NHS Newham

Community Health and Care Services

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| **Policy Title** | Babies born to Hepatitis B surface antigen (HBsAg) positive women |
| **Procedure Title** | Procedure For providing Hep B vaccine to babies |
| **Department** | Children's Services |
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NHS Newham

Community Health and Care Services

# Services for Children & Young People

# Procedures for

# Babies born to Hepatitis B surface antigen (HBsAg) positive women

**Ref:**

**DATE: APRIL 2009**

NHS Newham

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# Protocol Reference Information

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## INTRODUCTION & PRINCIPLE

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV).
The illness usually starts insidiously – with anorexia and nausea and an ache in the right upper abdomen. Fever, when present, is usually mild.

Most newborns that become infected with hepatitis B virus do not have symptoms, but they have a 90% chance of developing chronic hepatitis B. This can eventually lead to serious health problems, including liver damage, liver cancer.

Hepatitis B infection can be transmitted from infected mothers to their babies at or around the time of birth (perinatal transmission). Babies acquiring infection at this time have a high risk of becoming chronically infected with the virus.

Since 1998, the UK policy and antenatal screening programme has included universal HBsAg testing of antenatal women in order to ensure that mothers at risk receive appropriate treatment; their babies receive a full course of vaccination.

Hepatitis B immunization can prevent the development of chronic hepatitis B infection in 90-95% of babies born to infected mothers (hepatitis B surface antigen – HbsAg-positive). Vaccination should prevent the associated risk of cirrhosis and primary liver cancer later in life and ongoing transmission associated with chronic infection.

The first dose of hepatitis B vaccine within 12 hours of birth is provided by the hospital paediatrician, further two doses, at one and two months and the booster fourth dose plus a post-vaccination testing for surface antigen (HBsAg) at 12 months (serology) provided by Newham Community Health Service within the community health setting.

Robust systems have been set in place to ensure babies are closely monitored and completion of the vaccine is completed to make sure that babies at high risk are protected from the disease.

## 1. SERVICE REQUIREMENTS

### a) Confidentiality

Patient confidentiality must be respected at all times and staff must conduct themselves in an ethical manner, being both polite and reassuring to patients.

### b) Children

Children especially must be treated with great tact and kindness to ensure that the venesection procedure is as least traumatic as possible. Parent/carer and two members of the immunisation staff
must be present when taking blood from a child to assist, reassure and placate the child when necessary. Always use EMLA cream which is applied 1 hour before taking blood.
Always use a **BUTTERFLY VACUTAINER** needle when taking children's blood.

## 2. INFECTION CONTROL AND SAFETY

### a) General Points

- When handling specimens or bleeding patients, disposable latex gloves should always be worn.
- Cuts and abrasions to hands should be covered with sticking plaster to prevent accidental spillages contaminating wounds when gloves are not being worn.
- Spillages of blood or other body fluids should be cleaned up immediately, using hypochlorite 10,000 ppm, and all surfaces should be wiped down regularly.

### b) Personal Hygiene

- Gloved hands must be washed after each patient is bled and hands also, before leaving the clinic room. Frequent use of alcoholic gel must be applied.
- Food and beverages must not be consumed in any area other than ones designated for such use.
- Smoking is not permitted in any trust buildings.

## 3. WORKING PROCEDURES

It is important that working procedures are strictly adhered to, for both personal safety, and to ensure the prevention of cross infection. It must be remembered that all patients are considered to be "**HIGH RISK".**

