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Hepatitis B vaccination for babies at risk

Resource Pack

Section B

For babies born to a household with an infected contact (not the mother)

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Introduction

The purpose of this protocol (section B) is to ensure the provision of Hepatitis B immunisation for **babies born into a household where a member or close contact (not the mother) is known to be infected with hepatitis B.**

NHS Borders has a separate resource pack for babies born to mothers with hepatitis B infection (Section A).

Context

Babies and children are at risk of acquiring hepatitis B through close household contact with an infected parent, child or other adult. It is important to ensure that at-risk children are protected because children infected with Hepatitis B have a higher risk of developing chronic infection than adults (around 90% vs 5-10% in adults). Targeting babies at birth offers a systematic way of addressing this issue and reducing the risk of avoidable harm and premature death.

UK Department of Health guidance 'Immunisation against Infectious Diseases'¹ (2006, last updated 2017) recommends that close family contacts of a case or individual with chronic hepatitis B infection are immunised against hepatitis B.

From autumn 2017, all babies born on or after 1 August 2017 will become eligible for a hexavalent vaccine (which includes hepatitis B) for their primary immunisations. Newborn infants born to a hepatitis B negative woman but who are going home to a household with another hepatitis B infected person may be at immediate risk of hepatitis B infection. In these situations, a monovalent dose of hepatitis B vaccine should be offered before discharge from hospital. They should then continue on the routine childhood schedule commencing at eight weeks (ie. hexavalent vaccine at 8, 12 and 16 weeks of age).

Objectives of this protocol

- To ensure that babies born into household where a member is infected with hepatitis B are identified during pregnancy.
- To ensure that monovalent hepatitis B vaccine is administered to these babies prior to discharge from hospital.

Paediatric hepatitis B immunisation schedule

Babies born into a household where a member or close contact (other than the mother) is known to be infected with hepatitis B require a dose of monovalent hepatitis B vaccine at birth, prior to discharge from hospital. They should then continue on the routine childhood schedule commencing at eight weeks (ie. hexavalent vaccine at 8, 12 and 16 weeks of age).

Table 1 - Hepatitis B immunisation schedules – for routine childhood programme and for babies born to household where another member (not the mother) is hepatitis B positive

Age	Routine Childhood Programme		Babies born to household where another member (not the mother) is Hepatitis B positive	
At birth (in hospital)	X		✓	Monovalent HepB
4 weeks	X		X	
8 weeks	✓	Hexavalent	✓	Hexavalent
12 weeks	✓	Hexavalent	✓	Hexavalent
16 weeks	✓	Hexavalent	✓	Hexavalent

Pathway for paediatric staff after delivery of baby at risk of hepatitis B infection

Baby is born



Paediatric doctor / ANNP gains consent Provides information leaflet and gains consent for immunisation



Hepatitis B vaccine administered



Paediatric doctor / ANNP SIRS completes form and sends to Child Health Admin Team
Ensures that letter is sent to GP
Document on Badger

CONSENT FOR HEPATITIS B IMMUNISATION

I have received and read the information leaflet '*Immunisation for babies at risk of hep B – information for parents and carers*' and have had an opportunity to discuss the immunisation being offered with a health professional.

I understand the reasons for the immunisation offer. I also understand the significance of my baby not having this immunisation.

I am aware that my decision whether or not to have this immunisation will not affect the quality of care delivered by healthcare professionals.

Baby's name..... Date of birth.....

CHI number

- I wish my baby to be immunised against hepatitis B
- I **do not** wish my baby to be immunised against hepatitis B

Signature..... (Parent) Date.....

Signature (Witness: Healthcare professional)

Print name

Designation: Date.....

Dear Dr,

PREVENTION OF HEPATITIS B TRANSMISSION IN AT-RISK INFANTS

MOTHER'S NAME:

MOTHER'S DOB:

BABY'S NAME:

BABY'S DOB:

BABY'S CHI:

This baby has been identified as at-risk for hepatitis B, due to a close contact (not the mother) being infected with hepatitis B. The baby requires to be protected by immunisation against hepatitis B and **hospital staff have administered a dose of monovalent hepatitis B vaccine before discharge.**

This baby should now continue on the routine vaccination schedule and receive hexavalent vaccine (which contains hepatitis B) at 8, 12 and 16 weeks of age (see table below).

Other members of this household may also be at risk of hepatitis B. Please consider hepatitis B testing and immunisation of older siblings/children and other household contacts.

