  - Dentist 牙科
  - Plastic Surgeon 整型外科
  - ENT 耳鼻喉科
  - Orthopedics 骨科
  - Cardiology 心臟科
  - GI 腸胃科
  - Family Medicine 家庭科
  - Endocrinology 內分泌科
  - Vascular Surgery 血管外科
  - Podiatry 腳科

**Don't Miss These Health Talks 健康講座**

9:00 am	Welcome Remarks 歡迎致辭
9:15 am	All About Osteoporosis 認識骨質疏鬆
9:45 am	Facing Life's Challenges: Effective Strategies for Maintaining Your Peace of Mind 面對人生的困境: 保持心中平靜的有效策略
10:15 am	Hepatitis B and Asians 亞裔與乙型肝炎
10:30 am	Population Health Talk: Asians and Health Equity 大眾健康講座: 亞裔族群的健康公平性(大廳)
10:45 am	What You Need to Know About Low Back Pain 認識腰、背痛
11:15 am	Aging Successfully & Partnering with Your Providers 健康老化: 如何有效地和醫生成為合作夥伴

**B Informed: Hepatitis B Updates & The Road to a Cure**  
 12:00 to 4:00 pm  
 Following Chinese Wellness Day, join Hepatitis B experts to learn more about current research, development of a cure and more. Lunch will be provided.

**Register to ensure free lunch: hep.org/binformed**

For more information 詳情請洽 973-261-9080

- 社區團體 Community Partners:** Tzu Chi Foundation, Millburn-Short Hills Chinese Association, Chinese American Nurse Association.

**Barnabas Health Medical Group**  
**Saint Barnabas Medical Center**  
 Center for Asian Health  
 華人醫療服務中心

**RWJ Barnabas HEALTH**  
 Let's be healthy together.

# Different Approaches: Free Testing Coupon

## Free Hepatitis B & C Screening!

Over 325 million people globally are affected by Hepatitis B & C. Most don't know about it.

Did you know that Hepatitis B & C are the world's leading causes of **liver cancer**?



**Check all that apply. I want to be tested for:**

**Hepatitis B**

- Hepatitis B Surface Antibody (CPT 86706)
- Hepatitis B Surface Antigen (CPT 87340)
- Hepatitis B Core Antibody IgG (CPT 86704)

**Hepatitis C**

- Hepatitis C Antibody with reflex to HCV RNA (CPT 86803)

**Barnabas Health**  
**Medical Group**  
**Saint Barnabas**  
**Medical Center**

**RWJ Barnabas**  
**HEALTH**  
Let's be healthy together.

# Patient letters

Dear XXX,

We are glad you participated in our recent hepatitis B screening. You took an important step to protect your health. The results of your recent hepatitis B testing are below.

<b>Hepatitis B surface antigen (HBsAg)</b>	<b>Negative</b>
<b>Hepatitis B surface antibody (HBsAb)</b>	<b>Negative</b>
<b>Hepatitis B core antibody (HBcAb)</b>	<b>Positive</b>

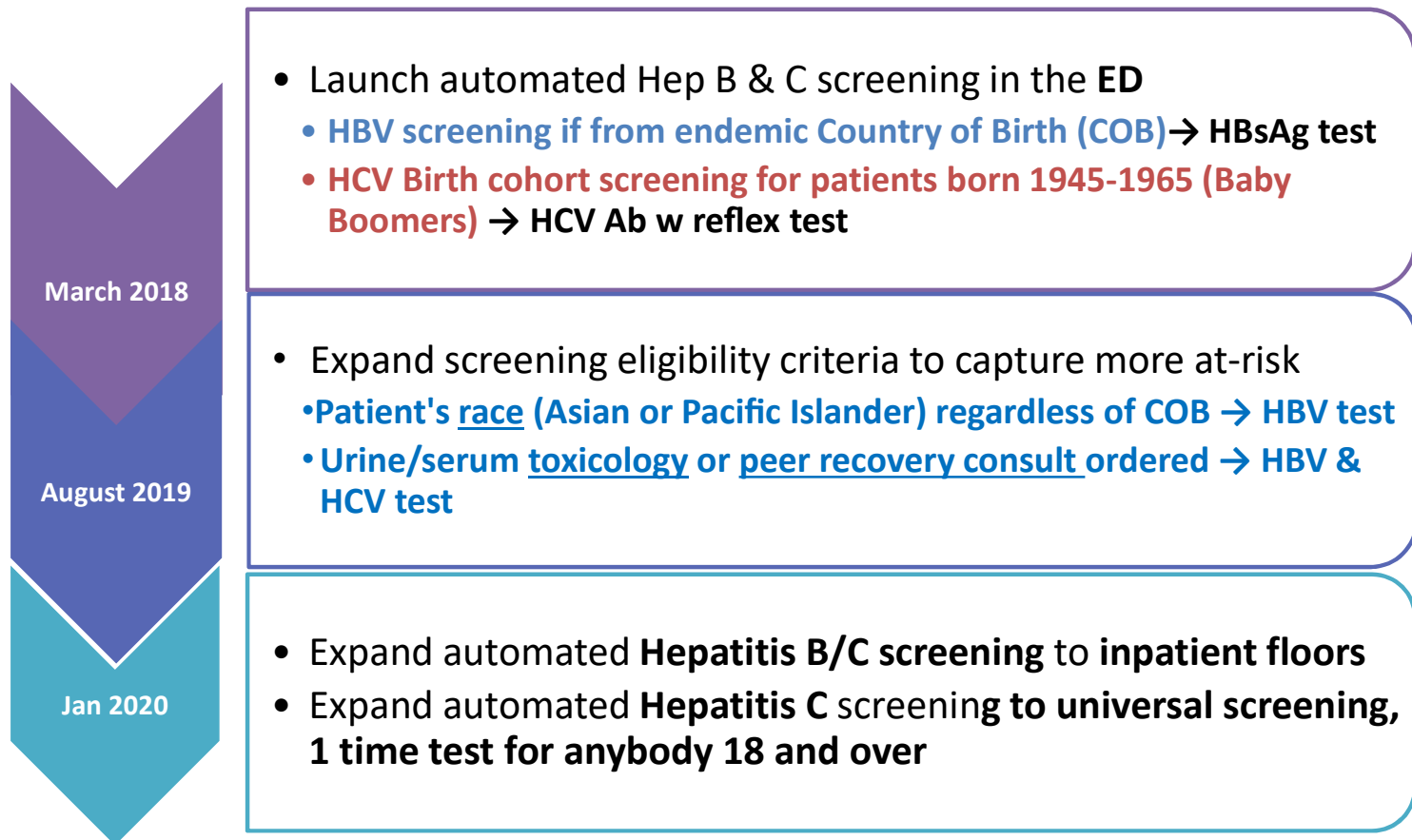
You do not have hepatitis B infection. However, because your hepatitis B core Ab was positive, we know you have been exposed to hepatitis B in the past.

You are not currently infected, but if you are ever immunosuppressed (if you have cancer or other medical condition that requires medication that can lower your immune system), there is a very small chance that the hepatitis could come back or “reactivate.”

You should let your doctors know about this previous HBV infection so they can monitor you closely or start you on antiviral medication to prevent hepatitis B reactivation.



