

Hepatitis B Vaccination

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Hepatitis B Vaccination and Serology

- If a higher-risk for infection – checking for chronic disease (Page 224 IHB)
- Post-vaccination testing, if required to confirm immunity due to being at higher risk (Table 8.6 IHB)
- Routine pre-vaccination serology not recommended

Hepatitis B Vaccination Schedules

Routine

- 0, 1 and 6mths
- Children aged 11-15 years 2 doses (10mcg) with 4-6 gap

ASAP schedule

0,1 and 2mths (min 4week gap)

- If serology require should be done one month post final dose

Hepatitis B Vaccination Schedules – eligible adults

Dialysis, liver & kidney

- 0, 1 & 6 months (40mcg)

HIV

- 0, 1, 2 and 12mths (10 or 20mcg)

Other eligible

- 0, 1 and 6 months (10 or 20mcg)

Hepatitis B non-responder

- Second full course of Hepatitis B vaccine
- Serology 4 weeks later
- If still no seroconversion
- Some evidence that a course double HepA&B vaccine may correct this
- Treat as unprotected, although vaccine failure are rare eg HBIG on exposure

Eligibility for funded vaccines

- **All** children <18 years of age irrespective of immigration status
- Adults >18 years of age
 - New Zealand residents
 - Registered refugees
 - Migrants holding a visa which provides health services i.e. 2 year working visa

Immune-suppression
Hepatitis
Tuberculosis Contact
Pneumococcal **Liver** deficiency
Kidney Immune
Transplant cell metabolism Cochlear
Asplenia **Stem** Post Pregnancy
Rubella Chemotherapy Influenza
Pre
Non-consensual
Needle-stick
Decompensation Meningococcal

Additional vaccines funded for special groups

Eligibility criteria is defined in the Pharmaceutical schedule on the PHARMAC website

www.pharmac.govt.nz – ‘Health Professionals’,
‘Pharmaceutical schedule’, ‘Vaccinations’



Funded vaccines for special groups from 1st July 2017

Please refer to individual vaccines on the following pages for detailed eligibility criteria and to the *Immunisation Handbook 2017* for vaccine administration schedules

Asplenia – Functional or Pre- or Post-Splenectomy Immunisation Programme <ul style="list-style-type: none"> Hib, influenza, meningococcal, pneumococcal, and Tdap vaccines 	Influenza Immunisation Programme <ul style="list-style-type: none"> Pregnancy, Children aged 6 months to under 5 years who have been hospitalised for respiratory illness or have a history of significant respiratory illness, Individuals aged 6 months to under 65 years with an eligible medical condition, Individuals aged 65 years or older, Individuals aged under 18 years living in specified earthquake or flood affected areas in Bay of Plenty, Nelson Marlborough or Canterbury District Health Boards.
Chemotherapy – following <ul style="list-style-type: none"> Hib, HPV, influenza, pneumococcal, Tdap, and varicella vaccines Also consider immunosuppression for longer than 28 days <ul style="list-style-type: none"> Hepatitis B and meningococcal vaccines 	<ul style="list-style-type: none"> Influenza vaccine
Cochlear implant <ul style="list-style-type: none"> Hib, influenza, and pneumococcal vaccines 	Kidney disease <ul style="list-style-type: none"> Hepatitis B, Hib, influenza, pneumococcal, Tdap, and varicella vaccines
Error of metabolism at risk of major metabolic decompensation <ul style="list-style-type: none"> Influenza and varicella vaccines 	Liver disease <ul style="list-style-type: none"> Hepatitis A and varicella vaccines
Haematopoietic stem cell transplantation (HSCT) – following <ul style="list-style-type: none"> Hib, HPV, influenza, meningococcal, pneumococcal, Tdap, and varicella vaccines Also consider immunosuppression for longer than 28 days <ul style="list-style-type: none"> Hepatitis B vaccine 	Meningococcal disease case – contact with <ul style="list-style-type: none"> Meningococcal vaccine
Hepatitis A case – contact with <ul style="list-style-type: none"> Hepatitis A vaccine 	Needle stick injury – following <ul style="list-style-type: none"> Hepatitis B vaccine
Hepatitis B case – contact with <ul style="list-style-type: none"> Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive Hepatitis B vaccine and hepatitis B immunoglobulin (HBIG) at birth Household and sexual contacts of known acute hepatitis B cases or carriers Hepatitis B vaccine 	Non-consensual sexual intercourse – following <ul style="list-style-type: none"> Hepatitis B vaccine
Hepatitis C positive individual <ul style="list-style-type: none"> Hepatitis B vaccine 	Pneumococcal disease – increased risk <ul style="list-style-type: none"> Additional pneumococcal vaccines
HIV positive individual <ul style="list-style-type: none"> Hepatitis B, HPV, influenza, meningococcal, pneumococcal, and varicella vaccines 	Pregnancy <ul style="list-style-type: none"> Influenza and Tdap vaccines in every pregnancy
Immune deficiency/immunosuppression <ul style="list-style-type: none"> Individuals with an immune deficiency Influenza, meningococcal, and pneumococcal vaccines Household contacts of children or adults who will be/are immunosuppressed Varicella vaccine Prior to elective immunosuppression for longer than 28 days Varicella vaccine Following immunosuppression for longer than 28 days Hepatitis B, Hib, influenza, meningococcal, and Tdap vaccines 	Rubella – women of childbearing age who are not immune to rubella <ul style="list-style-type: none"> MMR vaccine
	Solid organ transplantation <ul style="list-style-type: none"> Prior to solid organ transplantation <ul style="list-style-type: none"> Hib, meningococcal, pneumococcal, Tdap, and varicella vaccines Following solid organ transplantation <ul style="list-style-type: none"> Hepatitis A, hepatitis B, Hib, HPV, influenza, meningococcal, pneumococcal, and Tdap vaccines
	Tuberculosis – infants and children aged under 5 years at risk of tuberculosis (TB) exposure <ul style="list-style-type: none"> BCG vaccine

