Hepatitis B Vaccination in GUM Clinics across Wales
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### Questionnaire for secondary and tertiary Service providers
Executive Summary

Hepatitis B is a blood borne viral infection that can be prevented through vaccination. The hepatitis B virus (HBV) causes hepatitis (inflammation of the liver) and can also cause long term liver damage. Within the UK the major routes of hepatitis B transmission are sexual activity and injecting drug use. The virus can also be passed from mother to child in pregnancy. The most at-risk populations in Wales are therefore men who have sex with men (MSMs), injecting drug users (IDUs) and commercial sex workers (CSWs). In England and Wales acute hepatitis B cases are statutorily notifiable and of the total number recorded for 2003 (n=669), 34% and 27% of acute infections respectively were attributable to injecting drug use. A number of services provide hepatitis B vaccination including Prisons, GPs, Substance Misuse Services and Genito-Urinary Medicine Clinics (GUMs). This report provides contemporary evidence (2004-2005) on the provision of hepatitis B vaccinations within GUMs.

Key Aims:
- To ascertain which, if any, guidelines were being followed in those GUM clinics providing hepatitis B vaccination.
- To determine the patient groups offered screening for hepatitis B
- To clarify the screening tests used
- To determine the groups offered vaccination
- To ascertain which vaccination schedule is routinely used

Key Findings:
- All of the GUM clinics in Wales follow the UK national guidelines for the provision of hepatitis B vaccination
Introduction and Methodology

The National Public Health Service for Wales (NPHS Wales), in collaboration with Welsh Assembly Government, is responsible for development of the ‘Blood Borne Viral Hepatitis Action Plan for Wales’ to address all aspects of hepatitis B and hepatitis C from prevention through to treatment and support for the population in Wales. A research programme was designed by NPHS Wales to provide a robust evidence base upon which to draw and implement recommendations.

Hepatitis B is a blood borne viral infection that can be prevented through vaccination. The hepatitis B virus (HBV) causes hepatitis (inflammation of the liver) and can also cause long term liver damage. The incubation period is 40-160 days. While many people have no symptoms others may experience a flu-like illness including a sore throat, tiredness, joint pains, and a loss of appetite. Other symptoms may include nausea and vomiting. Acute infection can be severe causing abdominal discomfort and jaundice. Mortality during the acute phase of infection is less than 1% (HPA, 2005). Most people clear the virus and recover completely (greater than 90%) however a small number will go on to develop chronic hepatitis B. The World Health Organization (WHO) estimates that in the UK the prevalence of chronic hepatitis B infection is 0.3%. Within the UK the major routes of hepatitis B transmission are sexual activity and injecting drug use. The most at-risk populations in Wales are therefore men who have sex with men (MSMs), injecting drug users (IDUs) and commercial sex workers (CSWs). In England and Wales acute hepatitis B cases are statutorily notifiable and of the total number recorded for 2003 (n=669), 34% and 27% of acute infections respectively were attributable to injecting drug use.

A number of services including Prisons, GPs, Substance Misuse Services and Genito-Urinary Medicine Clinics (GUMs) provide hepatitis B vaccination. This report focuses on the provision of hepatitis B vaccinations within GUMs. There are nine GUM centres (which serve satellite services) across Wales. Each centre was issued with a questionnaire and case note review (see appendix 1) which was designed by National Public Health Service for Wales (NPHS Wales). A 100% response rate was achieved.
Findings

Policies / Protocols / Guidelines
Of the 9 main centres (which serve the satellite clinics)
- One has a written policy for hepatitis B immunisation
- All of the centres follow the National BASHH guidelines

Screening
- All offer screening prior to hepatitis B immunisation to the following select groups:
  - MSM in all centres
  - CSW in all centres
  - Individuals from countries of high prevalence in all but one
  - Injecting drug users in all but one
  - Bisexuals in all but one
  - Sexual partners of the above groups in all but one
  - HIV positive individuals not included in the above groups in all
- In three centres screening is routinely offered to all patients.
- Two centres highlighted that they offer screening to sexual assault victims.
- One centre also specified screening post needle stick injury.

Tests
All clinics use HBsAg screening test.
Other tests used for screening are Anti-HBc and HBV surface antibody if an individual has been immunised previously.

Vaccination
- All clinics offer vaccination to:
  - MSM
  - CSW
  - Bisexuals
  - HIV positive individuals not included in the other groups.
- Two clinics offer vaccination to injecting drug users whilst 1 confirmed that this group were dealt with by their drug service.
- In one clinic, vaccination is given to any patient requesting it, irrespective of risk groups.

Vaccination Schedule
Two schedules are used:
0, 1, 3 weeks & 12 months and 0, 1 & 6 months.
In the majority of clinics, a diary or recall system is operated to recall patients for subsequent doses although one centre leaves it to the patient to attend.