# FOCUS Automated Hepatitis Screening in Hospital , 2018-current



# Viral Hepatitis: Automated Screening

## Automated EMR Based Protocol

### Saint Barnabas Medical Center Provides Hepatitis B & C Testing



This facility performs **HBV and HCV testing** as part of our routine health care, as recommended by the U.S Centers for Disease Control and Prevention (CDC). Chronic hepatitis is the leading cause of liver cancer.

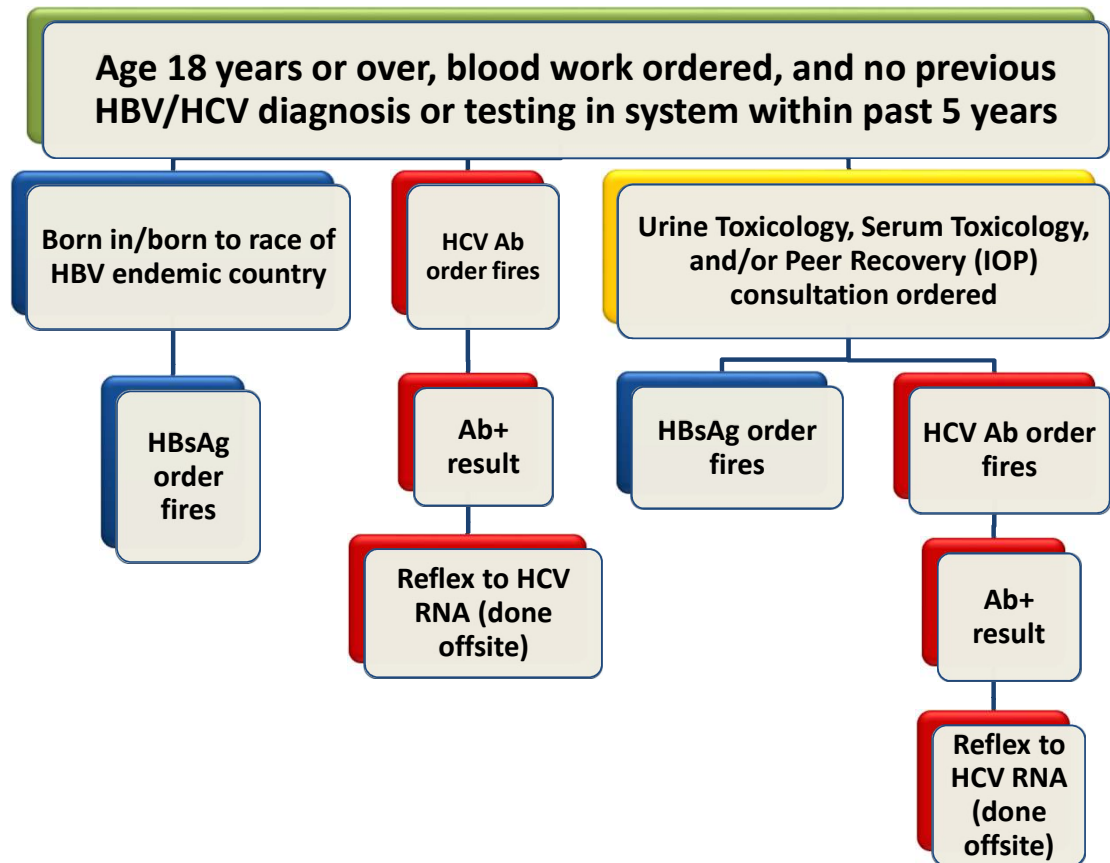
Your healthcare provider may order these tests if you have not been tested within the past year in our network and you are considered at-risk:

- **Hepatitis C** – If you were born between 1945-1965
- **Hepatitis B** – If you were born in a country where HBV is endemic

Incorporating hepatitis testing into routine care helps to diagnose patients and offer them care and treatment before the disease progresses.

If you test positive, you will be contacted for further follow-up.

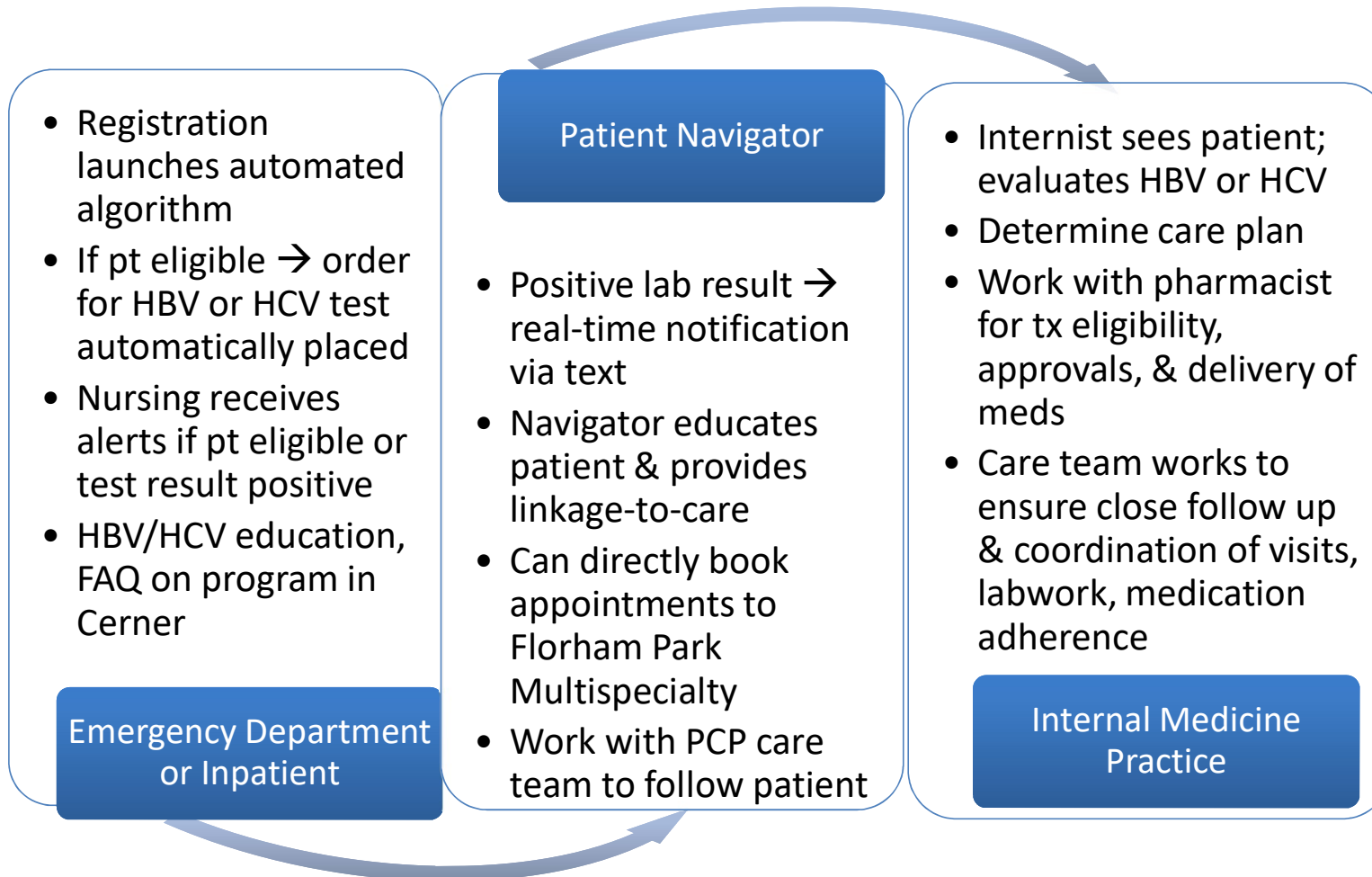
\*I understand that notification is contingent on providing accurate contact information.



