

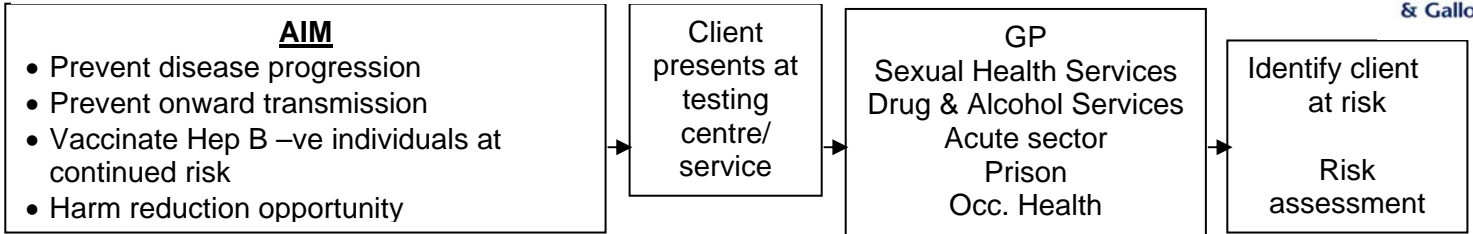


**PROTOCOL HEPATITIS B VACCINATION FOR PREVIOUSLY  
UNVACCINATED CLIENTS**

**Printed copies must not be considered the definitive version**

<b>DOCUMENT CONTROL</b>		<b>PROTOCOL NO</b>	<b>1.02</b>
<b>PROTOCOL GROUP</b>		<b>HPT</b>	
<b>Author</b>	JUSTINE McCUAIG	<b>Version no.</b>	1.2
<b>Reviewer</b>	Dr Dave Breen	<b>Implementation date</b>	Oct 2012
<b>Scope (Applicability)</b>	All Health Protection Staff, GP Practices, OHSS		
<b>Status</b>	Approved	<b>Next review date:</b>	July 2014
<b>Approved by</b>	HPT	<b>Last review date:</b>	N/A

# Hepatitis B Vaccination Protocol for previously unvaccinated clients (ADULTS)



<p><b>Risk of vertical/horizontal transmission in higher prevalence countries</b></p>	<p><b>Risk factors for hepatitis B in lower prevalence countries</b></p> <ul style="list-style-type: none"> <li>• Planned travel to country of high prevalence</li> <li>• All unprotected oral, vaginal, anal sexual contact especially men who have sex with men (MSM), commercial sex workers, sexual assault survivors, sexual contacts of persons from high prevalence countries and partners of chronic Hep B carriers-</li> <li>• People who have received medical/ dental treatment associated with suboptimal hygiene conditions (overseas)</li> <li>• Drug users past or present (history of IV use or snorting)</li> <li>• Received piercing/ tattoos in unsterile conditions (e.g. prisons)</li> <li>• HIV / Hep C co-infection</li> <li>• Recipient of organ donation or blood product in England, Scotland or Wales pre 1975</li> <li>• At risk of occupational exposure – needle stick/bites/splash</li> <li>• Sexual/household contacts/children of clients at risk</li> </ul>
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**Offer testing for Hep B, Hepatitis C and HIV (many risk factors for hepatitis B apply to hepatitis C , UK recipients of blood clotting concentrates prior to '87, blood or blood component before Sept 1991, organ tissue transplant before 1992)**

- Offer 1<sup>st</sup> Hep B immunisation when risk ongoing, or exposure has occurred within previous 6 wks
  - Complete immunisation record and complete notification form (see appendix 1)
    - Keep one copy in clients file
  - Send photocopy to Screening Services
    - Issue immunisation card to client

<p><b>Lower Risk</b></p> <p>Alternative schedule</p>	<p>For less rapid protection /individuals with high compliance</p> <p>Dose 1 @ Zero Dose 2 @ 1 month Dose 3 @ 6 months</p> <p>Hepatitis B vaccine 'Engerix B'</p>	<p><b>High Risk</b></p> <p>Very Rapid Schedule</p>	<p>Sexual contact with known HBV case, sexual assault. Travel to areas of high prevalence, Drug use/MSM/Prisoners</p> <p>Dose 1 @ Zero Dose 2 @ 7 days Dose 3 @ 21 days Dose 4 @ 12 months</p> <p>Hepatitis B and Hepatitis A vaccine 'Twinrix Adult'</p>
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\* Vaccine choice and dose :always follow up to date British National Formulary Guidance. See page 161 of 'The Green Book' for immunisation information. Contact Health Protection Team 01387 272724 for advice.

## DIRECTORATE OF PUBLIC HEALTH

### HEPATITIS B IMMUNISATION NOTIFICATION

DOB/CHI : .....

NAME : .....

ADDRESS : .....

.....

GENERAL PRACTITIONER: .....

**IMPORTANT:**  
**DOES THE PATIENT WISH HIS GENERAL PRACTITIONER TO KNOW ABOUT THIS VACCINATION?**    Yes     No

IDENTIFIED RISK ACTIVITY .....

SERVICE PROVIDING IMMUNISATION.....

Vaccination schedule. Please tick below	
Alternative schedule	Very Rapid Schedule.
0, 1 month, 6 months +/- 12 months	0,7,21 days, 12 months

Dose	Date given	Manufacturer & Batch number	Site of injection	Expiry date	Signature
1st					
2 <sup>nd</sup>					
3rd					
4 <sup>th</sup> /booster					

***Please return a copy of this form to Screening & Immunisation Services, Cairnsmore East, Crichton Hall, Crichton Royal Hospital, Dumfries after 1 dose if using alternative schedule and after dose 3 if using very rapid schedule.***

*For recording purposes only:*

Actioned by: .....

Date Received and Recorded.....