

## Hepatitis B vaccination for babies at risk

### Section B

### Hepatitis B Resource pack: for babies born to a household with an infected contact (not the mother)

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**Hepatitis B Resource pack: For babies born to a Household with an  
infected contact**

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## Context

The purpose of this pack (section B) is to ensure the provision of hepatitis B immunisation for **babies born into a household where a member or close contact (not the mother) is known to be infected with hepatitis B**. For the purposes of this policy infected with Hepatitis B is the presence of Hepatitis B surface antigen (HBsAg) in the household member.

This resource pack sets out the actions required, and contains the necessary documents which are essential for the follow up of babies born into a household where a member or close contact (not the mother) is known to be infected with Hepatitis B.

Transmission of Hepatitis B can be prevented within a household by administering a course of active immunisation which is indicated in the UK Department of Health guidance [Immunisation against Infectious Diseases Chapter 18](#).

Newborn infants born to a hepatitis B negative woman but who are going home to a household with another hepatitis B infected person may be at immediate risk of hepatitis B infection. In these situations, a monovalent dose of hepatitis B vaccine should be offered before discharge from hospital. They should then continue on the routine childhood schedule commencing at eight weeks (i.e. hexavalent vaccine (Primaries) at 8, 12 and 16 weeks of age).

NHS Lothian has a separate resource pack for babies born to mothers with hepatitis B infection (Section A).

## Objectives of this protocol

- To ensure that babies born into household where a member is infected with hepatitis B are identified during pregnancy.
- To ensure that monovalent hepatitis B vaccine is administered to these babies prior to discharge from hospital.

## Paediatric hepatitis B immunisation schedule

Babies born into a household where a member or close contact (other than the mother) is known to be infected with hepatitis B require a dose of monovalent hepatitis B vaccine at birth, prior to discharge from hospital. They should then continue on the routine childhood schedule commencing at eight weeks (ie. hexavalent vaccine at 8, 12 and 16 weeks of age).

Section B - Hepatitis B vaccination for babies born to a household with an infected contact (not the mother)

**Table 1 - Hepatitis B immunisation schedules – for routine childhood programme and for babies born to household where another member (not the mother) is hepatitis B positive**

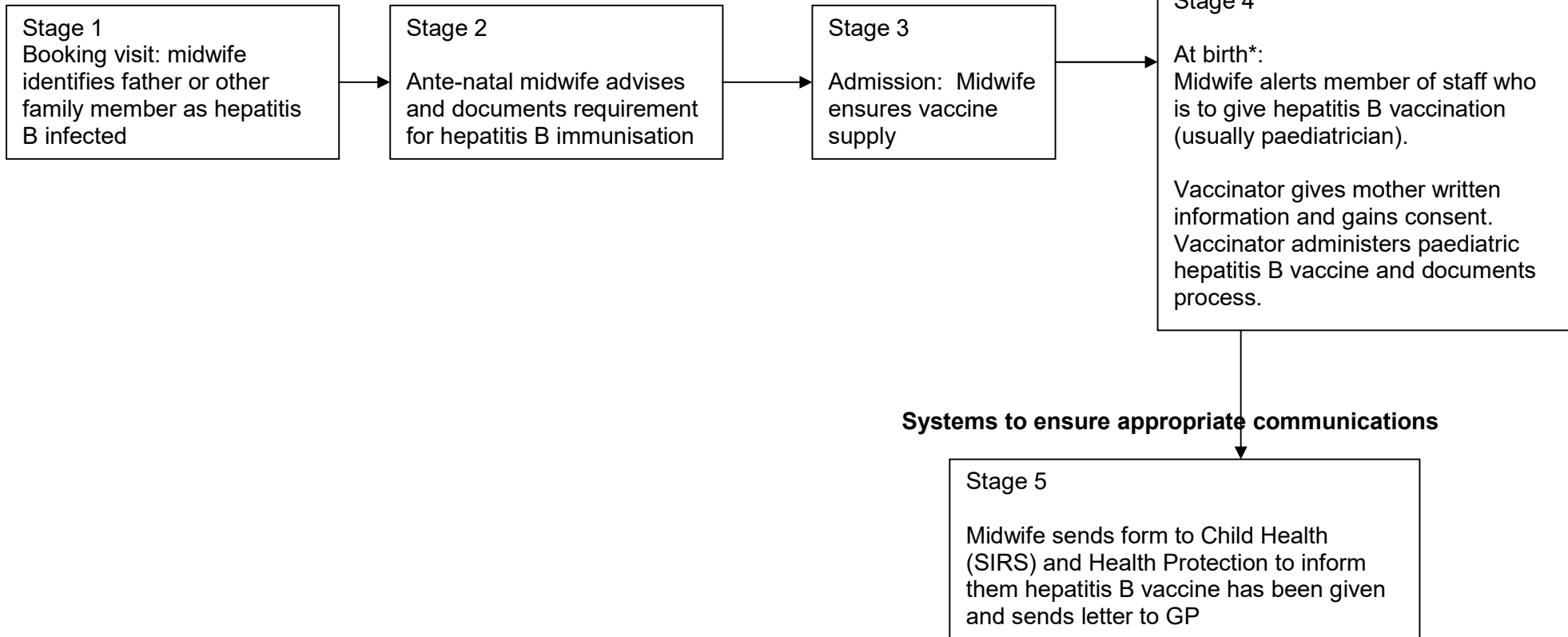
Age	Routine Childhood Programme		Babies born to household where another member (not the mother) is hepatitis B positive	
At birth (in hospital)	X		✓	Monovalent HepB
4 weeks	X		X	
8 weeks	✓	Hexavalent	✓	Hexavalent
12 weeks	✓	Hexavalent	✓	Hexavalent
16 weeks	✓	Hexavalent	✓	Hexavalent

