

Hepatitis B Birth Dose Honor Roll Application



APPLY FOR THE BIRTH DOSE HONOR ROLL

Immunize.org'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/about/excellence/honor-rolls/hepb-birth-dose/apply

To be included in Immunize.org's Hepatitis B Birth Dose Honor Roll, a birthing facility must have:

- ☒ Achieved, over a 12-month period, a coverage rate of 90% or greater for administering hepatitis B vaccine **before facility 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 facility discharge.

Application for Enrollment into the Hepatitis B Birth Dose Honor Roll

Fill out the form and tell us about your facility and vaccination policy. **All fields are required unless otherwise noted.**

Your Contact Information

FIRST NAME _____

LAST NAME _____

JOB TITLE _____

DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

SOCIAL MEDIA INFORMATION (OPTIONAL)

☐ Facebook (example @ImmunizeOrg) _____

☐ Instagram (example @immunizeorg) _____

☐ LinkedIn (example @Immunize.org) _____

☐ X (Twitter) (example @Immunize.org) _____

If accepted for the Honor Roll, Immunize.org will announce this recognition on our social media channels. Please provide any social media handles for the facility that we may use in our posts.

Facility Information

NAME OF FACILITY _____

TYPE OF FACILITY (CHECK ONE)

☐ HOSPITAL ☐ INDEPENDENT BIRTHING CENTER

☐ OTHER: _____

Which most closely describes the type of community your facility resides in?

☐ Urban ☐ Suburban ☐ Rural

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

☐ 10–500

☐ 501–1,000

☐ 1,001 – 1,000

☐ >2,000

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Qualifications for enrollment

To be included in Immunize.org's Hepatitis B Birth Dose Honor Roll, a birthing facility must have:

1. Achieved, over a 12-month period, a coverage rate of 90% or greater for administering hepatitis B vaccine **before facility 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.)

☐ 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 facility discharge**? (Enter exact rate between 90% and 100%) _____

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

Starting date: _____ Ending date: _____

Please describe how the birth dose coverage level was measured:

Coverage measurement details (Optional):

Do you have an additional period you wish to apply for at this time? You may apply for an additional 12-month period as long as it does not overlap with the first 12-month period listed. ☐ Yes ☐ No

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

☐ Yes, our birth dose policies are formally documented.

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

Select "Yes" if your birth dose policies include the following 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 within 24 hours of birth.

☐ 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 not 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 to

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