Prevention of and Immunisation against Hepatitis B and C

Presentation 5

January 2016
Learning Outcomes

Participants will be able to:-

- Demonstrate an increased knowledge and understanding of opportunities for prevention of Hepatitis B and C
- Demonstrate an awareness of the importance of contact tracing for Hepatitis B infection
Hepatitis B and C - opportunities for prevention

- At time of testing for BBV and when giving results
- Any consultation about drug use, sexual health, travel, pregnancy planning
- New patient registrations
- Waiting room information

Brief interventions and written materials are effective.
Hepatitis B and C - prevention

Harm reduction may includes advice on safer injecting:-

- Not to share needles, syringes, water, filters, spoons and tourniquets
- How to access to injecting equipment exchange
- IEP sites supply needles and syringes and other equipment used to inject drugs – filters, foil cookers, tourniquets, water for injections

Do not assume PWID are aware of this
Hepatitis B and C - prevention (cont.)

Harm reduction may also include:-

• Alternatives to injecting (smoking, UYB)
• Opiate substitution therapy (methadone)
• Safer sex information and access to condoms
• Referral for benefits and housing advice
• Detox and recovery
• Hepatitis B immunisation
Hepatitis B and C - prevention (cont.)

Treatment for drug dependence:

- Opiate substitution therapy has a good evidence base that it reduces harm including BBV transmission
- Treatment increases stability and ability to deal with issues such as treatment for BBV infections
- Recovery is not always abstinence – especially early on
Hepatitis B and C - prevention (cont.)

Safer sex:-

- Use of condoms – protective against HIV and Hepatitis C, may not always be protective against Hepatitis B (but Hepatitis B immunisation is!)

- Access to free condoms
Hepatitis B and C - prevention (cont.)

**Hepatitis B immunisation:**
- Selective immunisation of those at risk
- Opportunistic intervention – don’t rely on someone coming back for it
- Don’t assume will be done elsewhere
- Even one dose will confer some protection
- If unsure – give immunisation. Do not wait for serology
Prevention - Hepatitis B immunisation

The following groups should be offered immunisation:-

- All drug users, whether or not injecting, should be offered Hepatitis B immunisation
- Partners and children of current or past injectors – and consider BBV testing
- MSM
- People with multiple sexual partners
- Sex workers
- People with HIV or Hepatitis C
Prevention - Hepatitis B immunisation (cont.)

Other groups offered immunisation:-

- Foster carers
- Individuals receiving regular blood or blood products and their carers
- Patients with chronic renal failure/chronic liver disease
- Inmates of custodial institutions
- Travellers/occupational risk
Prevention - Hepatitis B contact tracing

- Notifiable disease – health protection team will be informed
- Household and sexual contacts should be traced and offered testing and immunisation
- Specific Hepatitis B immunoglobulin 500 i.u. intramuscularly (HBIG) may be administered to a non-immune contact after a SINGLE unprotected sexual exposure or parenteral exposure/needlestick injury. This works best within 48 hours and is of no use after more than seven days
Vaccination schedules

- **Hepatitis B**
  - **Routine** - 0,1 and 6 months
  - **Accelerated** - 0,1,2 and 12 months
  - **Super accelerated** - 0,7,21 days and 12 months
- **Hepatitis A and B (Twinrix)**
  - **Routine**
  - **Super accelerated**

For those at ongoing risk a single booster dose at 5 years is recommended
Blood tests and Hepatitis B immunisation

• Do BBV testing at time of first immunisation to exclude infection
• Checking serology after Hepatitis B immunisation course is not recommended (except for occupational reasons or renal dialysis)
Prevention of vertical transmission of Hepatitis B

- Routine opt-out testing for Hepatitis B (and HIV but NOT Hepatitis C) in pregnancy
- If Hepatitis B infection is detected in the mother the baby will receive Hepatitis B immunisation at birth, 1 month, 2 months and 12 months of age
- If the mother is highly infectious or baby is pre-term they will also get Hepatitis B immunoglobulin at birth
Prevention of vertical transmission of Hepatitis B (cont.)

- Immunisation starting at birth is 90-95% effective in reducing transmission
- Breast feeding is allowed for immunised babies
- All babies of infected mothers required testing for HBsAG at 12 months of age to exclude chronic infection
- Some highly infectious mothers may be offered anti-viral treatment with tenofovir in the third trimester to reduce risk of transmission
Group work - improving uptake of Hepatitis B immunisation

• It is important to share learning from this day with practice colleagues and to use it to improve clinical practice in your work setting.

• Discuss with your group the most effective ways to improve uptake of Hepatitis B immunisation in General Practice, especially for drug users, MSM or ethnic minorities.
Group Work - improving uptake of Hepatitis B immunisation (cont.)

- This could be a strategy already successfully implemented in own area which could be shared with the group
- The group is to produce an outline of a practice guideline or a patient information leaflet that could be taken back to their own practice area for discussion/further development