

Non-Compliance with Control Measures

On occasion you may have clients who are known to be or suspected to be in violation of the control measures issued for hepatitis B infection. Non-compliance is not to be taken lightly, and our first duty as public health professionals is to ensure the health and safety of the community. However, the manner of response chosen by the local health department/health director to a confirmed case of non-compliance requires careful thought and consideration. In determining an appropriate response to non-compliance with control measures, consider the following:

- Were control measures issued at the time the infection was identified? If so, in what manner? Verbally? In writing? By mail?
- Was the client provided with adequate information on hepatitis B and allowed the opportunity to ask questions?
- Are there any developmental, mental or physical, cultural, or language barriers that might affect the client's understanding of or compliance with control measures?
- Is this the first instance of non-compliance by the client?
- What was the exact nature of the control measure violation? How many others were adversely affected?

There may be other factors to consider in addition to those listed above. Before a final course of action and response is determined, consultation with others such as the local health department medical director, county attorney, Division of Public Health Office of Regulatory and Legal Affairs, and the Immunization Branch is recommended. Enforcement of control measures can be pursued through civil and/or criminal court. However, the ultimate objective is not to punish but to obtain compliance with control measures from the infected client.

The following should be documented in the NCEDSS event if you have located the infant and the parent or guardian, but the parent or guardian is non-compliant with the Hepatitis B vaccine series and/or obtaining the post vaccination serologic testing (PVST):

1. Document all attempts to educate the parent or guardian regarding the CDC guidance and the importance of compliance for the infant/child.
2. If the child's provider does not follow ACIP recommendations for the vaccination schedule or PVST, the local health department (LHD) should offer to provide the services at the local health department per the ACIP recommendations. The LHD should provide written education and guidance to the practice. It may be helpful to have the Medical Director of the health department meet with the provider. This should also be documented in the NCEDSS event.
3. The CD Nurse should notify the Health Director if the parent or guardian is non-compliant with any part of the ACIP recommendations. Document any action or decisions made by the health director on the dashboard of the event.

4. Verbally communicate with the State Perinatal Hep B Staff for consultation or guidance at any point in the process of surveillance and investigation if there are any concerns with non-compliance.