

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
1000 SW Jackson Street, Suite 210, Topeka, KS 66612-1274

Provision of Hepatitis B Vaccine to Indigent Contacts of Acute or Chronic Hepatitis B Cases

Who is eligible to receive state-funded hepatitis B vaccine under this program?

Individuals who meet all of the following criteria:

- 1) are a close household or sexual contact of a person with acute or chronic hepatitis B (as recommended in the hepatitis B protocol); and
- 2) reside in Kansas; and
- 3) have no medical insurance or reimbursement for this vaccine; and
- 4) cannot pay for the vaccine.

What are the program goals?

The goal is to provide vaccine to high-risk indigent contacts of acute or chronic hepatitis B cases, who otherwise would not receive vaccine. As part of a successful program, our objectives would include that 90% of individuals receiving vaccine through this program would complete the vaccine series. To assure that the appropriate individuals are receiving vaccine and to monitor the number of individuals using the program as well as the number who complete the series, an application form is attached.

How do you verify contact with hepatitis B case and contact's insurance status?

Verify contact with the hepatitis B case by phone call to the physician who referred the individual to the health department or verify carrier status through laboratory data held in health department lab files. If there are questions on whether or not the contact has health insurance to cover the vaccine, check with the client's insurance company.

What are the guidelines for administering the hepatitis B vaccine series?

Follow CDC guidelines (A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. MMWR 2006; 55(RR-16).) In adults, the first and second doses should be separated by one month, and the second and third doses by a minimum of two months (typically 5 months).

Who fills out the application form?

- 1) Have the client fill out the top portion of the application form for vaccine.
- 2) Complete the bottom portion of the application form.
- 3) For doses 2 and 3, use the same sheet where dose number 1 is documented (just update the form by entering the date of the new dose).
- 4) Because this program has limited funding, we need to monitor closely its progress. Therefore, we ask that every time you administer a dose of vaccine under this program, you send a copy of the application form to the Hepatitis B Coordinator.

How do you request hepatitis B vaccine and where the application reports sent?

Contact the Hepatitis B Coordinator, at 877-427-7317 when you place an individual in the indigent program, and she will authorize the shipment of vaccine to your facility. Send a copy of the "Application for Indigent Hepatitis B Program Vaccine" to the coordinator each time a dose is administered. On the Monthly Immunization Report (MIR) form, submitted by the health department, record the number of doses of hepatitis B administered, just as you do for all vaccine received from the Kansas Immunization Program. The MIR is to be submitted in the usual manner.

APPLICATION FOR INDIGENT HEPATITIS B PROGRAM VACCINE

Patient's Name: _____ Sex: M F
Address: _____ Birth Date: ___/___/___
_____ Phone: (____)_____

Attending Physician:
Name: _____
Phone: _____

Private health Insurance? Yes or No
Certified for Medicaid? Yes or No

Comments: _____

I certify that the above information is true and correct and grant permission for the
_____ to contact my attending physician and insurance carrier
(County Health Department)
listed above.

Signature of Applicant Date of Application
_____/_____/_____

Information below this line is for health department use only.

1. Was the applicant a sexual contact of a diagnosed acute hepatitis B patient?	YES	NO
2. Has the case been reported to KDHE?	YES	NO
3. Was the applicant a household or sexual contact of a diagnosed hepatitis b carrier? (Carriers have positive hepatitis B serology for six or more months)	YES	NO
4. Can the applicant pay for the vaccine?	YES	NO
4. Vaccine series dates: #1 dose _____ #2 dose _____ #3 dose _____		

Every time a dose is administered and/or if the client is lost to follow-up, send a copy of this form to the Hepatitis B Coordinator at the following address.

Hepatitis B Coordinator
1000 SW Jackson Street, Suite 210, Topeka, KS 66612-1274
Phone: 877-427-7317
Fax: 877-427-7318

Person completing the form: _____ Date: _____
County Health Department: _____