



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

October 18, 2010

Dear Administrator:

The purpose of this letter is to invite Federally Qualified Health Care Centers to enroll in the New York State Department of Health's Adult Hepatitis Vaccination Program. Under this program, participating health care providers receive single antigen hepatitis A and hepatitis B vaccines or a combination hepatitis A and B vaccine at no cost. This program's target population is individuals over the age of 18 years without health insurance coverage for these vaccines. The Adult Hepatitis Vaccination Program Application and information about the project are enclosed. If you are interested in participating, please complete and return the application.

It is recommended that all susceptible adults receive hepatitis B vaccine. Susceptible adolescents and adults in certain high-risk groups should receive hepatitis A vaccine as well as hepatitis B vaccine. These high-risk groups include men having sex with men (MSM), persons at increased risk due to certain sexual practices (i.e., anal-oral), intravenous drug users (IDUs), and anyone who has chronic liver disease or is HIV positive. Twinrix®, a combination hepatitis A & B vaccine, is also available for use in high-risk patients. Hepatitis vaccine should also be given to anyone requesting to be vaccinated.

Enclosed you will find the "Hepatitis A and B Vaccination Curriculum." The curriculum may be utilized to train staff about vaccination procedures or may be used as a resource to assist with development of vaccination policies and procedures. Included in the curriculum are current Vaccine Information Statements (VISs) for hepatitis A and hepatitis B vaccine, which must be provided to all vaccinees. The curriculum also contains other valuable information regarding hepatitis vaccination including vaccine dosing and scheduling, administration techniques and storage and handling issues.

Once your application has been approved, you will receive a confirmation letter with your PIN number and a Monthly Vaccine Usage Summary report.

Thank you for your interest in our program. If you have any questions regarding this application or the pilot project, please contact me at (518) 473-4437.

Sincerely,



David Lynch
Assistant Bureau Director
Bureau of Immunization