

# Success of Venue-Based Adult Hepatitis B Vaccination Varies by Type of Public Venue: CDC's Adult Hepatitis B Vaccination Initiative

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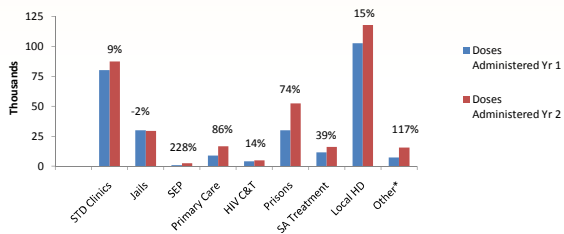
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## Background

- Hepatitis B incidence in the United States is highest among adults ages 30–45 years.
- In December 2006, CDC and ACIP published updated recommendations to promote hepatitis B vaccination (a three dose vaccine series) of adults at risk for hepatitis B virus (HBV) infection.
- In October 2007, CDC launched the Adult Hepatitis B Vaccination Initiative, utilizing unspent immunization funds for the purchase of hepatitis B or A/B vaccines.
  - Since September 2007, CDC has provided federally purchased monovalent hepatitis B and combination hepatitis A/B vaccine to 56 state and local health departments.
    - 48 states, 3 cities, 5 territories
- These health departments enrolled 1893 distinct vaccination sites (venues) within their jurisdictions as distribution points for vaccine administration to high-risk adults.
  - Venues include
    - STD clinics
    - HIV counseling and testing sites
    - Jails, prisons
    - Syringe exchange programs
    - Substance abuse treatment centers
    - Primary care clinics
    - Local health departments
    - Other\*
- Funding for Vaccine
  - 2007: \$20 million for 51 grantees
  - 2008: \$16 million for 48 grantees
- Funding supports vaccine purchase only. Infrastructure provided by state and local HDs includes:
  - On-site staff such as phlebotomists and administrators, to enable vaccine delivery and follow-up for vaccine series completion
  - Training in vaccine delivery, prevention counseling or health education
  - Laboratory tests to assess for current or previous HBV infection
  - Data collection to assess series completion rates and coverage

## Number of Doses (thousands) Administered through Adult Hepatitis B Vaccination Initiative, and Percent Change from 2008 to 2009\*\*

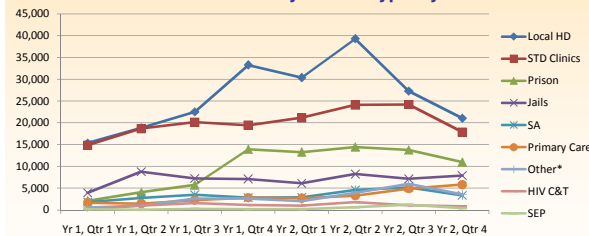


## Objective

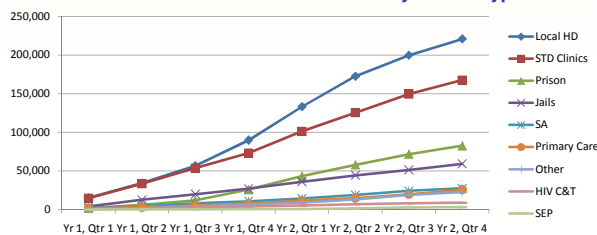
- To evaluate CDC's implementation of the Adult Hepatitis B Vaccination Initiative using the following outcomes:
  - Number of doses administered by venue type
  - Change in number of doses administered by venue type, over time
  - Percent of doses ordered that were administered by venue type

Venue	# Venues Reporting	Total Doses Ordered	Total Doses Administered (%)
STD Clinics	328	205,846	167,476 (81%)
Other*	64	30,917	22,740 (74%)
HIV C&T	51	11,943	8,868 (74%)
Local HD	416	301,716	220,780 (73%)
Jails	76	86,560	59,334 (69%)
SA Treatment	62	46,244	27,519 (60%)
Prisons	82	140,366	82,547 (59%)
Primary Care	173	51,268	25,649 (50%)
SEP	8	7,708	3,212 (42%)
<b>Total</b>	<b>1,260</b>	<b>882,568</b>	<b>618,125 (70%)</b>

## Doses Administered by Venue Type by Quarter



## Cumulative Doses Administered by Venue Type



## Methods

- Venues reported number of doses of each vaccine ordered and administered each quarter on a standardized Excel® spreadsheet.
  - Doses administered is not equivalent to the number of persons vaccinated or those who received the full three-dose series.

- We examined data from November 1, 2007 to December 31, 2009.

## Results

- With the exception of jails, every venue type increased the amount of vaccine administered from year 1 to year 2.
- The proportion of vaccine ordered that was administered ranged from 81% in STD clinics to 42% in SEPs.
- There is a positive correlation between the amount of vaccine administered and proportion of vaccine administered.
- Local HDs, STD clinics and prisons administered 470,803 doses compared to a total of 147,322 in all the other venues combined.
- While numbers of vaccine doses administered varied by quarter in local HDs, all other venue types were relatively consistent by the third or fourth quarter of year one.
- Prisons and jails achieved full capacity in year one and maintained that in year two.
- STD clinics increased capacity steadily over the two years from 15,000 doses/quarter to 25,000/quarter.
- Rate of use of funds and vaccine varied widely by site, related to availability of funding and timing of vaccine delivery from manufacturers (e.g., funding ran out in quarter four of year two, artificially creating a drop in doses administered, funding data not shown).

## Limitations

- These data cannot be used to determine the number of individuals who received vaccine or those who received a complete three-dose vaccination series.

## Conclusions

- Despite the lack of infrastructural funding, 618,125 doses of vaccine were administered to adults through this program.
- The positive correlation between the amount of vaccine administered and the proportion of vaccine administered may indicate that venues serving larger populations and those accustomed to vaccinating were more able to rapidly implement this new immunization program.
- Although local HDs and STD clinics appear to have grown in capacity in vaccine administration, there may be a plateau in the absence of additional infrastructural support.

## Acknowledgements

- CDC would like to acknowledge the 48 states, three cities, five territories and the venues who work with them to make this important project possible.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



\*Other (i.e. Asian Health Ctrs, Community Health Ctrs, Refugee Clinics, Homeless Shelters, Charitable Foundations, Planned Parenthood/Family Planning, Colleges/Universities, NCA/NAACA, Mental Health Ctrs, TB Clinics, and Mobile Van Units)

\*\*FY2008 = October 1 – September 30, FY2009 = January 1 – December 31