Yours sincerely,

Table 1 - Hepatitis B immunisation schedules – for routine childhood programme and for babies born to household where another member (not the mother) is hepatitis B positive

Age	Routine Childhood Programme		Babies born to household where another member (not the mother) is Hepatitis B positive	
At birth (in hospital)	X		✓	Monovalent HepB
4 weeks	X		X	
8 weeks	✓	Hexavalent	✓	Hexavalent
12 weeks	✓	Hexavalent	✓	Hexavalent
16 weeks	✓	Hexavalent	✓	Hexavalent

Hepatitis B immunisation for babies born where a household contact (not the mother) has hepatitis B infection:

Information for parents and carers

We recommend immunisation against hepatitis B for all babies at risk of infection.

Babies are at risk of hepatitis B infection if they live in a household with person who is infected with hepatitis B.

The hepatitis B vaccine is safe to give to babies and can prevent them from getting the infection. Parents and carers of babies at risk of hepatitis B can help by following the guidance in this leaflet.

This leaflet is about preventing hepatitis B in babies before they are exposed to any risk of infection in the home from family members or close contacts who have the infection.

All pregnant women are offered a blood test for hepatitis B. If a pregnant woman is infected with hepatitis B, her baby will be given additional treatment if required to prevent infection at birth. If this is the case, a different information leaflet will be provided – speak to your midwife to make sure you are given the right information and advice.

What is hepatitis B?

Hepatitis B is a virus that can damage the liver and is highly infectious (spread easily from one person to another).

How can you get hepatitis B infection?

The hepatitis B virus is carried in the blood and body fluids. Infection can be spread:

- From an infected 'carrier' mother to her baby during birth
- By 'household contact' e.g. sharing toothbrushes and razors, and by accidents where blood to blood contact is possible.
- By sharing injecting equipment with an infected person e.g. needles, syringes, spoons, filters, water etc.
- From infected equipment used for tattooing and body piercing;
- By unprotected sex with an infected person

How hepatitis B is not spread

The virus is not spread by normal day-to-day contact and activities, e.g. coughing, sneezing, hugging, holding hands, sharing bathrooms and toilets, or food, cups, plates, bowls, cutlery or towels.

Why is hepatitis B infection serious for babies?

As many as 9 out of 10 babies infected in the first year of life develop long-lasting infection (i.e. they become a 'carrier'). These babies are likely to get serious liver disease as they grow older.

Can my baby be protected from hepatitis B infection?

Your baby can be protected from hepatitis B infection by a dose of hepatitis B vaccine at birth, followed by the routine childhood immunisations at 8, 12 and 16 weeks of age. (For all babies born from 1 August 2017, the combined vaccine used at 8, 12 and 16 weeks offers protection against hepatitis B.) If your baby is fully immunised, they have a 95% chance of being protected from hepatitis B for life.

Is hepatitis B vaccine safe for babies?

Millions of doses of hepatitis B vaccine have been given to babies worldwide without serious side-effects. In some babies, the site of the injection may become red, swollen and tender but this will disappear on its own.

Why it is important for a full course of vaccine to be given?

It is essential that your baby receives all their vaccines to be properly protected.

When should my baby have the hepatitis B vaccine?

Your baby should have the first dose of vaccine soon after they are born. Your midwife will discuss this with you before the baby is born and make sure your baby gets the hepatitis B vaccine in hospital
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this starts to protect your baby when they are going home to a household where someone is carrying the hepatitis B infection. It is important that your baby receives their routine childhood immunisations at 8, 12 and 16 weeks in order to complete the course of vaccinations for hepatitis B.

Does anyone else in my house need the hepatitis B?

We recommend immunisation against hepatitis B for any adult or child living in a household with an infected person. Discuss this with your GP or other healthcare worker, who can help to arrange hepatitis B testing and immunisation of household members if required.

If you have any other questions or concerns, talk to your doctor or midwife.

Childhood Immunisation GP Notification

Child Health Dept
 Borders General Hospital
 Melrose, TD6 9BS

Name of Child CRN. No.....CHI No.....

Address.....

.....

The above child attended Ambulatory Care Unit/Special Care Baby Unit/Maternity Unit, BGH and has received the following immunisation/s:

Vaccination Given	Course No. (1 st /2 nd etc)	Batch No	Date Given
Diphtheria, tetanus, pertussis (whooping cough), polio, hib and HepB			
Rotavirus			
Pneumococcal (PCV) / PPV (please circle appropriate)			
MenB			
MenC			
Hib/MenC			
Measles, mumps and rubella			
Diphtheria, tetanus, pertussis and polio			
Tetanus, Diphtheria and polio			
Men ACWY			
Human Papilloma Virus (HPV)			
BCG			
HEP B			
Influenza (Seasonal Flu)			
Palivizumab (RSV)			
Rotavirus			
Other			

This was given without complications.

Kind regards

Ambulatory Care Unit/Special Care Baby Unit
 Copies:
 Health Visitor/School Nurse
 Child Health Dpt
 BGH Notes