Hep B Positive Vaccination Services

The Process

* **Your Doctor or Clinical Lead will complete an Organisation Risk Audit Assessment with our team for all your staff.**
* **A Working Plan is devised to arrange vaccination camps for recommended staff over 28 days or 6 months; this can be arranged at many venues depending on numbers**. Training in intramuscular injections and “Premiership Blood Hygiene Precautions” can also be provided if required.
* **Vaccination Monitoring is designed in triplicate for your Organisation, Staff and Hep B Positive. Non responders and already infected staff will be supported and given further correct care pathways.**

## Hep B vaccine (3 injections) for Occupational Health over 1 or 6 months - £99.00

If your occupation brings you into contact with blood from those you care for, patients or the public, it is recommended that you are immunised against hepatitis B. Hepatitis B is highly infectious if you come into contact with the blood of an infected person.

Vaccination stimulates the body's immune system to fight a possible hepatitis B infection without causing the disease itself. It cannot protect you from hepatitis B if you are already infected, or protect you against any other type of blood virus.

We will arrange for a course of three vaccine injections for each staff member at risk, given over a one or six month period at your location to minimise staff downtime and simplify reportage.

## Hepatitis B immunity test 8 weeks after third Injection- £35.00

Many occupations (see Page 3) require Hepatitis B immunity testing; our kit offers a convenient way to test your immunity and provides best practice support to any discovered infections of hepatitis b.

The kit contains all you need to prick your finger, produce a small blood sample at home and post it off to our laboratory. Results are delivered in a completely confidential manner.

## Hepatitis B vaccine booster staggered after 1 or 5 years if needed - £35.00

After a course of three hepatitis B vaccines a booster is recommended to maintain and guarantee protection between year 1 and 5 depending upon your immunity score.

With over a billion humans immunised so far the hepatitis b vaccination is the world’s most used vaccine.

[Key information](https://onlinedoctor.lloydspharmacy.com/occupational_health/hepatitis_b/hepatitis_b_vaccination)

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| **About hepatitis B** | Hepatitis B is a highly infectious virus that leads to inflammation of the liver. It is contracted by coming into contact with blood or bodily fluids from an infected person, whether through sharing needles, a blood transfusion or working with blood and bloody equipment, Vaccination is the best form of prevention. |
| **How the vaccine works** | The vaccine consists of three separate injections given on three separate occasions (at zero, one month and six months). The vaccine stimulates the body's immune system to fight the infection without causing the infection itself. |
| **Level of protection** | The vaccine does not guarantee protection, but two weeks after receiving the third and final injection 95% are protected against hepatitis B for at least five years. Six weeks after completing the course of three injections you may wish to undergo a blood test to check that you are immune. |
| **Side-effects** | Most patients experience no side-effects from this vaccine; however you may experience tenderness at the injection site, fatigue, headache, mild fever, nausea, vomiting, decreased appetite and diarrhoea. |
| **Risk of severe allergic reaction** | All Hep B Positive vaccination teams are expertly trained to manage what is called 'anaphylaxis' with both Adrenaline and CPR and in the diagnosis and treatment of Hepatitis B. Anaphylaxis is a severe allergic reaction to a vaccine. Symptoms of anaphylaxis can include fainting, shortness of breath, falling blood pressure and swelling of the face and neck. Anaphylaxis is extremely rare and typically happens within ten minutes of receiving the injection. |

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| **What if I'm a non-responder?** | We will advise you what to do if you've been fully vaccinated and your blood tests show you are not immune even after waiting six weeks (this is classified as being 'non-responsive' to Hepatitis B vaccination). |
| **What are my options?** | Depending on how many vaccines you may have had in the past, we will advise you to begin a full course again, have one or two boosters or take a blood test to check your immunity. We may advise that you do nothing, especially if you've already tested immune to Hepatitis B. |
| **Confidentiality** | Your responses will be completely confidential. We will not inform your GP or anyone else that you have used our service unless you specifically ask us to. |
| **How do I access expert ongoing advice?** | Hep B Positive’s working hours helpline 0800 206 1899 is available for all ongoing queries relating to your vaccination. Staffed by experts who have overseen hundreds of thousands of vaccinations to date, the service accesses best practice information from Vaccine manufacturers and Synergy Health Laboratories. |