# Viral Hepatitis: Automated Screening 2018-2022

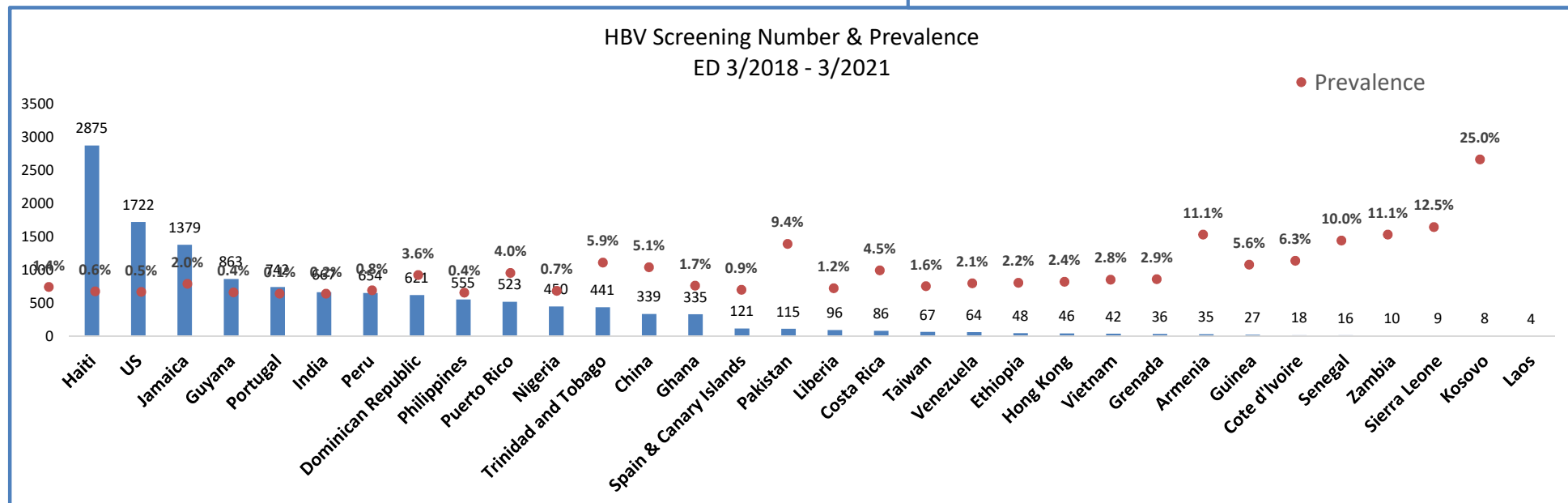
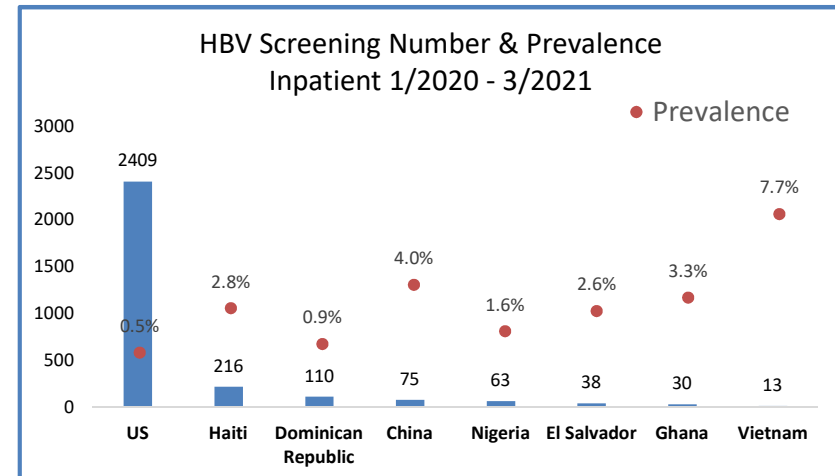
	Cooperman Barnabas		Somerset Medical Center		Rahway Hospital	
<b>HCV</b>						
# screened	91,160		14471		1331	
HCV Ab+	1560	1.7%	276	1.9%	33	2.5%
HCV RNA+	444	0.5%	65	0.4%	6	0.5%
Hep C LTC	325	73%	18	28%	4	67%
<b>HBV</b>						
# screened	39,660		3519		323	
HBs Ag +	373	0.9%	20	0.6%	2	0.6%
Hep B LTC	302	81%	15	75%	2	100%

# Care Transitions: “Warm Handoffs”



## Hepatitis B Screening, by country of Birth

- Reflects the international diversity of our patient community & NJ
- Most organizations only track race/ethnicity
- Do not reflect patients origins (ex. Black could be African American, African, or Caribbean, etc)
- This kind of personalized medicine can address unique health issues



# Other Systemwide Strategies w EMR

- Charles B Wang Community Health Center
- North East Medical Services (NEMS)
- Barnabas Health Medical Group

## Charles B. Wang Community Health Center (CBWCHC)

- Federally Qualified Health Center
- 4 sites in NYC
- Multidisciplinary care- primary care (adult, pediatric, OB/ GYN), specialists, social work, dental, mental health
- Focus on medically underserved and Asian Americans
- EMR: Centricity, started 2006



CHARLES B. WANG  
COMMUNITY HEALTH CENTER  
王嘉康社區醫療中心

# CBWCHC Preventive Health Reminders

## Autopopulate HBV test results and vaccination

Patient Education nv1: POH CH00 50R

Patient Education & Counseling | Health Maint | Preventative & Directives

### Health Maintenance

Add Preventive List to Note

**Mammogram:** 09/11/2007 11/11/2008 03/18/2010 04/21/2011 08/18/2011

**Pap Smear:** 09/11/2007 11/11/2008

**Colonoscopy:**

**Bone Density:**

**Flu vax:**

**H1N1:**

**Td:**

**Tdap:**

**Pneumovax:**

**Hep B Vax:** 03/23/2006

*Labs (Surface Antigen) Non Reactive (03/18/2010 4:32:00 PM)*      *(Surface Antibody) Reactive (03/18/2010 4:32:00 PM)*

Previous Hep B Immune Status      Update Hep B Immune Status

**HPV:**

HIV Testing Offered:

Add'l note:

**Outstanding orders**



# Physician Reminders for HBV Care: Programmed Protocol for HBV, ALT, US tests

**Assessment and Plan**

Previous Assessments  Get Previous Ass

Select Problem to Assess

Assessed as:  Improved  Deteriorated  Unchanged  Comment only

Plan:

