

HEPATITIS A & B PREVENTION BY VACCINE Nurse Practitioner CACHE - Change Agents Championing Health Equity



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INTRODUCTION

Viral hepatitis remains a major public health challenge, causing 1.3 million deaths annually worldwide.¹ In the United States, hepatitis A and B continue to impact adults disproportionately, especially those with limited access to preventive care or who belong to historically marginalized populations. Despite the availability of highly effective vaccines, an estimated three-quarters of adults remain unvaccinated.^{2,3}

This AANP educational initiative empowered nurse practitioners (NPs) to address evolving vaccination recommendations, identify at-risk adult populations, and implement evidence-based strategies to improve vaccine uptake, particularly among historically marginalized communities.

Learning Objectives

- Review transmission patterns, risk factors, and burden of hepatitis A and B infections in the United States.
- Identify adult populations who are at risk for hepatitis A and B infections.
- Integrate the latest guideline recommendations for hepatitis A and B vaccination into clinical practice.
- Apply strategies to improve uptake of hepatitis A and B vaccination in indicated adult populations, including those from historically marginalized communities.



In recent US hepatitis A outbreaks 56% of cases were in people who use drugs, and 14% were in people experiencing homelessness.3,4

PROGRAM OVERVIEW

OnDemand Activity

- Dates: July 12, 2024 July 31, 2025
- Accreditation: 1.0 Hour CE (1.0 Rx)

Registrations

1191

Completions

Podcast

- Dates: July 3, 2024 July 2, 2025
- Accreditation: 0.75 Hour CE

Completions Registrations 5949

NP Clinical Tool & Patient Handout (unaccredited)

- Companion educational materials developed to support patient counseling and vaccine uptake discussions in primary care and community settings.
- Included quick-reference tables and figures reinforcing key hepatitis A & B vaccine indications and risk-based recommendations.

METHODS

Learners completed pre- and post-activity knowledge, competence, and evaluation questions aligned with learning objectives. A paired analysis was conducted for OnDemand participants using McNemar and Wilcoxon tests to assess changes (p ≤ .05). Effect size (Cohen's d) quantified magnitude of change (0.20 = small, 0.50 = medium, 0.80 = large). Podcast data included post-test and evaluation results only. Demographics, frequency of clinical engagement, and intent-to-change responses were analyzed descriptively.

LEARNER DEMOGRAPHICS

OnDemand Activity (N = 934) Profession 17% **Have Specialty** 90% Certification 64% NPs **Primary Clinical Focus in Family Practice**

Podcast (*N* = 4699)



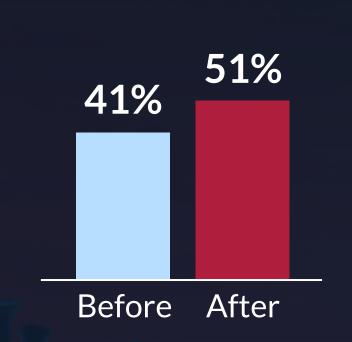
RESULTS: ONDEMAND ACTIVITY

All charts show percentages (%) of Learners (N = 934) who selected each answer.

