

**Hepatitis B Vaccination Programme in Public Services in
Hong Kong – a protocol update 1998**

*Scientific Working Group on Viral Hepatitis Prevention
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The Scientific Working Group on Viral Hepatitis Prevention advises the Director of Health on all issues relating to viral hepatitis prevention

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Background

1. Hepatitis B vaccination was introduced into Hong Kong in 1983. The demonstration of effectiveness in the protection of health care workers and newborns has led to the expansion of the hepatitis B vaccination programme in the public services. This paper summarises the current hepatitis B vaccination provision in public services in Hong Kong.

The Vaccine, Administration and Booster

2. Recombinant vaccines are used in public services¹. The vaccines are contraindicated in those who have developed hypersensitive reaction to previous doses. The standard 3-dose regimen at 0,1,6 months is adopted, which can be modified to integrate into the immunisation schedule in different settings. Half the adult dose is used for those aged 16 or below. The vaccine is injected intramuscularly into the mid-deltoid muscle in adults and adolescents, or anterolateral aspect of thigh for newborns and young children. Booster vaccination is generally not necessary. Post vaccination serological testing is indicated only for health care workers (refer to paragraph 9).

Universal Neonatal Hepatitis B Vaccination

3. All babies in Hong Kong are provided with the 3-dose regimen of hepatitis B vaccination using half the adult dose. While the first dose is administered at birth in hospital, the second and third doses are provided at the Maternal and Child Health Centres of Department of Health's Family Health Service. The second dose is given at one month while the third is provided concurrently with the DPT vaccine but at a different site.

¹ Two brands of recombinant hepatitis B vaccines (B-Hepavac II by MSD and Engerix-B by SKB at adult dose of 10 ug and 20 ug respectively) are currently used in the public services.

4. Hepatitis B serology of mothers is routinely obtained during antenatal visits, and an additional hepatitis B immunoglobulin is provided within 24 hours of life for babies born to carrier mothers, concomitantly with the first dose of hepatitis B vaccine but at a different site.

Children with an Incomplete Course of Vaccination

5. Those under the age of 6 who have not completed the three dose regimen could have the schedule completed at the Maternal and Child Health Centres.

6. Upon presentation, the immunization records are assessed. For those with evidence of having received two doses administered 3 weeks to 3 months apart, a single third dose is provided and the vaccination considered complete. Otherwise a full-course three-dose regimen is re-initiated. For those who present two years or later after the second dose, a case-by-case assessment is made as there have been limited data supporting the efficacy of long interval between the second and third doses².

Supplementary Hepatitis B Vaccination for Primary Six Students

7. For primary six students, immunization records are checked during an annual supplementary programme at schools³, and vaccination may be provided on-site when indicated (refer to Children with Incomplete Course of Vaccination). To complete the course, the second and third dose could be provided at the Department of Health Regional Offices or General Outpatient Clinics.

Hepatitis B Vaccination and Post-exposure Prophylaxis for Health Care Workers

² The options are: provision of the third dose, restarting the regimen, or a decision based on the serological status.

³ Initiated in September 1998. Rationale refer to SWG Discussion Paper: A proposed supplementary hepatitis B vaccination programme for primary six students. 19 June 1998.

8. Health care workers⁴ in the public services are offered options to undergo hepatitis B serology determination upon entry to the job and a full-course standard regimen hepatitis B vaccination will be provided when indicated.

9. The determination of anti-HBs after vaccination guides the management of future occupational exposure to hepatitis B. At the Department of Health, anti-HBs level is routinely measured at 1- 4 months after the third dose. An anti-HBs titre of 10mIU/ml or greater is considered an adequate response. Those who have a lower level, indicating a suboptimal response, receive a second full course vaccination. Those with no detectable anti-HBs after full courses of vaccination are classified as non-responders, while hyporesponders refer to those whose anti-HBs is between 0 to 10 mIU/ml. In practice there is no difference in the management of these two groups regarding post-exposure prophylaxis.

10. The Department of Health currently caters for the hepatitis B vaccination for the government's health care workers whereas the individual hospital is responsible for its own staff members.

11. In the case of needlestick injuries or mucosal exposure, post-exposure prophylaxis with hepatitis B immunoglobulin and hepatitis B vaccination is indicated when (1) the source patient is a carrier, and (2) the exposed health care worker has never received hepatitis B vaccination or is a non- or hypo-responders. Individual assessment is needed when the status of source patient is unknown. While the initial management after exposure may be taken care of by the attending health care provider, subsequent follow-up of exposed individuals is offered by both the Department of Health and individual institution.

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⁴ While definition of health care workers varies in international societies, for practical purposes, here the term refers to medical, dental and nursing professionals. However, other professionals working in health care settings shall be assessed by the heads of institutions regarding the job nature and recommendations are needed for inclusion under this provision.