Assessments/Plans added this visit

Updated Medication List

New Orders

Respiratory P  Add

HBV Registry Added 09/14/2010  Remove

DM Registry  Add

HTN Registry  Add

Latent TB Form

Hep B form

DM Mgt Flowsheet

Preventive Care

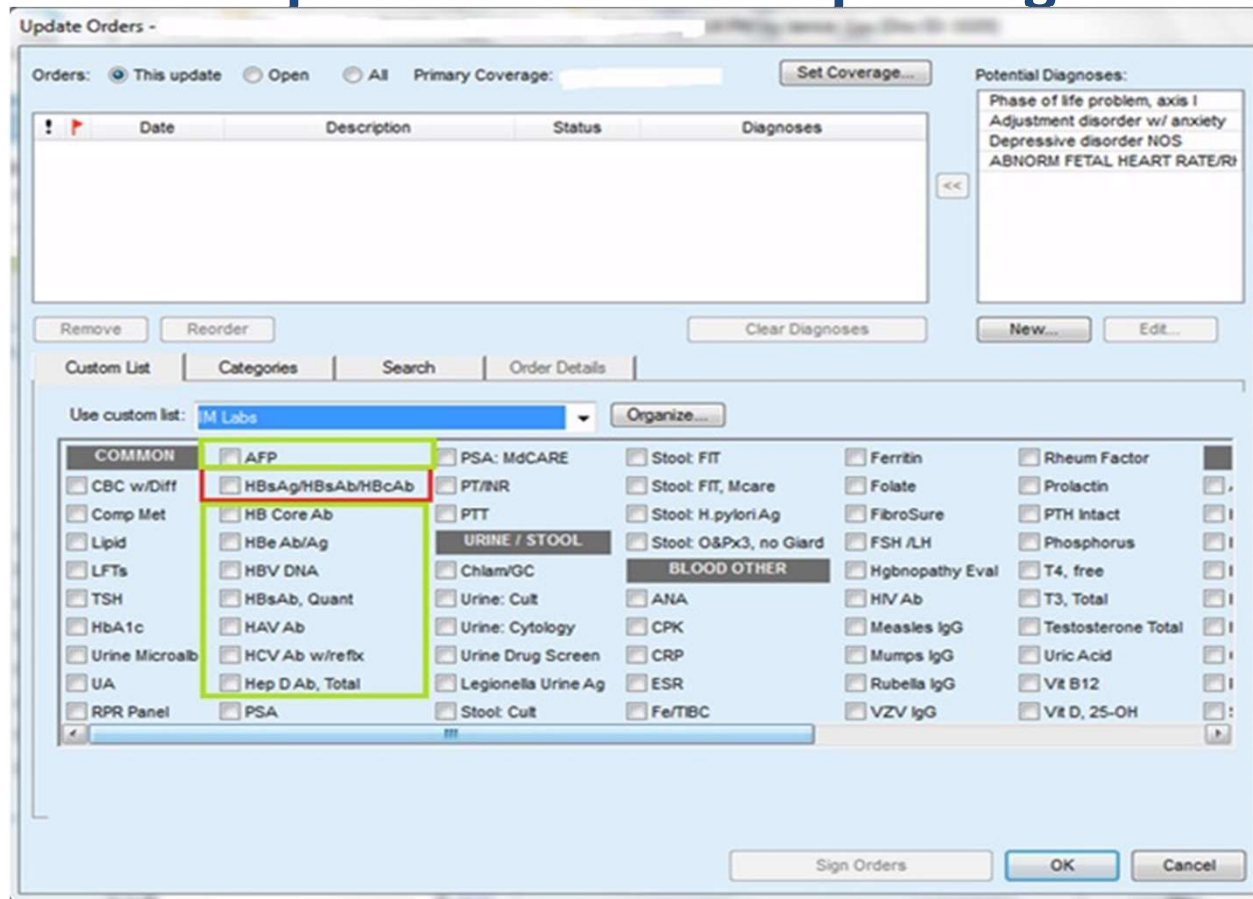
- PAP SMEAR
- TD BOOSTER or TDAP #1 DAT or TD #1
- HEP B PCR
- AFP SERUM or AFPTUMORMRKR
- SGPT (ALT).

Should have test SGPT (ALT) performed every 6 months (+-10%)  
AND Should have test HEP B PCR performed every 6 months (+-10%)  
This protocol doesn't include a comment.



CHARLES D. WANG  
COMMUNITY HEALTH CENTER  
王嘉康社區醫療中心

# Lab Ordering Support: Hepatitis B Labs Grouped Together



**Slide 18**

---

- 1 Highlighted all HBV related test!  
Janice Lyu, 3/2/2017

# HBV Flowsheet

## Includes registry button, HBV test results, banner

Interactions:

Forms Text

Forms Add...

Registry Form

Hep B | DM | Asthma | HTN | HighRisk | PCMH Factors

Hep B Registry

HepB Registry No data before Add Hep B form

HBCP Add Record HBCP

HBsAg Positive (07/23/2007 12:00:01 PM) HBsAb Negative (07/23/2007 12:00:01 PM)

HBsAg Record HBsAb Record

HBeAg Record HBeAb Record

anti-HBc Record

Vaccination History

Hepatitis A:

Hepatitis B:

Days

HBV DNA (IU/mL)

HBV DNA (Cpies/mL)

AFP tumormkr

AFP

SGOT (AST)

SGPT (ALT)

Creat

Albumin

Platelets

Abd Imaging (any)

US Abd

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PID: PHQ2: Lang: H: C: RHIO:

(DOB: ) PCP: HepB NS-1: PORT: NxtApt:

Problems

Description	ICD-9	ICD-10	Onset Date	End
Screening for Colon Cancer	V76.51	Z12.11	07-Jan-2017	02-3
OVERWEIGHT	278.02	E66.3	14-Oct-2014	
CHEST WALL PAIN, ANTERIOR	786.52	R07.89	24-Mar-2014	
HELICOBACTER PYLORI GASTRITIS	041.86	B96.81	14-Jun-2013	
VACCINE AGAINST DTP, DTAP	V06.1		24-May-2013	
SCREENING FOR COLON, MALIGNANT NEOPLASM	V76.51	Z12.11	24-May-2013	
ALLERGIC RHINITIS	477.9	J30.9	16-Feb-2013	
HEPATITIS B, CHRONIC	070.32	B18.1	24-Jan-2009	

Problems reviewed on 07/09/2016 2:24 PM by

Medications

Medications reviewed on 07/09/2016 2:24



CHARLES B. WANG  
COMMUNITY HEALTH CENTER  
王嘉康社區醫療中心

# North East Medical Services

- Federally Qualified Health Center, San Francisco
- Slides from Kenneth Tai, MD, Chief Medical Officer
- EMR: NexGen

The screenshot shows the homepage of North East Medical Services. At the top left is the NEMS logo with the text 'NORTH EAST MEDICAL SERVICES' and '東北醫療中心'. To the right of the logo is the phone number '415-391-9686 | 650-550-3923 | 408-573-9686' and a language selector '中文 Large Text Default'. Below the logo is a navigation menu: 'HOME | ABOUT | FOR PATIENTS | OUR PROVIDERS | NEWS & EVENTS | CAREERS | LOCATIONS | MSO | PATIENT PORTAL | CONTACT'. The main content area features the heading 'Health Care from the Heart' and a paragraph: 'North East Medical Services (NEMS) is a non-profit community health center serving the medically-underserved populations of the San Francisco Bay Area. With over 45 years of experience, NEMS is one of the largest health centers serving Asians in the United States.' To the right of this text is a group photo of seven healthcare professionals. Below the text are two promotional boxes: one for the 'Patient Portal' with a '病人平台' icon and a 'Login to your Patient Portal account now!' button, and another for a newsletter with the text 'NEMS' latest newsletter is now available! Details'. At the bottom left of the main content area is a Facebook social media link.