Knowledge & Competence

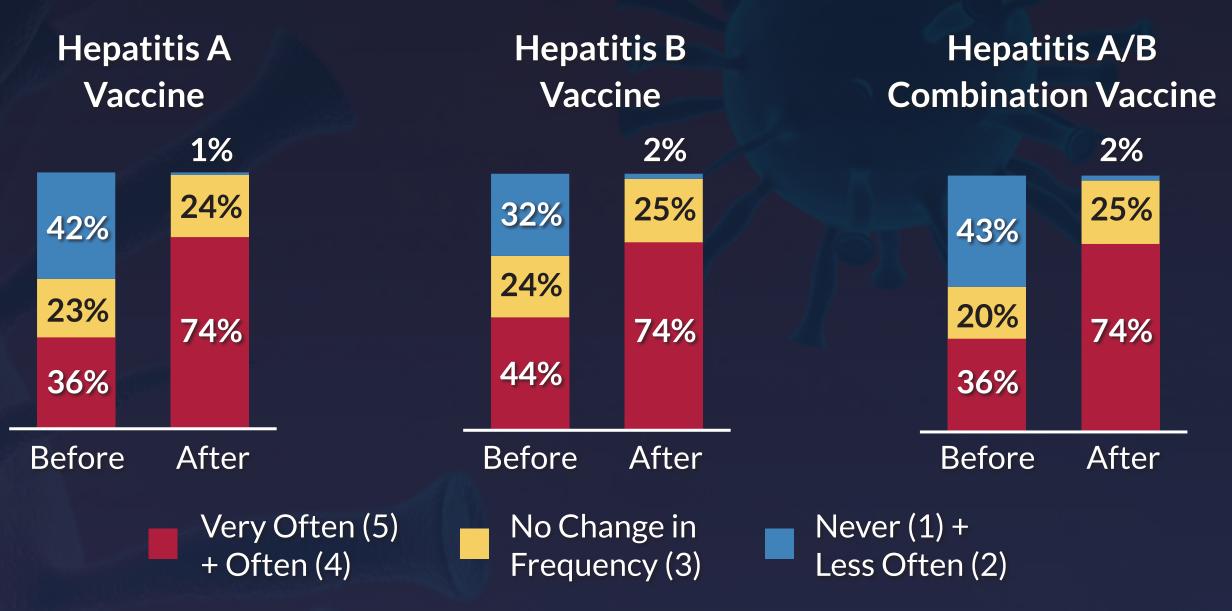
- +10% absolute gain overall $(41\% \rightarrow 51\%, P<0.001, d = 0.45,$ medium effect)
- Largest improvement (+22%) identifying people experiencing homelessness as most affected by Hepatitis A outbreaks.
- Other notable gains: correct vaccination age range (19–59 years; +21%) and appropriate vaccine candidate identification (+14%).

Total Change in Correct Answers



Intent to Recommend Hepatitis Vaccines

+30%-38% overall increase in "very often + often" recommendation frequency (P<0.001 for all three categories)



Satisfaction With Activity

Strongly

Agree or

Presented

Material Was

Fair/Balanced

96%

Strongly

Agree or

Content Was Evidence Based

Program Provided Useful Info for **Clinical Practice** 96%

96% Strongly Agree or

Intent to Change My

Practice Based on

Material Presented

Faculty

Communication

Was Effective

96% Strongly Agree or

95% Strongly Agree or

Agree

Satisfied With

Presentation

Format

Presented Material Reinforced My Current **Clinical Practice**



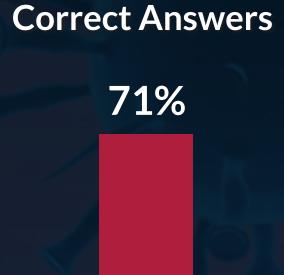
Of the 16% and 11% (respectively) who did not agree, 1% selected "Disagree" and 0% selected "Strongly Disagree." The remaining selected "Neutral".

RESULTS: PODCAST

All charts show percentages (%) of Learners (N = 4,699) who selected each answer.

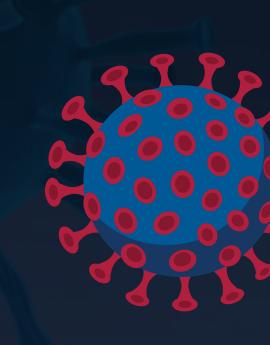
Knowledge (Post-Test Data Only)

- Mean post-score: 71% (3-item posttest).
- Highest-performing item: "Only 25% of eligible adults have been vaccinated against Hepatitis A" (78% correct).



