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**Event**

**Hepatitis B Vaccination in allied health-workers administering the COVID-19 vaccine**

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**PHE NIERP Level**

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**Incident Lead**

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**Background and Interpretation**

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This briefing note provides advice for occupational health providers regarding hepatitis B immunisation in allied healthcare workers involved in the COVID-19 vaccination programme.

With the imminent arrival and delivery of the COVID-19 vaccine, staff will be recruited from a variety of allied healthcare professions to administer the vaccine. Immunisation against hepatitis B is recommended in all healthcare workers who have direct contact with blood and body fluids of patients.

Most professionals administering the vaccine will have previously been vaccinated against hepatitis B as part of routine pre-employment health checks; however, there will be a small proportion of vaccinators who have not started or completed hepatitis B immunisation, or their vaccination status is unknown. It is important that, in addition to measures to avoid exposure, these staff are also offered protection against hepatitis B, but without impacting on the delivery of the COVID-19 immunisation programme. Post exposure vaccination against hepatitis B is highly effective in healthy individuals (>90%). Therefore, staff can safely vaccinate others whilst pre-exposure vaccination is commenced.

For those vaccinators with no known immunisation against hepatitis B:

- Vaccinators must be given an urgent appointment to start their hepatitis B immunisation course (using the 0,1,2 month schedule as specified in the Green Book)
- On completion of the course, no post vaccination testing is required.

For those vaccinators who have been partially vaccinated against hepatitis B:

- The immunisation course should be completed at the earliest opportunity, but this should not prevent or delay vaccinators in administering the COVID-19 vaccine.

For those vaccinators who have completed a hepatitis B vaccination course:

- No further action is required. They do not need to have routine post vaccination testing to administer COVID-19 vaccine.

If a vaccinator sustains a needlestick injury and:

- they have not completed a hepatitis B vaccination course (i.e. partially vaccinated) prior to the injury, they should seek advice from their local occupational health service within 24 hours of the exposure, for assessment for hepatitis B post exposure prophylaxis (PEP). **Protection from a vaccination commenced before exposure**



**is likely to be as high or higher than post-exposure vaccination (which has >90% efficacy when given in healthy people.)**

- they have not received any hepatitis B vaccine (i.e. unvaccinated) prior to the injury, they should be assessed for and receive hepatitis B PEP within 24 hours of exposure –in Occupational Health or in A&E or other urgent care department.

The assessment and indications for PEP including the accelerated vaccine schedule and need for hepatitis B immunoglobulin (HBIG) should be followed as per the Green Book: Immunisation against Infectious Disease.

If the vaccinator has recently received COVID-19 vaccination, hepatitis B vaccination can be safely administered at any interval (see COVID-19 Chapter 14a of the Green Book). Vaccine should be given without delay to ensure protection. Similar consideration applies for other vaccines or if the hepatitis B vaccine is given before COVID-19 vaccination is offered.

In summary, all those allied health professionals involved in administering the COVID-19 vaccination who are unvaccinated against hepatitis B will need to start hepatitis B vaccination as soon as possible.

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#### **Implications for PHE Centres**

This should be circulated to all local Health Protection Teams (HPT) as teams may receive queries from vaccinators and their employers

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#### **Implications for PHE sites and services**

The briefing note should be circulated to laboratory staff

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#### **Recommendations to PHE Centres**

HPTs should be aware of the advice regarding hepatitis B immunisation of allied healthcare workers involved, and advise accordingly if they receive queries, and are asked to liaise with local Directors of Public Health to facilitate recruitment of vaccinators.

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#### **Recommendations to PHE sites and services**

PHE laboratories may be required to undertake source testing or to give advice on post-exposure management in line with green book.

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#### **Implications and recommendations for local authorities**

Local Directors of Public Health are asked to note this advice and facilitate recruitment of vaccinators. Local authorities should be aware of the advice regarding hepatitis B immunisation of allied healthcare workers involved and seek advice from PHE if they receive queries about vaccination

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#### **References/ Sources of information**

Immunisation against Infectious Disease (the Green Book) Department of Health. Hepatitis B Chapter 18

<https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>

Immunisation against Infectious Disease (the Green Book) Department of Health. COVID-19 Chapter 14a

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Human Hepatitis B immunoglobulin specific for hepatitis B post-exposure  
July 2019

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/815106/Human\\_hepatitis\\_B\\_immunoglobulin\\_specific-post\\_exposure.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815106/Human_hepatitis_B_immunoglobulin_specific-post_exposure.pdf)

Integrated guidance for management of BBV in HCW

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/909553/Integrated\\_guidance\\_for\\_management\\_of\\_BBV\\_in\\_HCW.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf)