

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

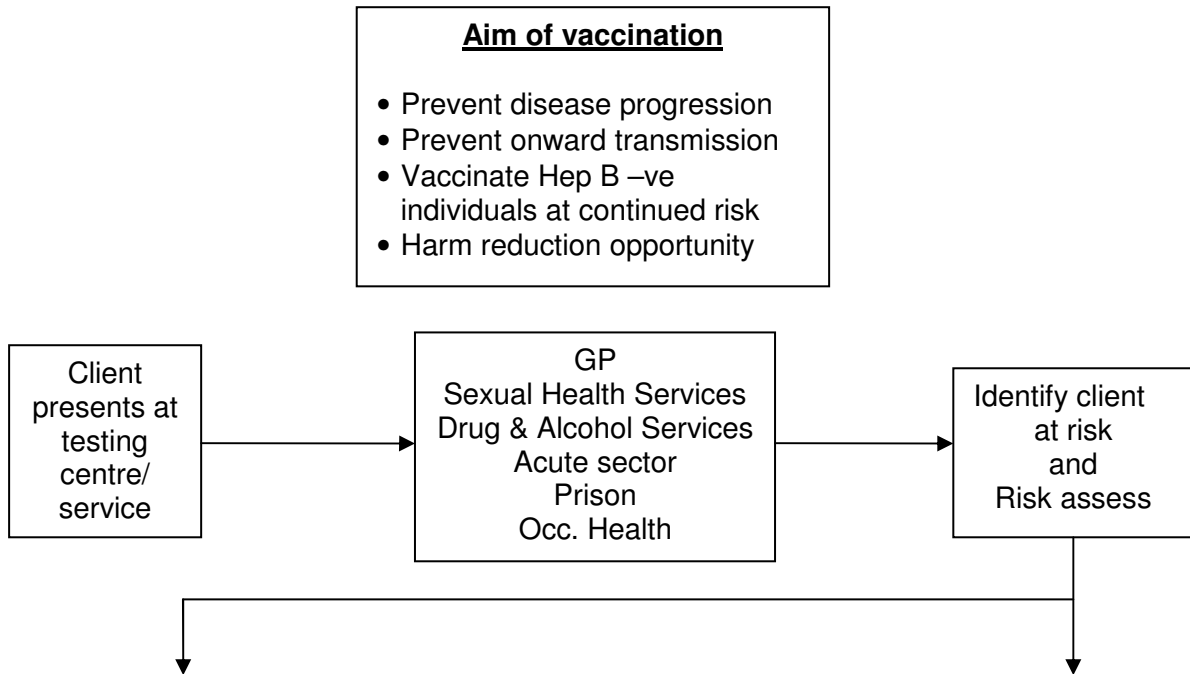
**Printed copies must not be considered the definitive version**

<b>DOCUMENT CONTROL</b>		<b>PROTOCOL NO</b>	<b>PROT01</b>
<b>PROTOCOL GROUP</b>		<b>HPT</b>	
<b>Author</b>	Justine McCuaig	<b>Version no.</b>	2.0
<b>Reviewer</b>	Andrea Whelan	<b>Implementation date</b>	April 2018
<b>Scope (Applicability)</b>			
<b>Status</b>	Approved	<b>Next review date:</b>	April 2020
<b>Approved by</b>	HPT	<b>Last review date:</b>	N/A

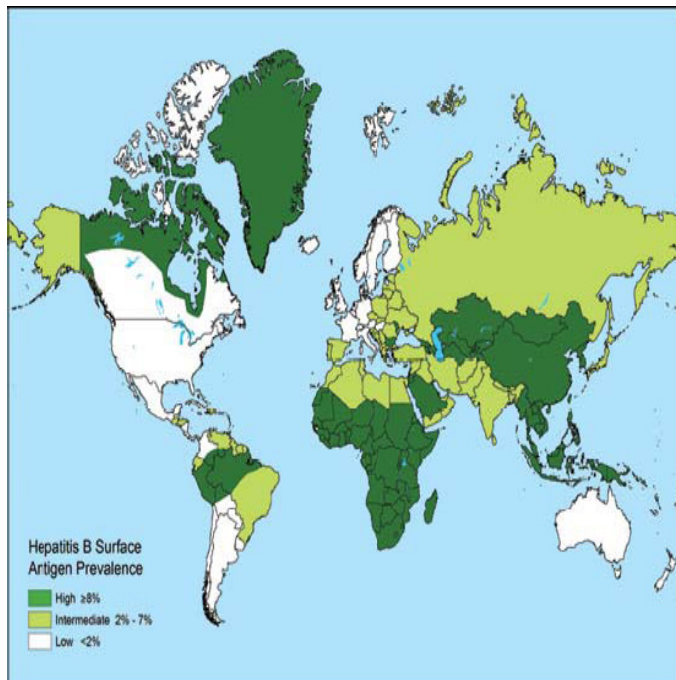
## Hepatitis B Vaccination Protocol for previously unvaccinated clients (ADULTS)

### Aim of vaccination

- Prevent disease progression
- Prevent onward transmission
- Vaccinate Hep B –ve individuals at continued risk
- Harm reduction opportunity



### Risk of vertical/horizontal transmission in higher prevalence countries



### Risk factors for hepatitis B in lower prevalence countries

- Planned travel to country of high prevalence
- 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
- People who have received medical/dental treatment associated with suboptimal hygiene conditions (overseas)
- Drug users past or present (history of IV use or snorting)
- Received piercing/ tattoos in unsterile conditions (e.g. prisons)
- HIV / Hep C co-infection
- Recipient of organ donation or blood product in England, Scotland or Wales pre 1975
- At risk of occupational exposure – needle stick/bites/splash
- Sexual/household contacts/children of clients at risk

**Offer testing for Hepatitis 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
- Keep one copy in clients file
- Send photocopy to Screening Services
- Issue immunisation card to client

Decide on which schedule by Risk assessing the individual.

<b>High risk</b>	<b>High Risk</b>	<b>Lower Risk</b>
<b>Accelerated schedule - for use with most adult risk groups</b>	<b>Super accelerated schedule</b>	<b>Alternative schedule</b>
Higher completion rates are achieved in groups where compliance may be difficult.	Sexual contact with known HBV case, sexual assault. Travel to areas of high prevalence, Drug use/MSM/Prisoners	For less rapid protection /individuals with high compliance. Should only be used where rapid protection is <b>NOT</b> required.
Dose 1 @ Zero Dose 2 @ 1 month Dose 3 @ 2 months Dose 4 after 12 months	Dose 1 @ Zero Dose 2 @ 7 days Dose 3 @ 21 days Dose 4 @ 12 months	Dose 1 @ Zero Dose 2 @ 1 month Dose 3 @ 6 months
Engerix B vaccine	Twinrix Adult vaccine (combined Hep A & B vaccine)	Engerix B vaccine

Vaccine choice and dose: always follow up to date British National Formulary Guidance. See Chapter 18 of 'The Green Book' for immunisation information. Contact Health Protection Team on 01387 272724 for advice.

Please follow the link below from PHE regarding reintroduction of the vaccine during supply constraints:

<https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints>