Hepatitis B Birth Dose Honor Roll Application

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.

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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Immunization Action Coalition

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/P2208.pdf • Item #P2208 (6/17)
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.

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

Return your completed form

BY FAX (651) 647-9131

BY MAIL
Immunization Action Coalition
2550 University Avenue W., Suite 415 N
Saint Paul, MN 55114

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