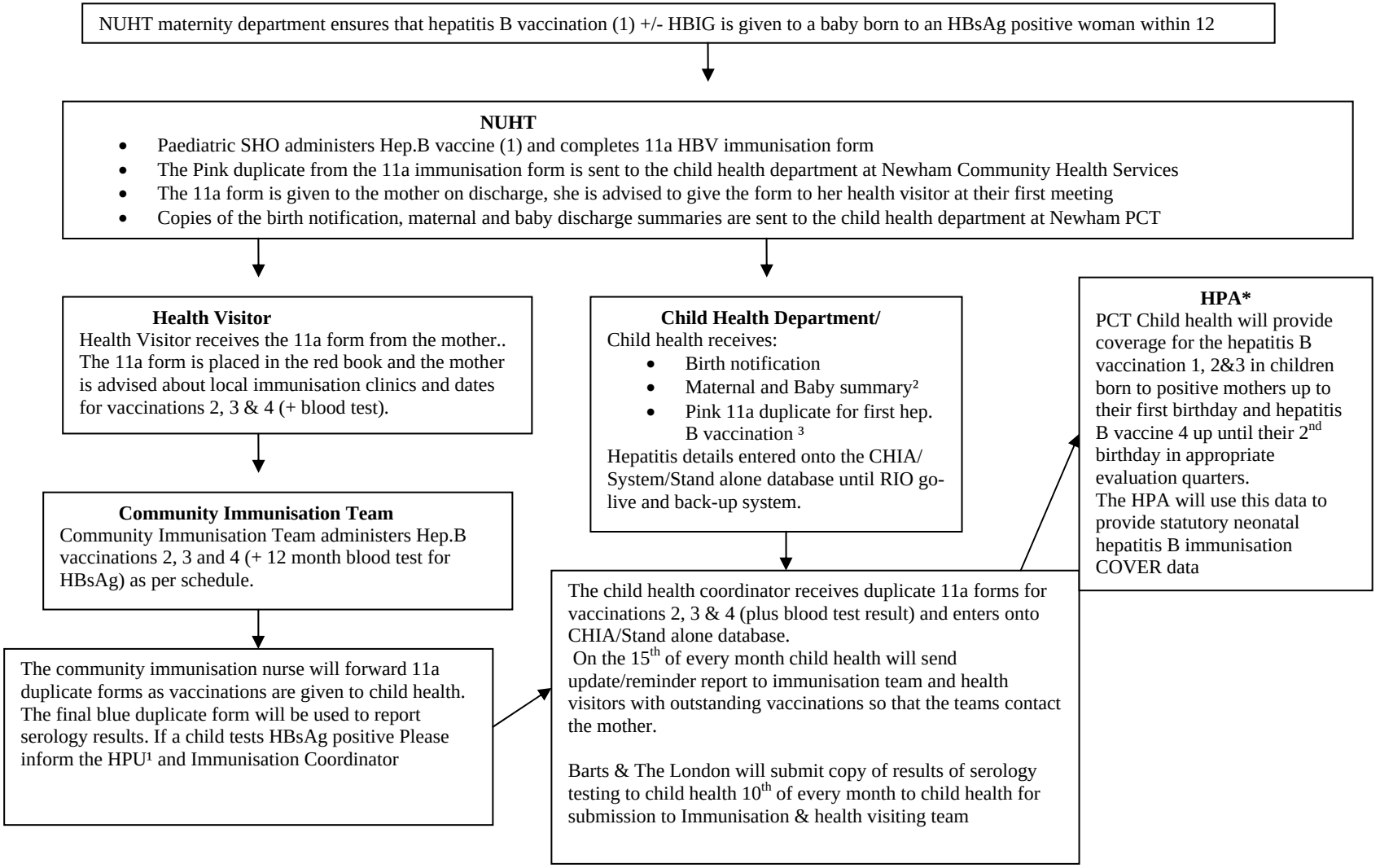
### a) Taking Blood

- Swab the patients arm, at the site of proposed venepuncture, with 0.5% chlorhexidine in 70% spirit.
- Ensure, by feeling at the site of the puncture, that the blood vessel from which blood is to be taken, is not an artery.
- Insert the needle into the vein, and avoid pushing the needle through the vein. Use the lateral (outside) part of the bend of the elbow in preference to the medical (inner) vein where possible.
- Having drawn off the relevant samples required, the needle should be withdrawn, and a clean, dry cotton wool swab applied to the site of puncture.
- In the event of an artery being accidentally punctured, a large dry swab should be pressed to the site of puncture for at least 5 to 10 minutes, to stem the flow of blood.
- The arterial pulse at the wrist should then be checked. The Immunisation Nurse Co-ordinator should be contacted, if an arterial puncture is thought to have occurred.