Section B - Hepatitis B vaccination for babies born to a household with an infected contact (not the mother)

**Pathway overview**

**System for identifying babies born to infected households**

**System to ensure first dose given at birth**



\* In babies born before 37 weeks gestation, the midwife to discuss the process with the paediatrician, in line with local practice. In very preterm babies admitted to NNU, the paediatrician may decide for clinical reasons to postpone the dose of hepatitis B vaccine for babies born to households with infected member (other than the mother) until just prior to discharge.

## Pathway Actions

### System for identifying babies at risk

Stage 1: Booking visit: Ante-natal midwife identifies fathers/partners or other household member with hepatitis B infection.

Stage 2: Baby identified as being at risk, Ante-natal midwife to:

- a) Discuss benefits of hepatitis B immunisation and schedule with parents.
- b) Advise parents that all household members should consult their GP so that they can be referred for testing and immunisation against hepatitis B and document this on TRAK record and inform HPT. For these mothers a full hepatitis B screen should be requested on the booking blood sample to look for current infection or immunity (ensure tube is well filled).
- c) Record on TRAK under Neonatal Management Plan that baby requires Hepatitis B immunisation to be given at birth.
- e) Give hepatitis B information sheet to the mother/father/carer (Appendix 4) and document on TRAK record.

### System to ensure first dose given at birth

Stage 3: On admission

Midwife to

- a) Access TRAK where Neonatal Management Plan has noted need for hepatitis B immunisation at birth.
- b) Discuss immunisation with mother and document on TRAK record.
- c) Check availability of vaccine on delivery suite/order from pharmacy.

Stage 4: At birth

Labour ward midwife to:

- a) Alert the staff member trained in hepatitis B vaccination (usually paediatrician) that baby has need for hepatitis B immunisation before discharge from hospital. In babies born before 37 weeks gestation, midwife to discuss the process with the paediatrician, in line with local practice.

Staff member who gives the vaccine will then:

- b) Access maternity TRAK and neonatal management plan.
- c) Ensure the mother has received written information (Appendix 4).
- d) Gain consent from mother, See Appendix 1 for consent form.
- e) Administer the paediatric dose of hepatitis B vaccine
- f) Document processes and outcome (including brand, batch number and expiry date of vaccine and site of vaccination).
- g) If consent not given, discuss with senior paediatrician and document in record

## Documentation

Stage 5: Once the monovalent hepatitis B vaccine has been given

Midwife to:

- a) Record information regarding monovalent hepatitis B vaccine on postnatal notification form (Appendix 2) and send or email to Child Health Information Systems (SIRS), Musselburgh Primary Care Centre, Inveresk Road, EH21 7BP  
Email: [CHIS.EastMidlothian@nhslothian.scot.nhs](mailto:CHIS.EastMidlothian@nhslothian.scot.nhs). This allows SIRS to document the vaccine on the child health record.
- b) Email a copy of postnatal notification form to [health.protection@nhslothian.scot.nhs.uk](mailto:health.protection@nhslothian.scot.nhs.uk). This allows the Health Protection Team to ensure follow up of other family members as appropriate.
- c) Write that the hepatitis B vaccine has been given on the yellow Child Health Surveillance form (to pass information to health visitors)
- d) Complete baby details in the GP letter explaining that monovalent hepatitis B vaccine has been given (Appendix 3). This letter should be sent to the mother's GP practice and a copy be given to the parent/carer on discharge for them to show to health visitor/GP when registering baby at surgery.
- e) Give written information on hepatitis B to parent/carer (Appendix 4).
- f) Document baby section of the postnatal discharge questionnaire on TRAK that hepatitis B vaccine has been given with date to ensure community midwife is aware.