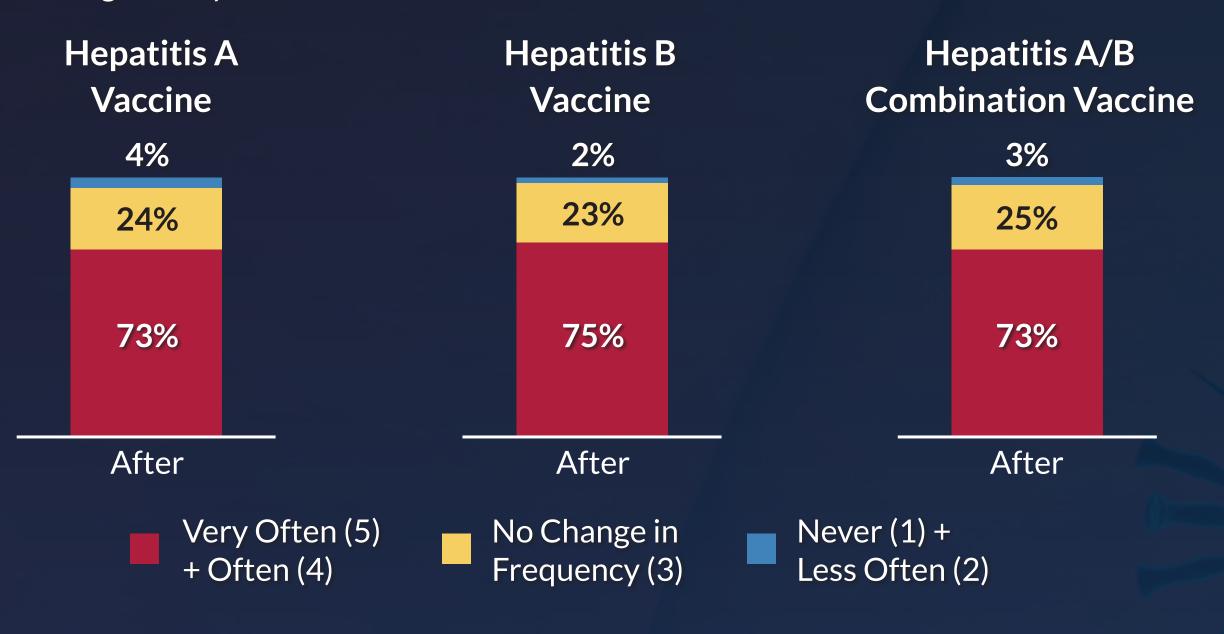
After





Intent to Recommend Hepatitis Vaccines (Post-Test Data Only)

• 73%-75% indicated will recommend hepatitis vaccines "very often + often" following activity.



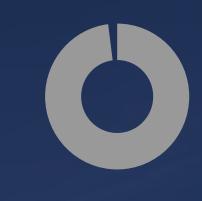
Satisfaction With Activity

Activity Met the Stated

Objectives

98% Strongly Agree or

Presented Content Was Free of **Commercial Bias**



98% Strongly Agree or

Speakers **Demonstrated Knowledge of Topic**



Activity Enhanced Current Knowledge of Topic

97%

Strongly

Agree or

Agree



98% Strongly Agree or Agree

Presented

Content Was Fair

& Balanced



REFERENCES

1. World Health Organization (WHO). Global hepatitis report 2024. April 9, 2024.

2. Centers for Disease Control and Prevention (CDC). Vaccination coverage among adults in the United States. Reviewed July 19,

People born outside the US represent 14% of the overall population but 69% of the population living with chronic hepatitis B.5

- 3. Foster MA, et al. MMWR Morb Mortal Wkly Rep. 2022;71(39):1229-1234.
- 4. CDC. Hepatitis A Questions and Answers for Health Professionals. Reviewed September 27, 2023. https://www.cdc.gov/ hepatitis/hav/havfaq.htm#general
- 5. Conners EE et al. MMWR Recomm Rep. 2023;72(1):1-25.

CONCLUSION

Both the OnDemand and Podcast activities demonstrated significant improvements in NP knowledge, confidence, and intent to vaccinate. Learners reported stronger motivation to integrate hepatitis vaccine discussions into every visit and to address common patient barriers with empathy and clarity. With over 5,600 NP participants nationwide, this CE initiative underscores the impact of equipping NPs as frontline change agents driving adult immunization and advancing health equity in viral hepatitis prevention.