### b) Labelling Specimens

- Sample labels appropriately & clearly including the patient's surname, first name, date of birth, NHS. Date the sample was taken, clinic name.

**Newham University Hospital Trust Maternity and Paediatric Departments, and Newham Primary Care Trust Child Health Department**
**Communication pathways for babies born to hepatitis B surface antigen (HBsAg) positive women**



1. The North East and North Central London Health Protection Unit should be notified if a child born to a hepatitis B positive mother in Newham screens Hepatitis B surface antigen positive at 12 months
2. If information on hepatitis B status or immunisation is not reported on the maternal or baby discharge summary the Child Health Hep B coordinator ( Seri Ballou) should contact the antenatal screening coordinator (Rebecca Walsh) at NUHT for records of hepatitis B screening
3. If a child is born to a hepatitis B surface antigen positive mother and a pink 11a duplicate form is not received the child health coordinator should contact Senior Risk Matron (Sonia Jabke) or The Community Midwife (Alison ) at NUHT for records of the first hepatitis B vaccination

* Health Protection Agency - http://www.hpa.org.uk/infections/topics_az/cover/methods.htm

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**PROCEDURE FOR PROCESSING HEPATITIS B**
**CHILD HEALTH DEPARTMENT**

**The 1st dose of Hep B vaccination should be given within 24 hour of birth by the Paediatrician at the hospital child is born. The hospital then completes the 11a hepatitis immunisation form, attached to the discharge summary (obstetrics) sheets and sent to Child Heath Department.**

- Child Health Department receives 1st Hep B pink vaccination form 11a attached to obstetrics summary of children at risk, born to hep B positive mothers.
- Child Health Department will check all obstetrics summary sheets for mother tested for Hep. B positive.
- Hep. B coordinator will contact maternity at Newham Hospital for verification if Hep. B 1st dose is not confirmed.
- For children born outside of Newham, Child Health Department from former PCT will send a letter to current Child Health Department of the doses received.
- On receipt of the 11a form, the Hep. B Coordinator updates child's details on CHIA and updates the stand alone database to extract reminder/ cover reports until RIO go-live.
- The Coordinator logs child on the hep. B immunisation database indicating scheduled dates for subsequent 3 doses and blood test.
- Hep B Coordinator will compile a report for the Integrated Team Leaders, Health Visitors and Immunisation Team on the 15th of every month and will send this through secure method for an update/reminder.
- Hep B Coordinator will send an alert via email that the report will be sent on the 15th of the month and actioned by appropriate health professional accordingly.
- Health Visitors should check the report and follow-up, mother will then be signpost to immunisation team.
- The PCT immunisation team will provide the 2nd 3rd and 4th doses of hep. B vaccinations, sending the 11a forms to child health department each time taken.
- The immunisation nurse should book an appointment with the mother to bring child for blood test after the 4th dose.
- Blood test will be sent to NUHT pathology department and once checked for contamination, sent to Bart's and The London Hospital Virology/Pathology Department for testing.
- Copy of the blood test result is sent from Barts to Child Health Department 10th of every month.
- Transfer in/out Child Health Team who deals with records will inform the Hep B Co-ordinator of any child who has moved into the area with Hep B status. If the child has moved out the co-ordinator will write to the PCT were the child has moved to inform them of any further vaccination required. If the child has moved in Newham child health will monitor this closely to ensure completion of course if the vaccinations are due.
- Database will be updated and notified to Integrated Team Leaders, Health Visitors and Immunisation Team.
- All enquires go to the Child Health Information Manager or to the Hep. B Coordinator.
- The Health Protection Agency will be notified when needed.

## What happens to those who fail to attend?

- Immunisation will monitor children who have not attended as DNA and mother will be contacted by telephone or letter for another appointment.

- Child Health will be notified and this will be entered into the system so that this can be alerted back to the immunisation team when submitting report every month.

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