Note: In very preterm babies admitted to NNU, the paediatrician may decide for clinical reasons to postpone the dose of hepatitis B vaccine for babies born to households with infected member (other than the mother) until just prior to discharge.

It is the responsibility of everyone involved in the care of the pregnant woman and baby to ensure that appropriate actions are taken and that communication with the parent/carer and clinical colleagues is maintained.

## Education and Training to support implementation

A blood-borne virus e-module is available to all healthcare staff on LearnPro.

### **If you have any queries about any aspect of this protocol please contact:**

Health Protection Team

NHS Lothian, Waverley Gate, 2-4 Waterloo Place

Edinburgh EH1 3EG

Tel 0300 790 6264

Email: [health.protection@nhslothian.scot.nhs.uk](mailto:health.protection@nhslothian.scot.nhs.uk)

**Appendix 1**

**Consent for hepatitis B immunisation**

I have received written information on hepatitis B immunisation and have had an opportunity to discuss the immunisation being offered with a health professional.

I understand the reasons for the immunisation offer. I also understand the significance of my baby not having this immunisation. I am aware that my decision whether or not to have this immunisation will not affect the quality of care delivered by healthcare professionals.

Baby's name.....

CHI number ..... Date of birth.....

I wish my baby to be immunised against hepatitis B

I **do not** wish my baby to be immunised against hepatitis B

Signature.....(Parent)

Date.....

Signature .....  
(Witness: Healthcare professional)

Print name .....

Designation: ..... Date.....



**Appendix 2**

Form for CHILD HEALTH INFORMATION SYSTEMS (SIRS) AND PUBLIC HEALTH

**BABIES AT RISK OF HEPATITIS B : POST NATAL NOTIFICATIONS**

This form must be completed and emailed or sent to Child Health and Public Health to ensure baby is called for subsequent doses of Hepatitis B. Please do not forget to send it.

RIE       St. John's       OTHER  .....

**MOTHER'S DETAILS**

SURNAME ..... FORENAME.....

DOB // ADDRESS.....

..... POSTCODE

**BABY'S DETAILS**

SURNAME .....

FORENAME .....

DOB //

CHI

**HEPATITIS B VACCINE 1<sup>ST</sup> INJECTION:**      **DATE GIVEN**      //

**Name of hepatitis B vaccine product given**      **Engerix B / HepBvaxPRO** (please circle)

**HEPATITIS B IMMUNOGLOBULIN (HBIG)**      **NOT INDICATED**     

(only indicated for specific groups of babies born to infectious hepatitis B positive mothers):

**OR DATE GIVEN**      //

**REASON FOR HEPATITIS B IMMUNISATION**

- Mother is hepatitis B positive
- Another close contact is hepatitis B positive   
Name ..... DOB //

CONSULTANT ..... HV NAME .....

GP NAME..... TEL.....

GP ADDRESS ..... Postcode:

Please post or email one copy each of this form to

Child Health Information Systems  
SIRS Department  
Musselburgh Primary Care Centre  
Inveresk Road  
Musselburgh EH21 7BP  
Email: [CHIS.EastMidlothian@nhslothian.scot.nhs](mailto:CHIS.EastMidlothian@nhslothian.scot.nhs)  
(mark for the attention of Shona Oliver)

Health Protection Team  
Public Health Department  
NHS Lothian, Waverley Gate  
2-4 Waterloo Place, Edinburgh EH1 3EG  
Tel 0300 790 6264  
Email: [health.protection@nhslothian.scot.nhs.uk](mailto:health.protection@nhslothian.scot.nhs.uk)

### Appendix 3

#### Letter for parent/carer to inform GP/health visitor

Babies with household contact (not the mother) infected with hepatitis B. Baby to receive HB vaccination only (no HBIG)

Directorate of Public Health and Health Policy  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh  
EH1 3EG  
Telephone 0131 536 9000

Our Ref Health Protection Team  
Babies receiving HB vaccine only – other family member

Enquiries to Health Protection Team

Direct Line 0300 790 6264

Email: [health.protection@nhslothian.scot.nhs.uk](mailto:health.protection@nhslothian.scot.nhs.uk)

Date

Dear Dr

#### **PREVENTION OF HEPATITIS B TRANSMISSION IN AT-RISK INFANTS**

**NAME: BABY'S NAME**

**BABY'S DATE OF BIRTH:**

**BABY'S CHI NUMBER**

This baby has been identified as at-risk for hepatitis B, due to a close contact (not the mother) being infected with hepatitis B. The baby requires to be protected by immunisation against hepatitis B and **hospital staff have administered a dose of monovalent hepatitis B vaccine before discharge.**

This baby should now continue on the routine vaccination schedule and receive hexavalent vaccine (which contains hepatitis B) at 8, 12 and 16 weeks of age (see table below).

