

## HEPATITIS B VACCINE : GUIDANCE ON USE

The Joint Committee on Vaccination and Immunisation have issued the following guidance based on recommendations made by the Advisory Group on Hepatitis:-

While vaccine is in short supply it is emphasised that vaccination should be restricted to those at special risk who are in the priority groups listed below and in particular those in contact with known "high risk carriers".

### HEALTH CARE PERSONNEL

1. Personnel directly involved over a period of time in patient care in those residential institutions for the mentally handicapped where there is a known high incidence of hepatitis B. (The same priority should be accorded to teaching and training staff in similar circumstances.)
2. Personnel directly involved in patient care over a period of time, working in units giving treatment to known carriers of hepatitis B infection.
3. Personnel directly involved in patient care working in haemophilia or other centres regularly performing maintenance treatment of patients with blood or blood products.
4. Laboratory workers regularly exposed to increased risk from infected material.

5. NHS and academic health care personnel on secondment to work in areas of the world where there is a high prevalence of hepatitis B infection, if they are to be directly involved in patient care.

#### PATIENTS AND FAMILY CONTACTS

1. Patients on first entry into those residential institutions for the mentally handicapped where there is known high incidence of hepatitis B.
2. Renal dialysis patients who are known to be antigen/antibody negative, who are travelling abroad and who will receive haemodialysis treatment in centres outside the United Kingdom.
3. The spouses and other sexual contacts of carriers of hepatitis B in the following circumstances.

- (a) If the carrier is not hepatitis Be antibody positive.
- (b) If the potential vaccinee is neither a carrier of hepatitis B surface antigen nor hepatitis B antibody positive.

#### Notes:

- (i) Close family contacts of individuals suffering from acute hepatitis B should be treated by passive immunisation with specific anti-hepatitis B immunoglobulin.

(ii) Specific immunoglobulin is also available for use after accidental inoculation or contamination with antigen positive blood. Supplies are held by the Public Health Laboratory Service.

(iii) There is no need to give vaccine to individuals known to be hepatitis B surface antigen (or antibody) positive or to patients with acute hepatitis B since in these instances it will be ineffective.

(iv) Since this is a new vaccine it is even more important that adverse reactions should be reported to the Committee on Safety of Medicines (by the 'Yellow Card System').

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