C.H.A.R.T.



CHICAGO HEPATITIS A RESPONSE TASKFORCE

Chicago Department of Public Health - Immunization Program

Issue Number 9: May 2022

CHART Newsletter keeping you aware of emerging HAV outbreak related information.

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Programmatic Questions:

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To report new cases of Hepatitis A, B, or C, please contact:

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Requests for Hepatitis A vaccine, please contact: ChicagoVFC@cityofchicago.org

Requests for Hep A educational materials, please contact: **Donovan Robinson** 312-746-6286 fvw8@cdc.gov

Please enter all data for Hep A vaccine doses into I-CARE in a timely manner and submit all publicly funded doses administered using the following: **Hepatitis A Electronic Reporting** System (HERS)

Hepatitis Awareness Month

The month of May has been designated as Hepatitis Awareness Month, and we urge everyone to learn what they can do to prevent the spread of Hepatitis Infection¹.

During this month, organizations across the country are working to promote the importance of Hepatitis vaccination and testing, its effective care and treatment, and educate communities on the impact of these diseases and the consequences if left untreated. Hepatitis Awareness Month activities assist in improving everyone's understanding of viral hepatitis transmission, its risk

Please join us in raising awareness of the importance of vaccination for hepatitis A and B, testing for hepatitis B and C, the availability of effective care and curative treatment, and the serious health consequences resulting from undiagnosed and untreated viral hepatitis. Share the ABCs of Viral Hepatitis to help others learn facts about the three most common types of viral hepatitis in the United States².

factors, and in decreasing the social stigma suffered by those afflicted with the disease.

1. CDC (2022, April 11) Hepatitis Awareness Month

2. CDC (2022, April 8) Learn the ABCs of Viral Hepatitis



Hepatitis Resources

CDC Hepatitis Information

GetTested National HIV, STD, and Hepatitis Testing

Find Testing Location

The Value of Data Quality in Healthcare

Advancements in medical technology have changed how medical professionals interact with patients in even the most basic of ways. One significant impact has been the utilization of electronic medical records and as a result, massive and robust datasets are now routinely generated and utilized for a wide variety of purposes. These data are integral to supporting the care of the patient, accurate diagnosis and treatment of illness, more accurate billing practices, assessing the effect of interventions, and as we have seen recently the response and treatment of disease outbreaks.



However, the usefulness of data is only as good as the quality of the data entered in the first place, and poor quality data may at times be worse than no data at all. Inaccurate, inconsistent, duplicate, ambiguous, or missing data can lead to issues in data quality, which may further lead to delays in patient care, patient frustration, increased difficulty in staff assignments, and lower morale. It may also impact overall efficiency, creating backlogs and bottlenecks which may also affect levels of customer and staff satisfaction. Finally, at higher levels poor data can lead to poor resource allocation, or incorrectly targeted or misaligned policies and procedures³.

On the other hand, high-quality data, the result of accurate, complete, timely, and unique patient data, can lead to better patient outcomes, improved patient safety, enhanced outbreak response, and the improved identification of disease trends and patterns. To clarify, data are complete when all data elements are entered, accurate when the information entered is true, and timely when they are available and disseminated at the time they are needed. Timeliness is particularly important in the tracking of ongoing health conditions and disease outbreaks. For example, the accurate, complete, and timely entry of administered vaccinations is essential for disease surveillance and preventing the spread of disease, in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease, and ensuring the continued health of vulnerable populations.

Data quality improvement is an ongoing process, and quality can always be improved. The key is to improve elements, stabilize those improvements, and then build on them repeating as necessary. The reward is a practice that is effective and efficient in supporting the health goals of your patients.

3. CDC (2019, December 5) 7.1 Why Data Quality Matters

Update: Universal Hepatitis B Vaccination in Adults Aged 19-59

As of April 1, 2022, the Advisory Committee on Immunization Practices (ACIP) has updated their <u>recommendations</u> for Hepatitis B Vaccinations. Hep B vaccination is now recommended for:

- Adults aged 19-59 years and adults aged ≥60 years with risk factors for hepatitis B.
- Adults aged ≥ 60 years without known risk factors for hepatitis B may also receive Hep B vaccines.
- Infants and all other persons aged <19 years are already recommended to receive Hep B vaccines⁴

4. CDC (2022, April 1) Universal Hepatitis B Vaccination