**NEMS - 1520 STOCKTON CLINIC**  
1520 Stockton St  
San Francisco  
CA 94133 | Map



**NEMS - 728 PACIFIC CLINIC**  
728 Pacific Ave, 2nd Floor  
San Francisco  
CA 94133 | Map



**NEMS - 2574 SAN BRUNO CLINIC**  
2574 San Bruno Ave  
San Francisco  
CA 94134 | Map



**NEMS - 82 LELAND CLINIC**  
82 Leland Ave  
San Francisco  
CA 94134 | Map



**NEMS - 518 ELLIS CLINIC**  
518 Ellis St  
San Francisco  
CA 94109 | Map

# NEMS : Nextgen

New patient  Established patient

Reason(s) for Visit: hypercholesterol F/U

Specialty Template Set: IM

Visit Type: Office Visit

Historian: [ ]

Referring MD | PCP Info: [ ]

Alerts:  Incomplete visit

Quick Visits: [ ]

Patient Insurance: PCP: Kenneth Tai MD

Chronic Problem List:
 

Chronic Problem	Code
Chronic viral hepatitis B without mention of hepat	070.3
Nonspecific reaction to tuberculin skin test witho	795.5

Add to Today's Assessments [i]

Advance Directives

Vitals:
 

Date / Time	Temp F	Temp C	BP	Pulse	Rhythm	Respiration	Ht In	Ht Cm	wt Lb	wt Kg	C
04/08/2011 04:15 PM			115/70	79					111.0		di
03/18/2011 03:30 PM			121/69	75					108.0		di
02/26/2011 03:30 PM			98/56	71					110.0		di

Add New Vital Signs Expand Vital Signs

Medications  No Medications  Meds Reviewed

Medication	Dose	Sig Description	Start Date
ADEFOVIR DIPIVOXIL	10 MG	TAKE 1 TABLET ONCE DAILY.	02/26/2011

Allergies Reviewed, no change  
New allergies added this encounter

Ingredient/Allergen	Comments

Health Monitor (Open Health Maintenance to update due dates.)

Set Disease Management Protocols

Last HepB Ag result from 08/25/06: HBs ANTIGEN = Positive

Due:	Due:	Due:	Due:
Physical Exam 01/29/2011	Tetanus 02/26/2011	Eye Exam //	ALT/AST //
Lipid Panel //	Breast Exam //	Foot Exam //	CPK //
Colonoscopy //	Mammogram //	HgbA1C //	Urinalysis //
Sigmoidoscopy //	PAP Test 01/29/2011	BMP Fasting //	Urine Micro //
FOBT x3 //	GYN Exam 02/26/2011	EKG //	TSH //
Influenza Vac //	DEXA Scan //	Stress Test //	PFT //
Pneumo Vac //		Echocardiogram //	Chest X-ray //

Easy to locate historical hep B results



Last HepB Ag result from 08/25/06: HBs ANTIGEN = Positive

# Lab Ordering Screen

**Lab Orders**    Lab Orders    Office Services    Diagnostic Studies    Referrals

Assessment: [Add or Update Assessment](#)    [Add Common Assessment](#)    [NEMS ICD9 Selector](#)

<input type="radio"/> Diabetes mellitus without mention of complication,	250.02	<input type="radio"/> Dyspepsia and other specified disorders of func	536.8
<input type="radio"/> Elevated blood pressure reading without diagnosis	796.2	<input type="radio"/> B cell lymphoproliferative disorder	202.8C
<input type="radio"/> Osteoporosis, unspecified	733.0C	<input checked="" type="radio"/> Anemia NOS	285.9
<input type="radio"/> Depressive disorder, not elsewhere classified	311	<input type="radio"/> Carrier or suspected carrier of hepatitis B	V02.6

ROUTINE/STAT    Perform on this timeframe:  or on this date:

Call Results    **Last Hep B Ag result from 01/14/06: HBs ANTIGEN = Positive**

Fasting    Additional Lab Test:  Lab DX:

