

Background

- Viral hepatitis (VH) vaccinations are critical among persons living with HIV (PLWH), as they are at greater risk of developing chronic hepatitis B (HBV) infection and experiencing prolonged hepatitis A (HAV) viremia
- Nationally-representative VH vaccination estimates are limited, and reveal lower than desirable rates despite recommendations to vaccinate all susceptible PLWH for HBV
- To better understand vaccination administration issues, recommend policy and guidance changes, and adjust service provision, we assessed uptake of VH vaccinations among Tennessee's Ryan White Part B (RWPB) clients

Methods

- A retrospective cohort study was performed to identify HBV and HAV vaccination uptake among Tennessee's RWPB clients enrolled from January 1, 2018, to June 30, 2019
- The cohort was matched with the Tennessee Immunization Information System (TennIIS) to determine administration of HBV and HAV vaccination(s)
- Reporting to the state immunization registry is mandatory only for health departments

Results

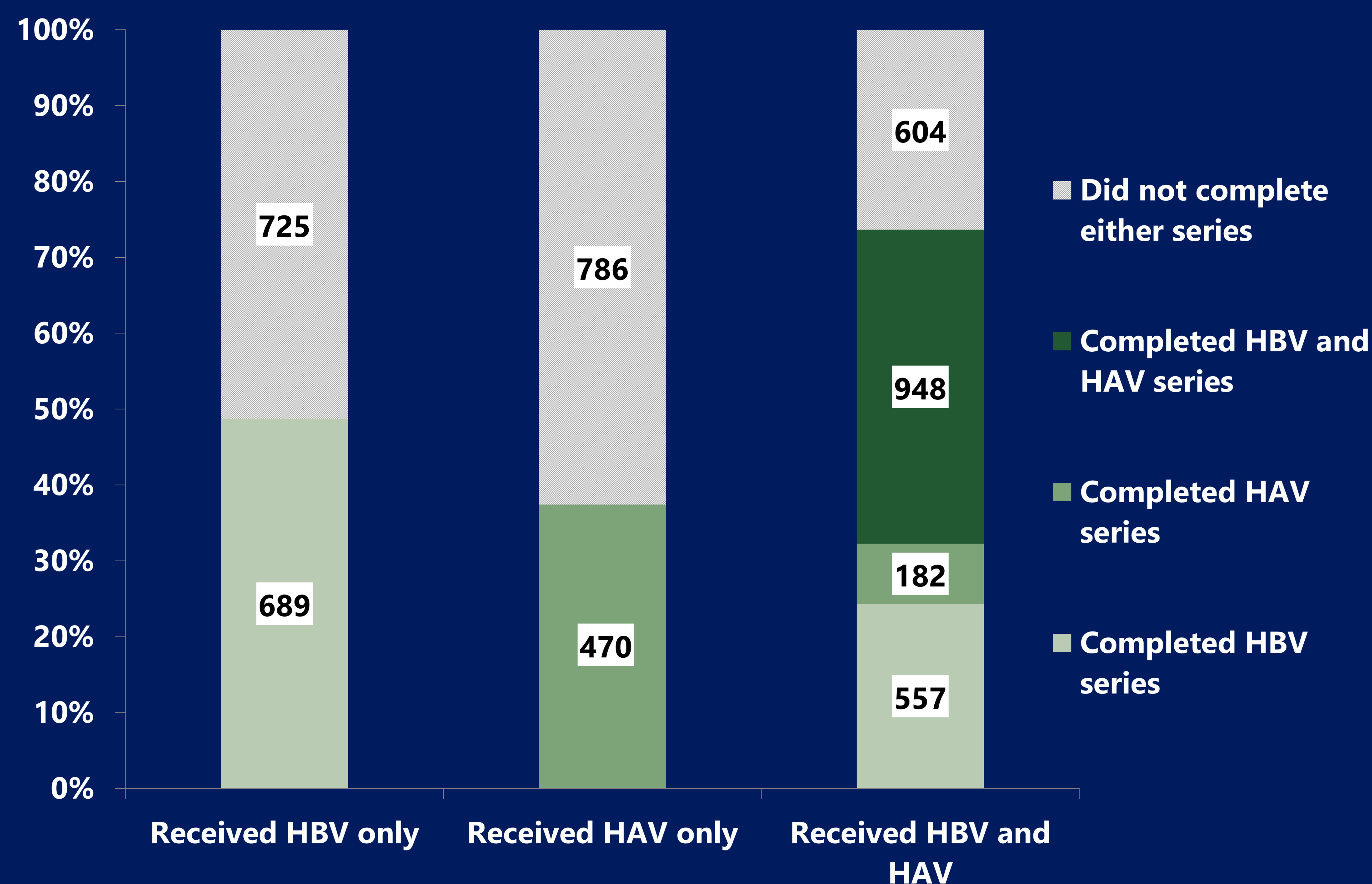
- Of the 11,493 unique persons in the RWPB cohort, 43% had at least one dose of HBV and/or HAV vaccine, 25% completed the vaccination series for HBV and/or HAV, and 20% had at least one dose of both HBV and HAV vaccine

Questions or Comments, contact:
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Hepatitis B and hepatitis A vaccination uptake for Tennessee Ryan White Part B clients is low

HBV and HAV Vaccination Uptake Among Tennessee's Ryan White Part B Clients, By Vaccination Type and Series Completion, 2018–2019



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