

Policy memo vaccine about hepatitis b virus nyc

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Policy Memo: Vaccine about Hepatitis B Virus in New York
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Vaccine about Hepatitis B Virus in New York New York City Councilman

From:

Date: 11th April 1st, 2015

Re: Vaccine about Hepatitis B Virus in New York City

Executive Summary

Hepatitis B is one of the most prevalent diseases in the world. In New York City, on an annual basis, thousands of patients receive in and outpatient treatment for the illness. It also creates a challenge when it comes to the prioritization of health issues, especially resource allocation. However, with the development of a vaccine for the disease, the city should act expeditiously in availing it to people. The problem is that despite the availability of the vaccine, hospitals in the city still vaccinate less than 50% of newborns (Goldsteen & Dwelle, 2014). This paper provides a background of New York City's management of the disease, recommendations on how it can manage disease considering that a vaccine is now available, and analysis of the recommendations.

Background

New York City's first confirmed cases of Hepatitis B were reported in the early 20th century. Since 1982, when the vaccine was developed, the city council has adopted measures to ensure that newborns are vaccinated before leaving hospitals. However, the rate of new infections (13, 000 per annum) in the city is still quite high (Berger, 2014). Investigations conducted by the city council have shown that less than half of the newborns are vaccinated before their mothers are discharged from hospital, and some

pediatricians also take it upon themselves to administer the vaccinations so that they can charge for them. This shows that the city is yet to effectively address the issue despite a vaccine being available.

Analysis

The high rate of new Hepatitis B infections in New York City is primarily inspired by negligence and unethical practices. All necessary incentives (vaccines, health professionals, and facilities, etc.) are available so doctors have no excuse for failing to vaccinate newborns. However, the fact that over fifty percent of newborns leave hospital without being immunized shows that majority of health practitioners do not heed the message that vaccination against hepatitis B is crucial to the prevention of long-term complications associated with the disease. It is not only unethical but also illegal for doctors to charge for services which should be free. ObamaCare also requires private facilities to provide these services at no cost to patients who have registered for the policy.

Recommendations

Introduce Penalties for Health Facilities that fail to Vaccinate Newborns or charge for Vaccination

Findings of a study conducted by the U. S department of health revealed that newborns not vaccinated against the disease stand a 90% chance of developing chronic Hepatitis B and other related infections (Conis, 2014). As such, health practitioners should be informed about the gravity of the situation and then enlightened on the implications of failing to administer the vaccine or acting in ways that impede the administration of the vaccine (e. g., requesting for payment).

A health facility or practitioner should face exorbitant fines. Repeat offenders should be suspended for a specific period so that they completely avoid denying newborns vaccinations against the disease. These approaches are warranted since the problem is not limited resources or unawareness (Mikanatha, 2014). All health practitioners working in the city's hospitals are aware that the government requires that all newborns are vaccinated before leaving hospitals, but they still defy this regulation. An average of 12, 000 new infections every year is too high for a city of New York's stature (Berger, 2014).

Collaborate with Health Facilities to train and Sensitize Personnel on the Significance of Vaccinating all Newborns

The state can partner with health facilities and health practitioners to improve vaccination rates. It can also provide enough vaccines to public facilities and direct private health facilities to ensure they have adequate supplies of the vaccine to prevent any infants from missing out on prompt vaccination.

Conclusion

New York City's health department needs to make urgent changes to its approach to the issue of vaccination against hepatitis B. It is unfortunate that a city as modernized as New York should still be dealing with challenges of high hepatitis B infections yet the problem has a ready-made solution that is being underutilized. The problem should be eradicated in the immediate future.

References

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