[Key information](https://onlinedoctor.lloydspharmacy.com/occupational_health/hepatitis_b/hepatitis_b_vaccination) – Risk Assessment

The following numbers indicate how many workers had signs of having been infected with HBV and having cleared it back in the late Eighties before HBV vaccination become common. Bearing in mind the Chronic HBV Population has tripled since 1990 it is now crucial employers and staff at risk come forward for new vaccination and blood hygiene risk assessments.

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| **HBV Infection Rate** | **Medical Reference** | **Professions at High Risk Recommended for Immunisation** |
| **1 in 17** Asylum Workers | Holt et al 1987 | Of concern for Custodial Special Needs Schools, Dementia and Alzheimer Care Homes, Drug Workers, Prison and Young Offender Staff |
| **1 in 14** Exposure Prone Health Workers | Fagan et al 1987 | Of concern for Health Assistants and Carers, Volunteer First Aid, Hairdressers, Beauticians, Morticians and Tattooists/Piercers |
| **1 in 10** Police Crime Scene & Custody Officers | Morgan-Capner et al 1988 | Of concern for Contact Sportspeople, Police and Community Police, Prison, Military, Retail and Night Club Security Staff |
| **1 in 31** Non Exposure Prone Workers | Smith et al 1987 | Of concern for Cleaners, School Caretakers, Nursery Teachers, Laboratory and Sewage Workers |

**For a free confidential Risk Audit and Quotation of your HBV vaccination requirements call 0800 206 1899**

HBV Vaccination/Risk Assessment Form

Date Job Description

Name D of B

Address

E-mail address

Risk types Open wounds / Dangerous Persons / Unclean Tools / Blood spills / Other

Main Issue

Vaccination History

First Injection Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Injection Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Injection Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer Score Y/N Anti HBs per IU/ml \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer Score Y/N Anti HBs per IU/ml \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further contact required: YES / NO

Mild Poor Responder

Under 100 Anti HBs per IU/ml Y/N

Booster Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer Score Y/N Anti HBs per IU/ml \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Very Poor Responder