Other members of this household may also be at risk of hepatitis B. Please refer older siblings/children and other household contacts to CTACs for hepatitis B testing and immunisation.

Many thanks.  
Yours sincerely,

**Hospital Team**  
***On behalf of* Health Protection Team**

**cont...**

Cont..

**Table - Hepatitis B immunisation schedules**

Age	Routine Childhood Programme		Babies born to household where another member (not the mother) is hepatitis B positive	
At birth (in hospital)	X		✓	Monovalent HepB
4 weeks	X		X	
8 weeks	✓	Hexavalent	✓	Hexavalent
12 weeks	✓	Hexavalent	✓	Hexavalent
16 weeks	✓	Hexavalent	✓	Hexavalent

#### **Appendix 4**

### **Hepatitis B immunisation for babies born where a household contact (not the mother) has hepatitis B infection: Information for parents and carers**

We recommend immunisation against hepatitis B for all babies at risk of infection.

Babies are at risk of hepatitis B infection if they live in a household with person who is infected with hepatitis B.

The hepatitis B vaccine is safe to give to babies and can prevent them from getting the infection.

Parents and carers of babies at risk of hepatitis B can help by following the guidance in this leaflet.

#### **This leaflet provides information on:**

- **hepatitis B**
- **how to protect babies at risk of hepatitis B infection**
- **what parents and carers can do to help.**

This leaflet is about preventing hepatitis B in babies before they are exposed to any risk of infection in the home from family members or close contacts who have the infection.

All pregnant women are offered a blood test for hepatitis B. If a pregnant woman is infected with hepatitis B, her baby will be given additional treatment if required to prevent infection at birth. If this is the case, a different information leaflet will be provided – speak to your midwife to make sure you are given the right information and advice.

#### **What is hepatitis B?**

Hepatitis B is a virus that can damage the liver and is highly infectious (spread easily from one person to another).

#### **How can you get hepatitis B infection?**

The hepatitis B virus is carried in the blood and body fluids. Infection can be spread:

- From an infected ‘carrier’ mother to her baby during birth
- By ‘household contact’ e.g. sharing toothbrushes and razors, and by accidents where blood to blood contact is possible.
- By sharing injecting equipment with an infected person e.g. needles, syringes, spoons, filters, water etc.
- From infected equipment used for tattooing and body piercing;
- By unprotected sex with an infected person

### **How hepatitis B is not spread**

The virus is not spread by normal day-to-day contact and activities, e.g. coughing, sneezing, hugging, holding hands, sharing bathrooms and toilets or food, cups, plates, bowls, cutlery or towels.

### **Why is hepatitis B infection serious for babies?**

As many as 9 out of 10 babies infected in the first year of life develop long-lasting infection (i.e. they become a 'carrier'). These babies are likely to get serious liver disease as they grow older.

### **Can my baby be protected from hepatitis B infection?**

Your baby can be protected from hepatitis B infection by a dose of hepatitis B vaccine at birth, followed by the routine childhood immunisations at 8, 12 and 16 weeks of age. If your baby is fully immunised, they have a 95% chance of being protected from hepatitis B for life.

### **Is hepatitis B vaccine safe for babies?**

Millions of doses of hepatitis B vaccine have been given to babies worldwide without serious side-effects. In some babies, the site of the injection may become red, swollen and tender but this will disappear on its own.

### **Why it is important for a full course of vaccine to be given?**

It is essential that your baby receives all their vaccines to be properly protected.

### **When should my baby have the hepatitis B vaccine?**

Your baby should have the first dose of vaccine soon after they are born. Your midwife will discuss this with you before the baby is born and make sure your baby gets the hepatitis B vaccine in hospital. This starts to protect your baby when they are going home to a household where someone is carrying the hepatitis B infection. It is important that your baby receives their routine childhood immunisations at 8, 12 and 16 weeks in order to complete the course of vaccinations for hepatitis B.

### **Does anyone else in my house need the hepatitis B?**

We recommend immunisation against hepatitis B for any adult or child living in a household with an infected person. Discuss this with your GP or other healthcare worker, who can help to arrange hepatitis B testing and immunisation of household members if required.

**If you have any other questions, talk to your GP (family doctor) or midwife.**

**Revised December 2022**