Random

Blood Bank	Chemistry Con't	Hematology/Coagulation	Immunology
<input type="checkbox"/> Ab Screen	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Bleeding Time	<input type="checkbox"/> ANA
<input type="checkbox"/> Blood Type, ABO	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> CBC w/o diff	<input type="checkbox"/> ASO Titer
<input type="checkbox"/> Blood Type, Rh	<input type="checkbox"/> Potassium	<input type="checkbox"/> CBC w/diff	<input type="checkbox"/> CRP
<input type="checkbox"/> AFP	<input type="checkbox"/> Protein EP, Serum	<input type="checkbox"/> HGB and HCT	<input type="checkbox"/> H Pylori Ab Qual
<input type="checkbox"/> AFP 1st Tri Scrn	<input type="checkbox"/> PSA, Total	<input type="checkbox"/> Hgb Electrophoresis	<input type="checkbox"/> HAV Ab, IgM
<input type="checkbox"/> AFP 2nd Tri Scrn	<input type="checkbox"/> T3, Total	<input type="checkbox"/> Only if MCV <	<input type="checkbox"/> HAV Ab, Total
<input type="checkbox"/> ALT	<input type="checkbox"/> T4, Total	<input type="checkbox"/> Manual Diff	<input type="checkbox"/> HBeAb
<input type="checkbox"/> Amylase	<input type="checkbox"/> T4, Free	<input type="checkbox"/> PT	<input type="checkbox"/> HBeAg
<input type="checkbox"/> B-HCG Quan	<input type="checkbox"/> Iron - TIBC	<input type="checkbox"/> on Coumadin	<input type="checkbox"/> HBsAb
<input type="checkbox"/> BUN	<input type="checkbox"/> TSH	<input type="checkbox"/> PTT	<input type="checkbox"/> HBsAg
<input type="checkbox"/> Calcium	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Retic Count	<input type="checkbox"/> HBV Core Ab, IgM
<input type="checkbox"/> HDL, Direct	<input type="checkbox"/> Vit B12	<input type="checkbox"/> Sed Rate	<input type="checkbox"/> HBV Core Ab, Total
<input type="checkbox"/> LDL, Direct	<b>Cytopathology</b>	<b>Microbiology</b>	<input type="checkbox"/> HBV DNA, Quant.
<input type="checkbox"/> Chol, Total	<input type="checkbox"/> FNA #	<input type="checkbox"/> Cx, Aero-Anaero	<input type="checkbox"/> HCV Ab
<input type="checkbox"/> Creatinine	<input type="checkbox"/> FNA Breast #	<input type="checkbox"/> Cx, AFB #	<input type="checkbox"/> HIV Ab
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Pap Conv	<input type="checkbox"/> Cx, Bacteria	<input type="checkbox"/> Mumps, IgG
<input type="checkbox"/> Folate	<input type="checkbox"/> Pap Sure HPV Refle	<input type="checkbox"/> Cx, Blood #	<input type="checkbox"/> RF
<input type="checkbox"/> FSH	<input type="checkbox"/> Pap Sure Only	<input type="checkbox"/> Cx, Chlamydia	<input type="checkbox"/> RPR
<input type="checkbox"/> Glucose, Fasting	<input type="checkbox"/> Pathology #	<input type="checkbox"/> Cx, Herpes	<input type="checkbox"/> Rubella IgG
<input type="checkbox"/> GLT, 50GM	<input type="checkbox"/> HPV	<input type="checkbox"/> Cx, Sputum	<input type="checkbox"/> Rubeola IgG
<input type="checkbox"/> GLT, 75GM	<b>Panels</b>	<input type="checkbox"/> Cx, Stool	<input type="checkbox"/> Varicella IgG
<input type="checkbox"/> GTT, 100GM	<input type="checkbox"/> Panel BMP	<input type="checkbox"/> Cx, Throat	<b>Urinalysis</b>
<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> Panel CMP	<input type="checkbox"/> Cx, Urine	<input type="checkbox"/> UA, Complete
<input type="checkbox"/> LDH Total	<input type="checkbox"/> Urine Drug Panel	<input type="checkbox"/> C. Difficile, Stool	<input type="checkbox"/> UA, Dipstick Only
<input type="checkbox"/> Lead, Blood	<input type="checkbox"/> Panel Lytes	<input type="checkbox"/> FOBT #	<input type="checkbox"/> Ur 24Hr Vol
<b>Therapeutic Drugs</b>	<input type="checkbox"/> Panel Hepatic	<input type="checkbox"/> O and P #	<input type="checkbox"/> Ur Crea
<input type="checkbox"/> Digoxin	<input type="checkbox"/> Panel Lipid	<input type="checkbox"/> H. Pylori, Stool	<input type="checkbox"/> Ur Crea 24hr
<input type="checkbox"/> Dilantin	<input type="checkbox"/> Panel Renal	<input type="checkbox"/> Stool for WBC	<input type="checkbox"/> Ur Crea 24Hr Clear
<input type="checkbox"/> Valproic Acid		<input type="checkbox"/> Strep Gr A, Rapid	<input type="checkbox"/> Ur HCG IPT
		<input type="checkbox"/> Strep Gr B Culture	<input type="checkbox"/> Ur Microalbumin & Crea
		<input type="checkbox"/> Wet Mount	<input type="checkbox"/> Ur Albumin 24hr

Date of last

ALT	///
BMP	02/17/2011
CEA	///
CPK	///
HgA1c	///
Lipid panel	10/05/20
PAP	03/18/200E
Stool occult	10/19/200E
TSH	///
U/A	///
U/A w/ micro	01/14/200E

**Last HBsAg result pre-populates**

**HBV Labs Grouped Together**

End of Visit    Telephone Call Doc

# Provider Cheat Sheet

Summary of clinical indicators for patients being seen that day

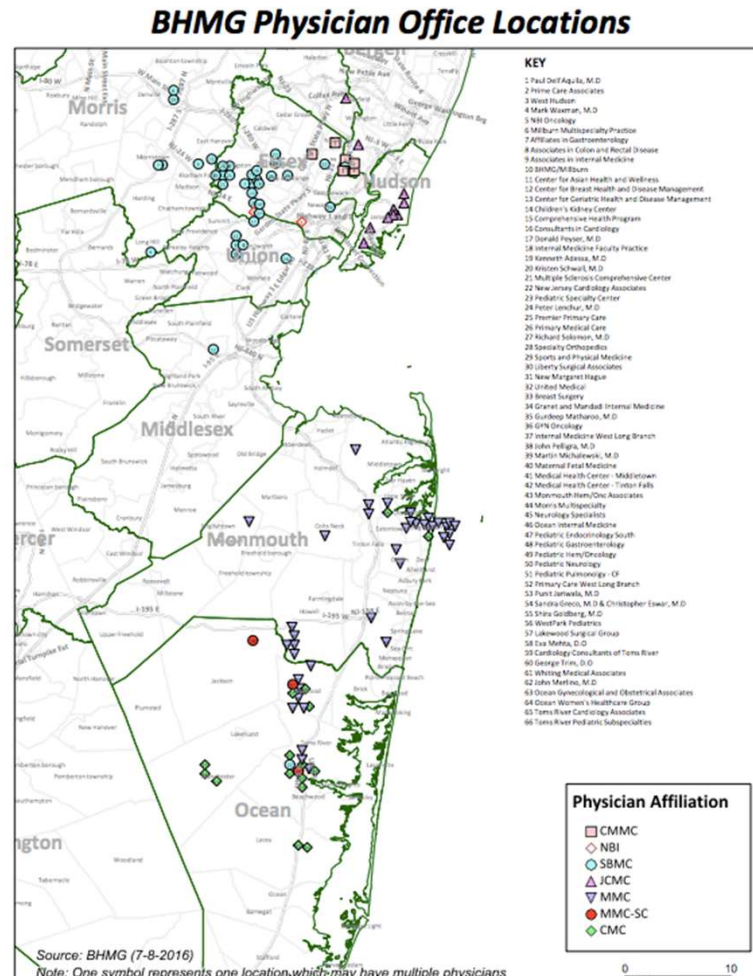
## Hepatitis B testing and vaccination

Time	PCP	Patient Information				Hepatitis B			Smoking		Diabetes/HTN					Cancer Screenings				Healthy Living							
		MRN	Name	DOB	Sex	Age	Type	HepB Screened	HepB Vaccin.	In HepB Registry	Smoker	Tobacco Screen	Diabetes	HbA1c Date	Diabetic Eye Exam	ASA	STN	ACE/ARB	HTN	BP Controlled	Last Pap	Last Mammogram	Last F.OBT	Colonoscopy	Last Flu Shot	Depression Screen	Last Tdap
300	Tai MD,K	4468			M	72	Y	N/A	Y	Y	02/26/13	Y	02/26/13	11/27/12	Y	Y	Y	Y	N			DUE	DUE	11/19/12	DUE	05/15/12	11/19/12
315	Tai MD,K				M	79	Y	DU	N	F	03/26/13	N	09/19/11					Y	N			09/23/11	09/20/12	10/30/12	05/21/12	10/30/12	
330	Tai MD,K				M	80	Y	Y	N	N	02/14/13	N						Y	Y			05/09/13	08/24/12	11/15/12	05/10/12	11/15/12	
345	Tai MD,K				M	78	Y	Y	N	F	04/26/13	Y	04/02/13	01/03/13				Y	Y			05/09/11	03/14/12	12/11/12	06/12/12	03/10/12	12/11/12
400	Tai MD,K				M	89	Y	Y	N	N	03/19/13	N	12/08/12					Y	Y			12/22/11	01/20/10	12/03/12	06/08/12	06/08/12	12/03/12
415	Tai MD,K				M	89	Y	DU	N	N	05/20/13	N	11/17/12					N	Y			10/18/11	07/13/09	11/13/12	11/13/12	05/12/13	11/13/12
430	Tai MD,K				M	73	Y	N/A	Y	F	05/23/13	Y	02/06/13	03/19/13	Y	Y	Y	Y	Y			07/14/11	04/05/13	10/01/12	07/24/12	09/28/10	10/01/12
445	Tai MD,K				F	79	Y	DU	N	N	04/04/13	Y	DUE	10/11/12		Y		N	Y	09/13/10	11/12/08	08/24/12		11/08/12	06/04/12	06/04/12	11/08/12
500	Tai MD,K				M	34	Y	Y	N	N	03/18/13	N						Y	Y					11/13/12	02/12/13	10/06/09	02/12/13
515	Tai MD,K				M	54	Y	Y	N	N	02/26/13	N	05/20/13					Y	Y			05/17/12	01/14/13	REF	11/15/12	10/07/09	11/15/12