Recommendations
To continue to follow national guidelines.
(http://www.bashh.org/guidelines/2005/hepatitis_abc_final_0905.pdf)
APPENDIX 1 – QUESTIONNAIRE - HEPATITIS B SCREENING & VACCINATION WITHIN GUM SERVICES

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<th>Trust:</th>
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<tr>
<td>Clinic:</td>
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<tr>
<td>Number of Annual New Attendances – Male:</td>
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<tr>
<td>Number of Annual New Attendances – Female:</td>
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Section A – Policy

1.0 Does your service have a written policy/protocol for hepatitis B immunisation? *(Please attach copy)*

☐ Yes ☐ No

2.0 If there is no ‘local’ guideline are the national BASHH guidelines followed?

☐ Yes ☐ No

3.0 Is there any screening offered prior to hepatitis B immunisation?

☐ Yes ☐ No

4.0 If screening is offered, which groups are screened?

☐ Men who have sex with men (MSM)
☐ Commercial Sex Workers (CSW)
☐ Individuals from countries of high prevalence
☐ Intravenous Drug Users (IDU)
☐ Bisexual
☐ Sexual partners of any of the above
HIV positive individuals not included in the above groups

☐ Other, please specify………………………………………………

5.0 Which screening test is used?

☐ Anti-HBc
☐ HBsAg
☐ HBV Surface antibody
☐ Other please state………………………………………………

6.0 Which groups are offered vaccination?

☐ Men who have sex with men (MSM)
☐ Commercial Sex Workers (CSW)
☐ Individuals from countries of high prevalence
☐ Intravenous Drug Users (IDU)
☐ Bisexual
☐ Sexual partners of any of the above
☐ HIV positive individuals not included in the above groups
☐ Sexual assault victims
☐ Occupational groups
☐ Post needlestick injury
☐ Other, please specify………………………………………………

7.0 Which schedule is most commonly used?

☐ 0, 1, 3 weeks, 12 months
☐ 0, 1, 2, 12 months
☐ 0, 1, 6 months

8.0 Is the first dose given at the first visit?

☐ Yes ☐ No ☐ Depends on clinical indication
9.0 How are patients recalled for subsequent doses?

☐ Diary/recall system

☐ Left to patient

☐ Other please state…………………………………………

Section B – Case Notes Review

Please review a minimum of 10 sets of notes coded P2 for KC60 coding since June 2004 collecting the following data:

10.0 Number of case notes reviewed …………………

Please answer the questions on the following pages for each set of notes reviewed
Case Notes Review

Gender: Male/Female  Age:

1.0 Which of the following risk factors apply:

☐ Men who have sex with men (MSM)
☐ Commercial Sex Workers (CSW)
☐ Individuals from countries of high prevalence
☐ Intravenous Drug Users (IDU)
☐ Bisexual
☐ Sexual partners of any of the above
☐ HIV positive individuals not included in the above groups
☐ Sexual assault victims
☐ Occupational groups
☐ Post needlestick injury
☐ Other, please specify………………………………………………

2.0 Did the patient have a previous history of Hepatitis B immunisation?

☐ Yes  ☐ No  If NO go to question 7.0

3.0 If yes, was there documentation to verify adequate response?

☐ Yes  ☐ No  If YES go to end

4.0 If there was no documentation was a test carried out to determine response to previous course?

☐ Yes  ☐ No

5.0 Did the test demonstrate an adequate response to previous vaccination?

☐ Yes  ☐ No  If YES go to end

6.0 If no, was booster given?

☐ Yes  ☐ No
7.0 Was the patient tested for markers of previous infection?
   [ ] Yes  [ ] No  *If NO go to question 10.0*

8.0 If yes, was the result positive?
   [ ] Yes  [ ] No  *If NO go to question 10.0*

9.0 If yes, do the markers indicate infectious Hepatitis B?
   [ ] Yes  [ ] No

10.0 Was the patient offered Hepatitis B vaccination?
    [ ] Yes  [ ] No

11.0 Did patient accept the offer?
    [ ] Yes  [ ] No  *If NO go to question 21.0*

12.0 If yes, which schedule was used?
    [ ] 0, 1, 3 weeks, 12 months
    [ ] 0, 1, 2, 12 months
    [ ] 0, 1, 6 months

13.0 Was vaccination schedule completed?
    [ ] Yes  [ ] No  *If YES go to question 16.0*

14.0 If no, how many doses were given?
    [ ] One  [ ] Two
    [ ] Three  [ ] Four (if applicable)

15.0 What was the reason for not completing the course?
    [ ] Failed to attend
    [ ] Found to be infected/immune
    [ ] Too early (to have completed)
16.0 Were antibody titre levels checked post immunisation?

- [ ] Yes
- [ ] No

17.0 If yes, was response adequate?

- [ ] Yes
- [ ] No

18.0 If response was not adequate was booster given?

- [ ] Yes
- [ ] No

19.0 Following booster was there a further test for surface antibody levels?

- [ ] Yes
- [ ] No

20.0 If yes, was response adequate?

- [ ] Yes
- [ ] No

21.0 Did the patient elect to go elsewhere for vaccination? (e.g G.P)

- [ ] Yes
- [ ] No
- [ ] Not recorded