ACIP Hepatitis Work Group: Introduction

Mark Sawyer, MD – Chair

October 25, 2012



ACIP Hepatitis Work Group

- Mark Sawyer, ACIP, Chair
- Douglas Campos-Outcalt, ACIP
- Jonathan Temte, ACIP
- Alexis Elward, HICPAC Liaison
- Stephen Feinstone, FDA
- Kathleen Harriman, CDPH
- Samuel Katz, Former ACIP Chair
- Harry Keyserling, SHEA Liaison
- Thomas Koinis, AAFP
- Myron Levin, Former ACIP Chair
- Marian Major, FDA
- Brian McMahon, ANTHC
- Amy Middleman, SAHM Liaison
- David Nace, AMDA
- Georges Peter, Brown U
- Brenna Simons, ANTHC
- James Turner, ACHA Liaison
- David Weber, SHEA

- Geoff Beckett, CDC/DVH
- Kathy Byrd, CDC/DVH
- Scott Holmberg, CDC/DVH
- Erin Kennedy, CDC/ISD
- David Kuhar, CDC/DHQP
- Trudy Murphy, CDC/DVH
- Marie de Perio, NIOSH
- Sarah Schillie, CDC/DVH
- Philip Spradling, CDC/DVH
- Eyasu Teshale, CDC/DVH
- Cindy Weinbaum, CDC/DHQP
- Fujie Xu, CDC/DVH

Term of Reference

- Ensure hepatitis B protection for healthcare personnel (HCP), including trainees, who have written documentation of Hepatitis B (HepB) vaccination in the past without post-vaccination serologic testing
- ACIP requested Hepatitis Work Group deliberation

Background

- 1982: ACIP recommended HepB vaccination for HCP¹
 - In past, most HCP, including trainees, unvaccinated until matriculation or hire
- 1997: ACIP recommended post-vaccination serologic testing 1-2 months after vaccination for HCP at ongoing risk for percutaneous injury²
 - Determines need for revaccination
 - Guides post-exposure management

What is Different Now?

- Increasing proportion of HCP entering training and workforce have received HepB vaccination as infants or in the distant past
 - Birth dose prevents chronic infection (when risk is greatest)
- Post-vaccination serologic testing (antibody to hepatitis B surface antigen, anti-HBs) not recommended after routine infant HepB vaccination
- Anti-HBs after vaccination wanes over time, although protection believed to persist

Changing Context for Occupationally-Acquired Hepatitis B

- Healthcare schools and institutions seeking guidance:
 - How to identify and ensure protection for initial ≥3 dose non-responders

Topics Covered by Work Group

- 1. Changing epidemiology of hepatitis B
- 2. HCP risk of blood and body fluid (BBF) exposure¹
- 3. HCP rates of reporting BBF exposures¹
- 4. Probability of hepatitis B surface antigen (HBsAg)-positive source patient¹
- 5. Efficacy of hepatitis B immune globulin (HBIG) for post-exposure prophylaxis

Topics Covered by Work Group, cont.

- 6. HCP HepB vaccine coverage
- 7. Evidence of serologic and clinical protection after vaccination with HepB primary series
- 8. Evidence of serologic protection after "challenge" dose of HepB vaccine
- 9. Long-term HepB vaccine protection
- 10. Acute hepatitis Bamong HCP
- 11. Current practices (California) survey

Hepatitis Work Group Activities

- 19 Work Group teleconferences
- Presentation at HICPAC
 - June 2012
- Presentations at two ACIP meetings
 - February 2012
 - June 2012

Considerations for Guidance¹

- Pre-exposure evaluation for protection
- Post-exposure management with evaluation for continuing protection

Presented to ACIP, June 2012

¹Applies to both trainees and non-trainees

Today's Presentations

- Hepatitis B among HCP
 - Continuing risk for hepatitis B virus exposure
 - Hepatitis B vaccine coverage
 - National surveillance
- Updates to cost-effectiveness analyses
- Long-term protection
- Current practices
- Proposed guidance