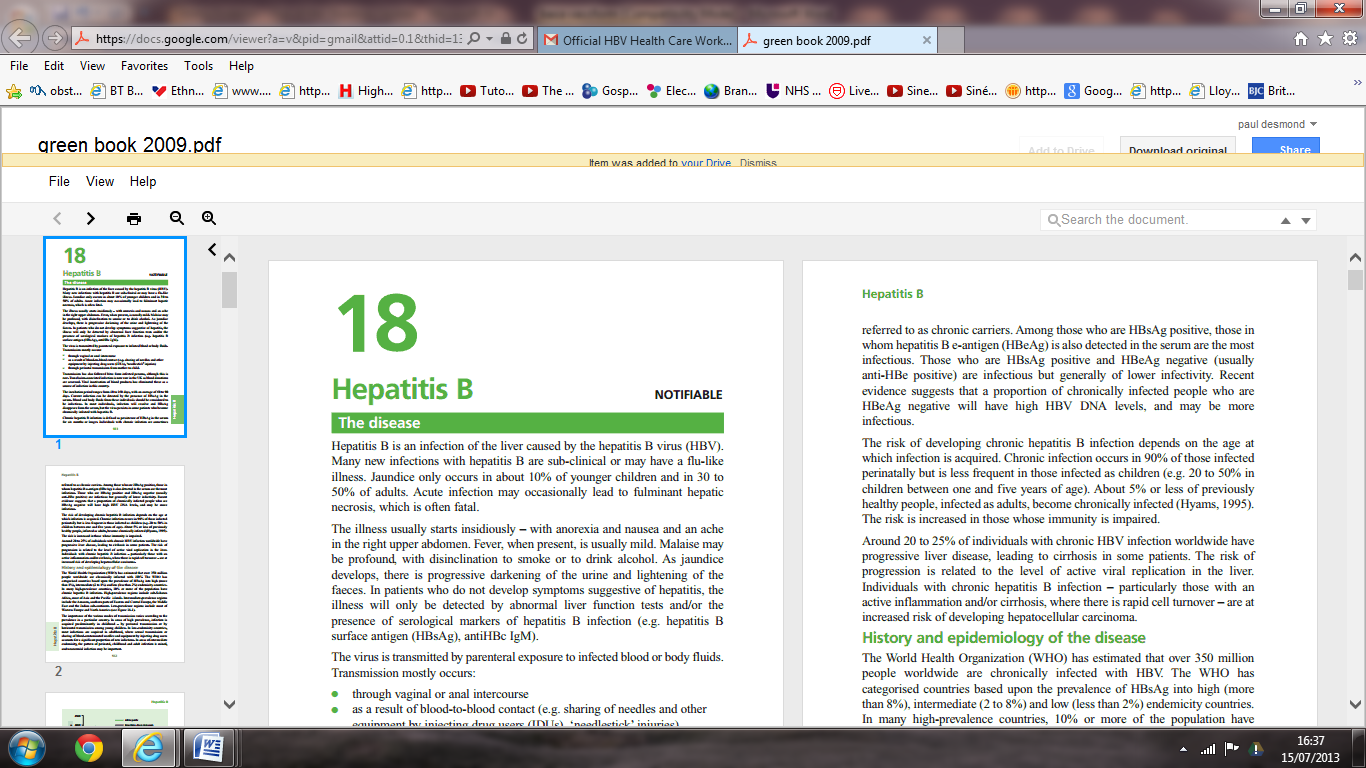
Under 10 Anti HBs per IU/ml Y/N

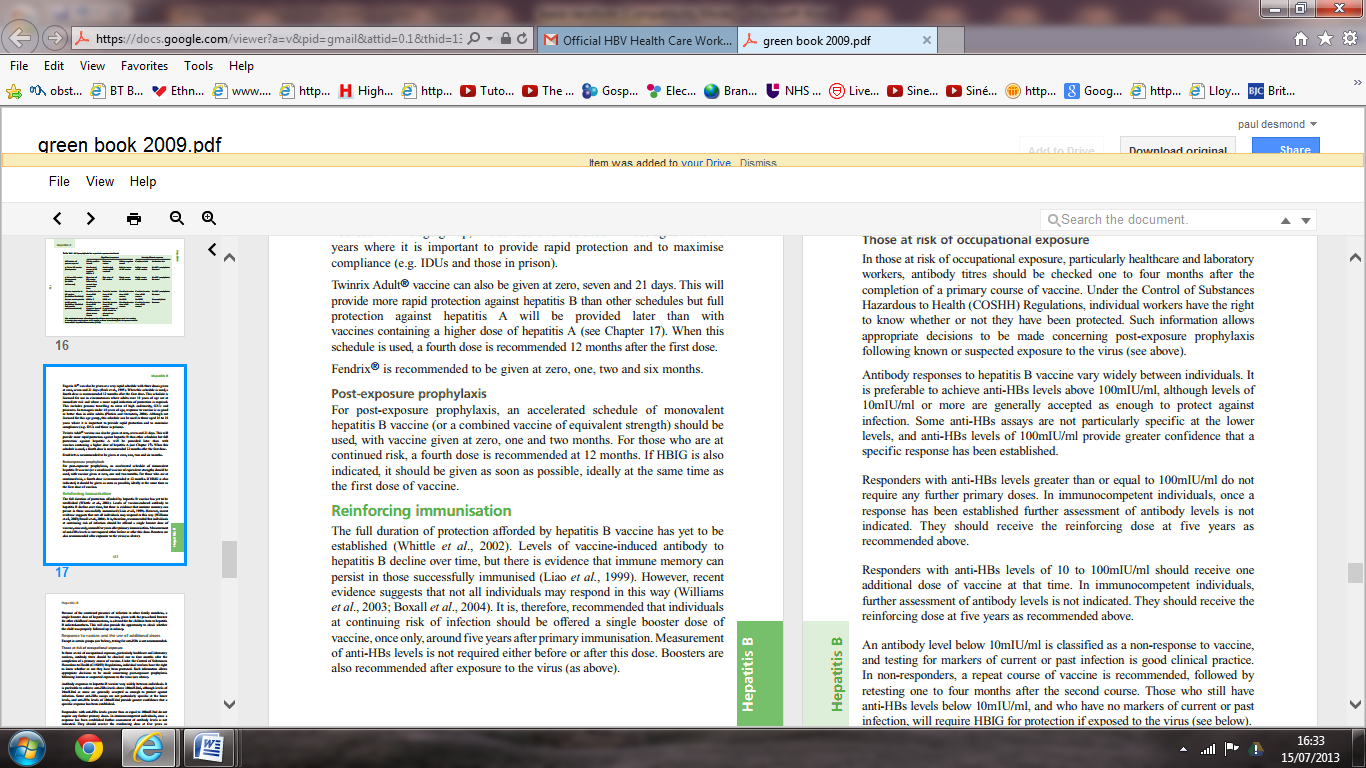
First Injection Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Injection Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Injection Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer Score Y/N Anti HBs per IU/ml \_\_\_\_\_\_\_\_\_\_\_\_\_\_





