



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE LONDON SE1 6BY
TELEPHONE 01-407 5522 EXT

Your reference
Our reference

To: General Medical Practitioners
District Medical Officers
District Nursing Officers

Copies to: Regional Medical Officers
Regional Nursing Officers
Family Practitioner Committees
Medical Officers for Environmental Health
Port and Airport Medical Officers
Secretaries of the Boards of Governors of the
Specialist Postgraduate Teaching Hospitals

15 October 1982

Dear Doctor/Nursing Officer

HEPATITIS B VACCINE: GUIDANCE ON USE

A vaccine will shortly be available in very limited quantities, which has been shown on initial trials to be effective in the prevention of hepatitis B.

The number of overt cases of hepatitis B identified in England and Wales appears to be low, averaging about 1,000 cases a year. Asymptomatic infections occur and some of those infected become chronic carriers of hepatitis B antigen; a small proportion of antigen carriers develop chronic hepatitis. Certain occupational and other groups are known to be at increased risk of infection although in comparison with other countries, the incidence of the disease is low.

Whether or not to give the vaccine will be for the individual doctor to decide but in view of the relatively low incidence of the disease, the pressures on Health Service resources, the cost of the vaccine and its very limited availability, it is suggested that vaccine should be reserved for specific individuals within the groups known to be at increased risk. The Joint Committee on Vaccination and Immunisation guided by the Advisory Group on Hepatitis have advised on which groups of staff and patients should receive priority for vaccination, and these are set out in the appendix to this letter.

This vaccination will not attract an item of service payment under the Statement of Fees and Allowances.

Yours sincerely

GRO-C

HENRY YELLOWLEES KCB FRCP FFCM
Chief Medical Officer

GRO-C

MRS A A B POOLE
Chief Nursing Officer

Enquiries to:- 01-407-5522 Ext GRO-C

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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 B e 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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