

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 667. HOSPITAL STANDARDS**

RULEMAKING ACTION:

PERMANENT final adoption

RULES:

Subchapter 13. Infection control
310:667-13-5 [NEW]

AUTHORITY:

Oklahoma State Board of Health, 63 O.S. Sections 1-104(B)(2), 1-705(a), and 1-707(A)(9).

DATES:

Comment Period:

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Public Hearing:

January 11, 2012

Adoption:

February 14, 2012

Submitted to Governor:

March 22, 2012

Submitted to House:

March 22, 2012

Submitted to Senate

March 22, 2012

Gubernatorial approval:

May 1, 2012

Legislative approval:

Failure of the Legislature to disapprove the rules resulted in approval on May 18, 2012

Final adoption:

May 18, 2012

Effective:

July 12, 2012

SUPERSEDED EMERGENCY ACTIONS:

"n/a"

INCORPORATION BY REFERENCE:

"n/a"

ANALYSIS:

The proposed new rule language ensures that all live infants born in Oklahoma are protected against hepatitis B disease by receiving the birth dose of hepatitis B vaccine within twelve hours of birth. This change is necessary because all pregnant women who are at risk of transmitting the hepatitis B virus to their newborn during birth are not being identified prior to delivery.

The December 23, 2005, issue of the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report reported, "Rates of new infection and acute disease are highest among adults, but chronic infection is more likely to occur in persons infected as infants or young children. Before hepatitis B vaccination programs became routine in the United States, an estimated 30%-40% of chronic infections are believed to have resulted from perinatal or early

childhood transmission, even though <10% of reported cases of hepatitis B occurred in children aged <10 years (1). Chronically infected persons are at increased lifetime risk for cirrhosis and hepatocellular carcinoma (HCC) and also serve as the main reservoir for continued HBV transmission."

Source: Centers for Disease Control and Prevention. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP); Part 1: Immunization of Infants, Children, and Adolescents. MMWR 2005;54(No. RR-16): [inclusive page numbers], <http://www.cdc.gov/mmwr/pdf/wk/mm5506.pdf>.

The Department's Perinatal hepatitis B Program identified 83 babies born to HbsAg positive women in Oklahoma in 2010. The CDC recommends that infants born to HbsAg positive women be given hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth. Seventy (85.4%) of these babies received both injections within 12 hours, seventy-five (91.5%) received both injections within 24 hours and seventy-seven (93.9%) received both injections within 48 hours of birth. Fifty-two (63.4%) of the infants had received HBIG and all three hepatitis B vaccines by 12 months of age.

The effect of this new rule language will be to help prevent perinatal hepatitis B infection in infants born in licensed hospitals in Oklahoma.

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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTION 308.1(A), WITH AN EFFECTIVE DATE OF JULY 12, 2012:

SUBCHAPTER 13. INFECTION CONTROL

310:667-13-5. Universal birth dose hepatitis B vaccination

All Oklahoma birthing hospitals shall implement a procedure to ensure that the hepatitis B vaccination is administered to all live infants within twelve hours of birth and recorded in the Oklahoma State Immunization Information System. A parent or guardian may refuse hepatitis B vaccination of their newborn on the grounds of medical reasons or that such vaccination conflicts with their religious tenets or personal beliefs. A refusal based on medical reasons shall include a statement in the medical record by a physician stating that the physical condition of the newborn is such that the vaccination would endanger the life or health of the child and that the child should be exempt from the vaccination requirement. A refusal based on the parent's or guardian's religious tenets or personal beliefs shall be documented in the newborn's medical record.