**178**

**Hepatitis B Vaccination (at a glance) Schedule**

* The course of immunisation involves 3 injections over 6 months. Day 1, 30 and 180 boosted at 1 year
* The accelerated course is over 28 days, Day 1, 7, 21, boosted at 1 year
* For health professionals one further booster at 5 years is recommended
* A course on Day 1, Day 30 and Day 60 boosted at 1 year is given to babies at lower dosage
* 25% of UK babies are born into UK Endemic Communities; the BMA recommends vaccination for them.

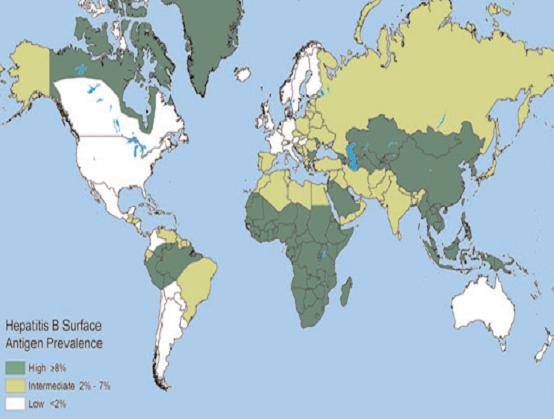
****The UK is almost unique in failing to protect

The vaccine should be given into the deltoid region or anterior thigh in babies. It is less effective if given into the buttock. It is quite possible that a course may give lifelong immunity,but Antibody titres should be tested 1 to 4 months after the primary course.

* A titre above 100 mIU/ml is regarded as adequate. Around 10-15% of adults fail to respond to three doses of vaccine or respond poorly.
* Poor responders with titres of 10 to 100 mIU/ml should have a booster and very poor responders with a titre below 10 mIU/ml should repeat the course.
* Those over 40 years old, are obese or who smoke are more likely to fail to respond.
* Alcoholics are also reported as having lower seroconversion rates, particularly those with advanced liver disease.
* Patients who are immunosuppressed or on renal dialysis may also respond less well and require larger or more doses of vaccine.
* Failure to gain antibody after 2 complete courses should not be seen as necessarily meaning no immunity, as immunity is largely cell-mediated rather than by antibody.

Post-exposure prophylaxis (PEP) involves giving hepatitis B immunoglobulin within 48 hours.

Of a thousand people vaccinated and having no boosters 3 became infected after 10-15 years1. 5 years is chosen due to safety, health staff are not suddenly “at risk” after 5 years. However it is understood in the US that a nurse dies every day from poor vaccination coverage mainly during the pre Nineties2, further it is understood that 1 in 17 workers at risk contracted HBV before HBV vaccination became mandatory3.

The UK is uniquely massively migrating infected carriers