# Barnabas Health Medical Group

- Medical group for RWJBarnabas Health System
- Used Cerner Ambulatory PowerChart (have moved to EPIC now)
- Unable to make local modifications, any changes must be submitted to HQ and implemented nationally
- No dedicated IT team for outpatient modifications, as there is for our inpatient Cerner PowerWorks



# Using Out-of-the-Box EMRs for HBV

## Modifications can be made to Superbill

The screenshot displays an EMR Superbill interface with several panels:

- Summary Panel (Left):** Lists various medical tests and requests, including:
  - Hepatitis B Panel (Request)
  - Hepatitis B Surface Antigen (Request)
  - Hepatitis B Surface Antibody (Request)
  - Hepatitis B Core Antibody IgG (Request)
  - HBCAB IgG (Hep B core antibody IgG) (Request)
  - HIV (Request)
  - Hepatitis C Antibody (Request)
  - AFP Serum Tumor Marker (Request)
  - HBV Dna Viral Load (Request)
  - Hepatitis B e-Antigen (Request)
- Diagnoses Panel (Right):** Shows a list of diagnoses, with a red box highlighting:
  - Chronic hepatitis B- genotype C, no premut
  - Diabetes, gestational
  - Painful lactation
- POC Tests Panel (Middle):** Lists point-of-care tests such as:
  - 81002 manual urinalysis without microscopy (Task/Charge)
  - 86580 skin test tuberculosis intradermal (Form/Charge)
  - 81000 urinal dip stick/tablet reagent non-auto microscopy (Form/Charge)
- In Office Tests Panel (Bottom Right):** Lists tests performed in the office, including:
  - 81000 manual urinalysis with microscopy (Form/Charge)
  - 81002 manual urinalysis without microscopy (Form/Charge)
  - 81003 automated dipstick urinalysis without microscopy (Form/Charge)

# Favorite Lab Orders

## Grouping HBV tests together

Search:  Advanced Options Type: Prescriptions (Rx) Search within: All Folder: Labs

CBC Automated w/ Auto Diff (Request) Instructions: with platelets Comprehensive Metabolic Panel (Request) Lipid Panel (Request) TSH Reflex (Request) Hemoglobin A1c (Request) Urinalysis (Request) Vitamin D 25 Hydroxy (Request) PSA (Request) TSH (Request) <b>Hepatitis B Panel (Request), Hepatitis B surface A... Hepatitis B core Ab (H... Hepatitis B surface Ab ...</b>	<b>HIV (Request) Hepatitis C Antibody (Request) AFP Serum Tumor Marker (Request) HBV Dna Viral Load (Request) Hepatitis B e-Antigen (Request) Hepatitis B e-Antibody (Request) Hepatitis A Antibody IgG (Request)</b> PT/INR (Request) Urine Microalbumin (Request) Iron Studies (Request) Rheumatoid Factor (Request) ANA Cascade Reflex Panel (Request) H Pylori Breath Test (Request) Fecal Immunochemical Test (Request) ESR (Request) CRP (Request) CRP Cardiac (Request)	Uric Acid (Request) Hemoglobin Fractionat Ferritin (Request) RPR (Request) Varicella Zoster IgG (Re MMR Immunity (Reque Urinalysis w/ Reflex to C TSH Free T4 (Request) Fecal Immunochemical
---	--	--

# Cerner PowerChart: Lab Flowsheet

Interfaces with Quest, Labcorp, Manhattan Lab & Hospital lab

The screenshot displays the Cerner PowerChart interface for a Lab Flowsheet. The left sidebar contains a navigation menu with categories like Summary, Outside Records, Diagnoses and Problems, Medications, Orders | Charges, Direct Charting, Recommendations, Flowsheets (selected), Allergies, Growth Charts, Histories, Immunizations, Note | Scan | Import, Pregnancy Summary, Media, and Tasks. The main window shows the 'Flowsheets' section with tabs for Summary, Laboratory Recent, Laboratory Extended (selected), and Radiology. Below the tabs, there are dropdown menus for 'Flowsheet: Lab Flowsheet' and 'Level: Lab Flowsheet', along with a 'Table' view selector. A date range is shown as 'November 26, 2015 12:00 AM EST - December 26, 2015'. A 'Navigator' pane on the left lists various lab categories with checkboxes, including General Chemistry, Other Chemistry, CBC, Differential, Morphology, Hepatitis Testing, Hepatitis Virus ID, and Laboratory Reports. The main table displays lab results for three dates: 5/22/2017 12:00 AM, 2/2/2017 12:00 AM, and 9/20/2016 12:00 AM. The table includes sections for Morphology, Hepatitis Testing, and Hepatitis Virus ID.

Lab Flowsheet	5/22/2017 12:00 AM	2/2/2017 12:00 AM	9/20/2016 12:00 AM
<input type="checkbox"/> Auto Basophils %			0
<input type="checkbox"/> Abs Lymphocytes			1.6
<input type="checkbox"/> Abs Neutrophils			4.7
<input type="checkbox"/> Abs Monocytes			0.5
<input type="checkbox"/> Abs Eosinophils			0.1
<input type="checkbox"/> Abs Basophils			0.0
<b>Morphology</b>			
<input type="checkbox"/> Abs Immature Granulocytes			0.0
<b>Hepatitis Testing</b>			
Hep A Ab			Positive (A)
Hep B PreCore		Comment *	
Hep B Core Ab			Positive (A)
Hep Be Ab			Positive (A)
Hep Be Ag		Negative	Negative
Hep Bs Ag			Positive * (A)
Hep Bs Ab		Non Reactive *	Non Reactive *
Hep C Ab			<0.1 *
Hep Comments			Comment *
<b>Hepatitis Virus ID</b>			
<input type="checkbox"/> Hep B DNA Qnt PCR	10 *		
<input type="checkbox"/> HBV IU/mL	1,000 *	1,770	
<input type="checkbox"/> Hep B Qt Real-Time PCR			2,690
Hep B Genotype		Comment * [2]	

