

Hepatitis B Vaccination Policy

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Functional Sub group Clinical/ Patient Services - Infectious diseases
Population Health - Communicable Diseases

Summary Specifies how and when specific groups of persons are to be offered Hepatitis B vaccine. Also covers reporting requirements.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Health Units, Public Hospitals

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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Policy Manual Patient Matters

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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Contact	Ms G Rixon (02) 9391 9197 Aids/Infectious Diseases Unit

HEPATITIS B VACCINATION POLICY

This Circular should be read in conjunction with the current edition of the National Health and Medical Research Council (NHMRC) *The Australian Immunisation Handbook* and the following NSW Health Department Circulars.

Circular 96/62	Australian Childhood Immunisation Register (ACIR). Guidelines for the active follow-up of children overdue for immunisation
Circular 99/16	Patient Information and Consent to Medical Treatment
Circular 99/18	NSW Health Information Privacy Code of Practice
Circular 00/62	NSW Health Privacy Management Plan

This circular supersedes:

Circular 97/51	Neonatal hepatitis B immunisation program
Circular 99/48	Provision of free hepatitis B vaccine for preadolescents
Circular 00/43	Birth dose hepatitis B immunisation program

1. VACCINATION OF NEONATES

- All pregnant women are to be offered screening for hepatitis B, surface antigen (HBsAg) and should be provided with verbal and written information about hepatitis B and the hepatitis B immunisation program. The health interpreter service is to be used whenever necessary.
- Neonates born to HBsAg positive mothers are to be offered, hepatitis B immunoglobulin (HBIG) within 12 hours of birth and a total of four doses of hepatitis B vaccine to be administered at birth, two, four and six months of age.
- All other neonates are to be offered a total of four doses of hepatitis B vaccine at birth, two, four and six months of age. The birth dose is to be administered using a monovalent thiomersal free vaccine, and offered within 7 days of birth. The subsequent 3 doses may be given in a combination vaccine as part of the routine Australian Standard Vaccination Schedule (ASVS).

Distributed in accordance with circular list(s):

A 100	B 18	C 92	D 15	E 15
F 22	G 7	H 87	I 14	J 69
K	L 19	M 10	N 17	P 11

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

1.2 Implementation Responsibilities

- Each hospital with an midwifery unit is to designate one person as the Hospital Coordinator of the Neonatal Hepatitis B Immunisation Program (Attachments 1,2,3), in consultation with the Public Health Unit.
- One person in each Area Health Service should be designated the Area Coordinator of the Neonatal Hepatitis B Immunisation Program (Attachments 4,5), reporting to the Manager Immunisation, NSW Health Department.

2. VACCINATION OF PRE-ADOLESCENTS

- The National Health and Medical Research Council recommends that hepatitis B vaccine be given to pre-adolescents aged 10-13 years unless they have previously received a course of vaccine.

3. HEPATITIS B VACCINATION OF HIGH RISK GROUPS

The following high risk groups are to be offered a course of hepatitis B vaccine free of charge unless they have previously received a course of vaccine.

3.1 Aboriginal and Torres Strait Islander people

3.2 Corrections Health Services and Juvenile Justice Centres

- An accelerated vaccination schedule, comprising 3 doses of the hepatitis B vaccine at intervals of one to two months between the first and second dose with a third dose at two to five months after the second dose (0,1 & 3 months minimum), may be used to ensure optimal immunisation coverage.

3.3 Household contacts of hepatitis B carriers.

3.4 Sexual Health Services

- Homosexually active men, sex workers, people living with HIV, injecting drug users, who are clients of NSW Area Health Service Sexual Health Clinics and clients of NSW public Methadone Clinics may be offered a course of hepatitis B vaccine.

4. REPORTING REQUIREMENTS

- Corrections Health Services are required to report quarterly on the number of doses of hepatitis B vaccine administered and the number of clients who complete the full 3 dose course of vaccine (Attachment 6).
- Area Health Service, Sexual Health Clinics and NSW public Methadone Clinics are required to report quarterly on:
 - The number of doses of HBV administered
 - The risk category of the person receiving the vaccine
 - The number of clients who complete the full 3 dose course of vaccine.

(Attachments 7 & 8).

