

Expansion of Hepatitis B Immunization Program

On July 1, 1984, the Hepatitis B Immunization Program was initiated to screen all pregnant women for hepatitis B surface antigen (HBsAg) and immunize infants born to

HBsAg positive mothers with 4 doses of hepatitis B vaccine¹. Infants born to "high risk" mothers (e-antigen positive or HBsAg titer $\geq 1:2560$) receive both hepatitis B immune globulin (HBIG) and hepatitis B vaccine. In the first two years of the program, approximately 80% of all pregnant women were screened; 17% were found HBsAg positive. About 85% of infants born to these women received one or more doses of vaccine. Half (50%) the HBsAg positive women were "high risk", and 80% of their infants received HBIG.

On July 1, 1986, the Hepatitis B Immunization Program was expanded to immunize all newborn infants with hepatitis B vaccine. Screening will be continued, however, to identify "high risk" mothers and protect their infants with HBIG in addition to vaccine. The expansion of the program to all newborn infants is intended to reduce horizontal hepatitis B transmission which accounts for approximately 50-60% of all chronic carriers in Taiwan^{2,3}.

The Department of Health would like to take this opportunity to acknowledge the outstanding contribution to public health in Taiwan by health station staff participating in this program. Through your efforts, thousands of cases of hepatitis B and hepatocellular carcinoma have already been prevented. Your continued support is needed to ensure that every pregnant mother in Taiwan is screened, and every newborn infant is fully immunized.

References

1. Department of Health. Hepatitis B Control in Taiwan. *Epidemiol Bull* 1985;1:17-19.
2. Beasley RP, Hwang LY, Lin CC, et al. Incidence of hepatitis B virus infections in preschool children in Taiwan. *J Infect Dis* 1982;146:198-204.
3. Sung JL, Chen DS, Lai MY, et al. Epidemiologic study on hepatitis B virus infections in Taiwan. *Chinese J Gastroenterol*. 1984;1:1-9.

Errata : Vol. 2, No. 6

- p. 52 In the article "Prevalence of HTLV-III antibody among volunteer blood donors in Taiwan", we erroneously reported that results of screening by 155 blood collection centers in the U. S. as of June 15, 1985 revealed a repeat enzyme-linked immunosorbent assay (EIA)-positive/Western blot (WB)-positive rate of 0.25%. This rate applies to repeat EIA-positive only. The WB-positive rate is approximately 0.08%.

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- p. 42 In the article "A Prevalence Survey of Nosocomial Infections-Taipei," four columns in Table 3 were mislabeled and transposed (English edition only). A corrected table appears below.

Table 3. Nosocomial infection rates by site and subspecialty, Taipei Veterans' General Hospital, February 1986

| Subspecialty | No. of patients | Infections per 100 patients * | | | | | | | | | Total |
|------------------|-----------------|-------------------------------|-----|------|-----|-----|------|------|-----|-------|-------|
| | | UTI | SWI | LRI | URI | G-I | BACT | SKIN | FUO | Other | |
| General Medicine | 444 | 2.3 | 1.4 | 1.1 | 0.5 | 0.2 | 2.5 | 0.7 | 0.2 | 0.5 | 9.4 |
| General Surgery | 160 | 6.2 | 8.1 | 1.3 | 0 | 0 | 1.9 | 0.6 | 1.9 | 3.8 | 23.8 |
| Obstetrics | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orthopedics | 72 | 1.4 | 4.2 | 0 | 0 | 0 | 1.4 | 5.6 | 0 | 1.4 | 14.0 |
| Gynecology | 25 | 4.0 | 0 | 0 | 4.0 | 0 | 0 | 4.0 | 0 | 0 | 12.0 |
| EENT | 46 | 6.5 | 2.2 | 2.2 | 0 | 0 | 2.2 | 0 | 2.2 | 2.2 | 17.5 |
| Neurosurgery | 52 | 19.2 | 0 | 15.4 | 0 | 0 | 1.9 | 1.9 | 0 | 0 | 38.4 |
| G-U Surgery | 46 | 4.3 | 0 | 2.2 | 0 | 0 | 2.2 | 0 | 0 | 4.3 | 13.0 |
| Pediatrics | 40 | 12.5 | 2.5 | 2.5 | 0 | 0 | 5.0 | 0 | 2.5 | 0 | 25.0 |
| Nursery | 53 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 45 | 11.1 | 0 | 2.2 | 0 | 0 | 0 | 0 | 0 | 2.2 | 15.5 |
| Total | 1,041 | 4.5 | 2.3 | 1.8 | 0.3 | 0.1 | 1.9 | 1.0 | 0.6 | 1.3 | 13.8 |

*UTI=urinary tract infection; SWI=surgical wound infection; LRI=lower respiratory tract infection; URI=upper respiratory tract infection; G-I=gastrointestinal infection; BACT=bacteremia; SKIN=skin and subcutaneous infection; FUO=fever of undetermined origin

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| Director-General, Department of Health Chun-Jen Shih M.D. | | Editors Hsu-Mei Hsu Ho-Ching Lee Jiunn-Jye Wu Wen-Fai Lin |
| Director, Bureau of Disease Control You-Tseng Kuo, M.D., M.P.H. | Consulting Editors Michael D. Malison, M.D. Allyn K. Nakashima, M.D. Kwo-Hsiung Hsu | |

REPUBLIC OF CHINA
EXECUTIVE YUAN
DEPARTMENT OF HEALTH
BUREAU OF DISEASE CONTROL
P O BOX 91-103 TAIPEI, TAIWAN, R O C
TEL: (02) 3962847



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