 **HEP  
CAN'T  
WAIT!**



**Thank you!**



**SpartanNash<sup>®</sup>**

**Universal Adult Hepatitis B Recommendations Are Here:  
Best Practices for Implementing Universal Vaccination**

**May 1, 2023**



# Lisa Bade, PharmD

Pharmacy Clinical Coordinator  
Immunization Program



# SpartanNash®



# Immunization Efforts

SpartanNash Pharmacy-Based Immunization Program



## ▶ **Pharmacy Immunizers:**

- Immunization-certified pharmacists
- Immunization-certified pharmacy technicians
- Immunization-certified pharmacy students

## ▶ **Requirements, training and education:**

- Licensed and in good standing
- Successful completion of an approved immunization training program
- Annual review of immunization program supporting documents
- Annual successful completion of required training (e.g., Bloodborne Pathogens)
- Up-to-date Cardiopulmonary Resuscitation (CPR) certificate
- Annual required continuing education specific to immunizations



- ▶ **Immunizations that may be administered** pursuant to current collaborative practice agreement (i.e., signed physician protocol) include:
  - Hepatitis A
  - Hepatitis B
  - Hepatitis A/B combination
  - Human papillomavirus
  - Influenza
  - Measles, mumps, rubella
  - Meningococcal ACWY
  - Meningococcal B
  - Pneumococcal
  - Tetanus, diphtheria, pertussis
  - Tetanus, diphtheria
  - Varicella
  - Zoster
  - COVID-19
  
- ▶ **Immunizations may be provided to persons 5 years of age and older** or as allowed by specific state law and/or board of pharmacy

# WHERE



**Outpatient,  
retail-based,  
pharmacies**



**Immunization  
clinics**



- ▶ **Outpatient, retail-based, pharmacies**
  - Patient appointment
  - Walk-ins encouraged and welcomed
  - Pharmacy staff identification of immunization opportunities
  
- ▶ **Immunization clinics**
  - On-site
    - Example: Retail store event for employees
  - Off-site
    - Example: Employers, community events
  - Pharmacy staff identification of immunization opportunities



## All year round.

SpartanNash Pharmacy strives to be the vaccine destination of the communities we serve all year long.



In line with SpartanNash's ***Our Winning Recipe:***

▶ **We Create Solutions**

- Pharmacy locations are easily accessible within a person's community, with most Americans living within 5 miles of a community pharmacy

▶ **People First**

- Promotion of health equity and overall well-being

▶ **We Serve**

- Improve immunization rates amongst the communities and states in which we serve

▶ **We Win**

- Decrease and prevent the presence of vaccine-preventable disease in the communities and states in which we serve

# Hepatitis B Vaccination:

## Universal Recommendations





- ▶ Hepatitis B vaccination is recommended for all adults 19-59 years and adults aged 60 years and older with risk factors for Hepatitis B
- ▶ Adults aged 60 years and older without known risk factors for Hepatitis B may also receive the Hepatitis B vaccines
- ▶ Infants and children aged less than 19 years are already recommended to receive Hepatitis B vaccines

Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:477–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7113a1external icon>.



- ▶ Approximately 50% of acute Hepatitis B cases reported in 2019 occurred in persons 30-49 years of age
- ▶ An estimated 2.4 million people in the United States are living with chronic Hepatitis B
- ▶ Hepatitis B vaccination coverage is low in persons 19 years of age and older and suboptimal among adults with risk factors
- ▶ Universal recommendations, removing risk factor assessment, could increase vaccination coverage and decrease Hepatitis B cases

1. Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:477–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7113a1external icon>.
2. Kuwahara RK, Jabbarpour Y, Westfall JM. Increased Physician Awareness Is Needed to Implement Universal Hepatitis B Vaccination. *Am Fam Physician*. 2022 Aug;106(2):132-133. PMID: 35977140.

# Hepatitis B Vaccination:

Patient Uptake of Universal Vaccination Recommendations



## Marginal.

Patient uptake within our organization has been marginal.  
However, that is not despite our best efforts.



## ▶ Lack of perceived risk and benefit

### **Risk factors include:**

- Chronic liver disease
- HIV infection
- Sexual exposure
- Current or recent injection drug use
- Percutaneous or mucosal risk for exposure to blood
- Incarcerated persons
- Travel in countries with high or intermediate endemic hepatitis B

▶ **Risk is largely underestimated and underreported**

---

▶ **Social stigma and potential uncomfortable conversations**

---

▶ **Misinformation and lack of education on how and why one might be exposed or infected with hepatitis B**

# BARRIERS



- ▶ **Lack of targeted media presence and promotion**
- ▶ **Gaps in vaccine documentation**
- ▶ **Decreased awareness amongst other healthcare professionals**
- ▶ **Misconception of who “should” receive the Hepatitis B vaccine series and when**
- ▶ **Titer recommendations may lead to vaccine hesitancy and decreased confidence**



## ▶ Immunization recommendations for immunocompromised persons

- Larger or additional doses (i.e., following the dosing recommendations for persons receiving adult hemodialysis) might also be necessary for immunocompromised persons

---

- The CDC/ACIP states that this alternate dosing might be more immunogenic, but no specific recommendations have been made

---

- Recommended serologic testing to determine need for revaccination

---

A discussion with the patient's provider managing immunodeficiency or immunosuppression to determine their recommended dosing and follow-up serology testing is now required in our pharmacies

# Hepatitis B Vaccination:

Tips and Tools for Success





1

**Use state immunization registries**



2

## Ask and offer immunization to each person

- ▶ **An expectation, not exception**

*Example:* “Did you know that the hepatitis B vaccine series is now recommended for all persons? It appears that you have not received to date. I have a dose ready to go with your name on it. Do you have a few minutes to receive today?”

- ▶ **Provide an alternative for scheduling, if needed**



**Make process and procedure simple, safe, thorough and efficient**



4

## Arm Pharmacy Immunizers with education, tips, and tools to be successful

- ▶ **Role-play or practice immunization recommendation opportunities/experiences**
- ▶ **Use the time spent with the recipient to advocate for vaccines and prevention of disease**
- ▶ **Bring other recommended vaccine products to immunization clinic opportunities**
- ▶ **Be present, open, honest, and respectful**
- ▶ **Determine what is of value or importance to an individual**
- ▶ **Use helpful resources**



## 5

### Increase awareness and provide education

#### ▶ Healthcare providers

- Use of embedded, ambulatory care SpartanNash Pharmacy Clinical Team Pharmacists

#### ▶ Immunization recipients and community

- Acknowledge previous vaccine recommendations, the reason for change, and health risks associated with hepatitis B infection
- Build vaccine confidence through encouragement of understanding and sharing personal vaccination stories
- Provide lunch and learn opportunities (e.g., workplace)



6

## Think outside the box

- ▶ **How can we encourage our communities to receive their recommended hepatitis B vaccine series?**
- ▶ **Where is there a need within our community?**
- ▶ **How can we be creative, fun, and promote health?**



7

**Ensure next dose in series is scheduled and provide reminder notification**



8

**Document the vaccination administered**



# Call to Action



- ▶ **Pharmacies, Pharmacists, and Pharmacy Immunizers** have been shown and continue to be an accessible destination to receive recommended immunizations, including the Hepatitis B vaccine series
- ▶ We will continue to promote receipt of the Hepatitis B vaccine series to **reduce the burden of vaccine-preventable disease** in our communities

# Questions?