

# Hepatitis B Birth Dose Honor Roll Application



## APPLY FOR THE BIRTH DOSE HONOR ROLL

The Immunization Action Coalition's Hepatitis B Birth Dose Honor Roll recognizes U.S. birthing institutions that have attained a birth dose coverage rate of 90% or greater and have met specific additional criteria. These criteria help define the important elements of a birth dose policy that are needed to ensure newborns do not fall through the cracks when medical errors occur.

You can also apply online at [www.immunize.org/honor-roll/birthdose/apply.aspx](http://www.immunize.org/honor-roll/birthdose/apply.aspx).

To be included in IAC's Hepatitis B Birth Dose Honor Roll, a birthing institution must have:

- Achieved, over a 12-month period, a coverage rate of 90% or greater for administering hepatitis B vaccine before hospital discharge to all newborns (regardless of weight), including those whose parents refuse vaccination. (Newborns who are transferred to a different facility after birth due to medical problems do not need to be included in the denominator.)
- Implemented written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge.

## Application for Enrollment into the Hepatitis B Birth Dose Honor Roll

FIELDS MARKED WITH ✨ ARE REQUIRED

We are already a Hepatitis B Birth Dose Honor Roll honoree.

Please tell us about the person filling out this form

✨ FIRST NAME \_\_\_\_\_

✨ LAST NAME \_\_\_\_\_

✨ JOB TITLE \_\_\_\_\_

✨ FACILITY NAME \_\_\_\_\_

✨ DEPARTMENT \_\_\_\_\_

✨ ADDRESS \_\_\_\_\_

✨ CITY/STATE/ZIP \_\_\_\_\_

✨ PHONE \_\_\_\_\_

✨ EMAIL \_\_\_\_\_

**NOTE:** We notify the applicant and their perinatal hepatitis B coordinator upon acceptance into the honor roll.

✨ NAME OF PERINATAL HEPATITIS B COORDINATOR \_\_\_\_\_

✨ EMAIL \_\_\_\_\_

✨ Indicate the type of facility:

Hospital     Independent Birthing Center

OTHER \_\_\_\_\_

✨ Which most closely describes the type of community your hospital or birthing center resides in?

Urban     Suburban     Rural

✨ Approximately how many total beds are in your entire healthcare facility? \_\_\_\_\_

✨ Approximately how many beds are in your birthing unit? \_\_\_\_\_

✨ Approximately how many births occur per year in your healthcare facility? \_\_\_\_\_

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**Qualifications for enrollment into IAC’s Hepatitis B Birth Dose Honor Roll**

To be included in the Immunization Action Coalition’s Hepatitis B Birth Dose Honor Roll, a birthing institution must have:

1. Achieved, over a 12-month period, a coverage rate of 90% or greater for administering hepatitis B vaccine **before hospital discharge** to all newborns (regardless of weight), **including those whose parents refuse vaccination**. (Newborns who are transferred to a different facility after birth due to medical problems do not need to be included in the denominator.)

Please check this box if your birthing facility meets this qualification.

❖ What coverage rate did you achieve for administering hepatitis B vaccine to all newborns **prior to hospital discharge**? \_\_\_\_\_

❖ What is the starting date of the 12-month time period over which this rate was measured? \_\_\_\_\_

❖ What is the ending date? \_\_\_\_\_

❖ Please describe how the birth dose coverage level was measured:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an additional period you wish to apply for at this time? It is permissible to apply for multiple periods at once as long as 1) each period covers at least 12 months and 2) the periods do not overlap.

What coverage rate did you achieve for administering hepatitis B vaccine to all newborns **prior to hospital discharge**? \_\_\_\_\_

What is the starting date of the 12-month time period over which this rate was measured? \_\_\_\_\_

What is the ending date? \_\_\_\_\_

Please describe how the birth dose coverage level was measured:  
\_\_\_\_\_  
\_\_\_\_\_

If there are more than two eligible periods that you would like to include on your application, please list the coverage rate and the starting and ending dates for each period:  
\_\_\_\_\_  
\_\_\_\_\_

2. Implemented written policies, procedures, and protocols to administer the universal hepatitis B vaccine birth dose to **all** newborns **prior to hospital discharge**.

Please check this box if your birth dose policies are formally documented.

3. Generally, acceptance into the honor roll requires adoption of all the following policy components, but exceptions to that requirement may be granted.

Select “yes” if your written birth dose policies include the following policy items:

a. Parents are informed about the importance of the hepatitis B vaccine birth dose and that it is recommended for all newborns.  Yes  No

b. All newborns routinely receive hepatitis B vaccine after birth, **before hospital discharge**.  Yes  No

c. A review is performed as to whether the correct screening test, hepatitis B surface antigen (HBsAg), was ordered for the mother during this pregnancy.  Yes  No

d. The result of the mother’s HBsAg screening test is reviewed.  Yes  No

**NOTE:** It is best, if at all possible, that the policy calls for review of a copy of the original HBsAg test result, and not a transcribed or hand-entered report.

e. An HBsAg blood test is ordered ASAP if an incorrect test was ordered on the mother or if no test result is included on her chart.  Yes  No

f. Infants born to HBsAg-positive mothers receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.  Yes  No

g. Infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth.  Yes  No

h. Infants who weigh less than 2,000 grams and are born to mothers whose HBsAg status is unknown receive HBIG (in addition to hepatitis B vaccine) within 12 hours of birth.  Yes  No

i. Routine newborn admission orders include a standing order to administer hepatitis B vaccine to all infants (similar to standing orders to administer Vitamin K and ophthalmic antibiotic).  Yes  No

j. Notification of the state or local health department’s perinatal hepatitis B prevention program is done prior to discharge (or as soon as known, if after discharge) for all mothers whose HBsAg test result is positive.  Yes  No

**Comments? Questions?** Email [birthdose@immunize.org](mailto:birthdose@immunize.org)

**Return your completed form**

**BY FAX** (651) 647-9131

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