5. VACCINE ORDERING & DISTRIBUTION

- Annually, Area Health Services are allocated funds to purchase hepatitis B vaccine for the birth dose vaccination of all neonates.
- Corrections Health Services, Juvenile Justice Centres, Aboriginal Medical Services, Area Health Service Sexual Health Clinics, Community Health Centres and general practitioners may order hepatitis B vaccine from the NSW Vaccine Centre.
- Vaccine orders must be faxed to the NSW Vaccine Centre on an order form. The vaccine will be delivered directly to these services.

Michael Reid
Director-General

Attachments:

- 1: Hospital Coordinator – Neonatal Hepatitis B Immunisation Program
- 2: Record form – for neonates born to HBsAg positive mothers
- 3: Hospital Coordinators -Monthly Report Form
- 4: Area Coordinator – Neonatal hepatitis B immunisation Program
- 5: Area Coordinators - Quarterly Report Form
- 6: Corrections Health Services - Quarterly Report Form
- 7: Area Health Service, Sexual Health Clinics, Quarterly Report Form
- 8: NSW public Methadone Clinics, Quarterly Report Form

NEONATAL HEPATITIS B VACCINATION PROGRAM

HOSPITAL COORDINATOR:

One person from each hospital with an obstetrics unit should be designated as the Hospital Coordinator of the hepatitis B immunisation program. This person will be required to report to the Area Health Service Neonatal Hepatitis B Vaccination Program Coordinator.

The Hospital Coordinator will develop procedures to:

- Determine the number of women confined in the hospital.
- Determine the number of women confined in the hospital who have been screened for HBsAg during pregnancy.
- Ensure that babies born to HBsAg positive mothers are offered HBIG **within 12 hours of birth** and a dose of hepatitis B vaccine at the same time as HBIG but in the opposite thigh.
- Ensure that **all** other neonates are offered a birth dose of hepatitis B vaccine **within seven days of birth**.
- Ensure that vaccinations are recorded in the neonate's Personal Health Record and in the hospital files.
- Provide appropriate information to parents and health care providers regarding the hepatitis B vaccination program.
- Forward the following information monthly to the Area Health Service, Neonatal Hepatitis B Coordinator:
 - Copies of the Record Form (Attachment 3) for babies born to HBsAg positive mothers, detailing when a neonate received HBIG and the first dose of hepatitis B vaccine.
 - The Hospital Coordinators report (Attachment 4);
 - the number of women confined,
 - the number of confined women screened for HBsAg and
 - the number of **all** neonates who **did not** receive the birth dose of hepatitis B vaccine.

NEONATAL HEPATITIS B VACCINATION PROGRAM RECORD FORM

*Neonates born to mothers who screened positive
for hepatitis B surface antigen (HbsAg)*

NAME OF HOSPITAL/CENTRE/ HOME BIRTH:

Date & Time of birth:

_____ / / _____ am/pm

DETAILS OF THE NEONATE:

(Hospital ID sticker if available)

(Full name, sex, dob, address, phone)

DETAILS OF THE MOTHER:

(Hospital ID sticker if available)

Contact Phone:

DETAILS OF THE FATHER:

Medicare Number:

	DATE AND TIME
Hepatitis B Immunoglobulin	/ / am/pm
1 st dose hepatitis B vaccine	/ /

- Parent's nominated location for follow-up:
Hospital/Local Doctor/Council/ Early Childhood Centre

Name: _____

Address: _____

Phone: _____ Postcode: _____

Check List:

- All vaccination details entered in the Personal Health Record []
- A copy of this form should be sent to the Hospital Neonatal Hepatitis B

Coordinator when the neonate is discharged from hospital.
]

[

If the neonate is transferred to another hospital, this form should accompany the neonate.

**NEONATAL HEPATITIS B VACCINATION PROGRAM
HOSPITAL COORDINATORS MONTHLY REPORT FORM**

NAME OF HOSPITAL: _____

REPORT FOR MONTH: _____ YEAR: _____

INDICATOR	Total number for month
Number of women who were confined	
Number of women who were confined and had been screened for HBsAg	
Number of women who were confined and were HBsAg positive	
Number of neonates born to HBsAg positive mothers	
Number of all neonates who <i>did not</i> receive hepatitis B vaccine within seven days of birth	

Name of person completing report (Please print) _____

Contact phone number: _____

NEONATAL HEPATITIS B VACCINATION PROGRAM

AREA HEALTH SERVICE COORDINATOR :

One person from each Area Health Service should be designated the Area Coordinator of the Neonatal Hepatitis B Vaccination Program.