Vaccine key – BCG: tuberculosis; Hib: *Haemophilus influenzae* type b; HPV: human papillomavirus; MMR: measles, mumps, rubella; Tdap: tetanus, diphtheria, acellular pertussis; varicella: chickenpox.

Hepatitis B vaccine for babies born to HBsAg-positive mothers

There is a protocol for managing infants born to hepatitis B positive mothers

Information for health professionals

Hepatitis B

on the management of babies born to HBsAg positive mothers

Local arrangements may differ from the information suggested below. Check with your Medical Officer of Health or Immunisation Coordinator for your local arrangements or further information.

Screen all women early in pregnancy for hepatitis B carriage

HBsAg positive

HBsAg negative

No further action required
Discuss routine National Immunisation Schedule

Whoever ordered the test (lead maternity carer or GP) should:

- advise and discuss this result with the woman (and her partner)
- refer the woman for HBeAg and hepatitis B virus DNA testing and discuss the results with a specialist, or refer the woman to an infectious diseases specialist early in pregnancy for ongoing oversight. The specialist would normally recommend women who have a hepatitis B viral load $> 10^8$ IU/mL treatment with an antiviral medicine in the weeks before birth to reduce the especially high risk of transmitting the hepatitis B virus at or before birth
- record the results in the woman's maternity notes and advise other carers in all referral/consultation/transfer of clinical responsibility documentation
- ask other family members and/or sexual partners to get their immunisation status checked by their GP, and if necessary be immunised
- provide the woman with the information leaflet (HE1402) and consent form (HE1446), and go through this information with her.

The lead maternity carer should:

- before the birth, discuss the need for the baby to receive the hepatitis B vaccine and hepatitis B immunoglobulin and for the Medical Officer of Health to be notified following the birth
- after the birth, obtain consent from the woman for the baby to receive the hepatitis B vaccine and immunoglobulin and consent to contact the Medical Officer of Health
- provide information to the woman about the National Immunisation Register and how immunisations are recorded on the Register (HE1327).

At birth the lead maternity carer should:



Management of a baby of a HBsAg-positive woman

Birth

- Hepatitis B immunoglobulin (HBIG)
- Hepatitis B vaccine

6 weeks
3 months
5 months

- Schedule vaccines that include DTaP-IPV-Hep B/Hib (Infanrix[®]-hexa)

9 Months

- Check serology for hepatitis B disease and immunity

Resources

Immunisation Handbook 2017

www.health.govt.nz

Ministry of Health resources

www.healthed.govt.nz

IMAC website, fact sheets and videos

www.immune.org.nz