The Area Coordinator should:

- Using the lists from the ACIR of children overdue for immunisation, and the Record Forms from Hospitals in the Area, identify children born to HBsAg positive mothers who have not completed the course of hepatitis B immunisation.
- Ensure that appropriate and confidential follow-up is undertaken of these children.
- Provide a quarterly report (Attachment 5) to the Manager, Immunisation, NSW Health Department.

Performance Indicators:

- Number of pregnant women screened for HBsAg as determined at confinement.
- Number of neonates born to HBsAg positive mothers who receive HBIG within twelve hours of birth.
- Number of neonates born to HBsAg positive mothers who are more than 3 months overdue for the fourth dose of hepatitis B vaccine.
- Number of other neonates who **did not** receive a dose of hepatitis B vaccine within seven days of birth.

NEONATAL HEPATITIS B VACCINATION PROGRAM**AREA HEALTH SERVICE COORDINATORS
QUARTERLY REPORT FORM:**

AREA HEALTH SERVICE : _____

REPORT FOR PERIOD¹: / / TO / /**PERFORMANCE INDICATORS:**

Number of pregnant women screened
for HBsAg prior to confinement _____ = Screened
Confinement

Number of mothers screened
HBsAg positive

Number of neonates born
to HBsAg positive mothers

Number of neonates who
received HBIG

Number of neonates born to HBsAg positive _____ = Within 12 hrs
mothers who received HBIG within twelve Neonates born
hours of birth to HbsAg mothers

Number of neonates born to HBsAg positive _____ = Overdue
mothers who are more that 3 months overdue Neonates with
for the fourth dose of hepatitis B vaccine HBsAg mothers

Number of all neonates who *did not* _____ = No vaccine
receive hepatitis B vaccine within seven All neonates
days of birth.

Reporting Period¹

Births from Jan, Feb, March
Births for April, May, June
Births July, Aug, Sept
Births Oct, Nov, Dec

report form due by the following 31 December
report form due by the following 31 March
report form due by the following 30 June
report form due by the following 30 Sept



Attachment 6 (October 2001)

HEPATITIS B VACCINATION PROGRAM

CORRECTIONS HEALTH SERVICES QUARTERLY REPORT FORM:

REPORT FOR PERIOD¹ : / / to / /

Number of doses administered	Number of Courses completed

Reporting periods¹:

January, February, March	- report due by the following 30 September
April, May, June	- report due by the following 31 December
July, August, September	- report due by the following 31 March
October, November, December	- report due by the following 30 June

Please forward report to:

NSW Health Department
Immunisation Section, AIDS/Infectious Diseases Unit.
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Fax: 9391 9848

HEPATITIS B VACCINATION PROGRAM**AREA HEALTH SERVICE SEXUAL HEALTH CLINICS****Area Coordinators Quarterly Report Form:****AREA HEALTH SERVICE:** _____**REPORT FOR PERIOD¹ :** / / to / /

Risk Category	Number of doses administered to:	Number of courses completed:
Aboriginal & Torres Strait Islander		
Homosexually active men		
Injecting drug users		
People living with HIV		
Sex workers		
Total		

Reporting periods¹:

Reports are due 6 months after the end of each quarter to allow inclusion of vaccine courses commenced in the last weeks of that quarter.

January, February, March	- report due 30 September
April, May, June	- report due 31 December
July, August, September	- report due 31 March
October, November, December	- report due 30 June

Please forward report to:

NSW Health Department
Immunisation Section, AIDS/Infectious Diseases Unit.
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Fax: 9391 9848

HEPATITIS B VACCINATION PROGRAM**NSW PUBLIC METHADONE CLINICS
QUARTERLY REPORT FORM:****CLINIC NAME:** _____**REPORT FOR PERIOD¹ :** / / to / /

Number of doses administered	Number of Courses completed

Reporting periods¹:

Reports are due 6 months after the end of each quarter to allow inclusion of vaccine courses commenced in the last weeks of that quarter.

January, February, March	- report due 30 September
April, May, June	- report due 31 December
July, August, September	- report due 31 March
October, November, December	- report due 30 June

Please forward report to:

NSW Health Department
Immunisation Section, AIDS/Infectious Diseases Unit.
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Fax: 9391 9848