



1. Introduction letter

NHS England (North Midlands)  
Birch House  
Ransome Wood Business Park  
Southwell Road West  
Mansfield  
Nottinghamshire  
NG21 0HJ

29 March 2016

Dear Colleague,

**Re: Derbyshire and Nottinghamshire Neonatal Hepatitis B pathway for Babies Born to Hepatitis B Positive Women**

Included in the pack:

1. Introduction letter
2. Neonatal Hep B pathway
3. Neonatal Hep B paperwork
4. Dried blood spot information
5. Neonatal Hep B service specification
6. Red Book insert

Hepatitis B infection is a risk to public health. Mortality rates from liver disease are rising in the UK. Whilst there are multiple causes of progressive chronic liver disease, around 25% of all liver disease cases in the UK are due to hepatitis infections. A major cause of liver disease is infection with hepatitis B virus (HBV). When not treated, persistent HBV infection leads to premature death due to either cirrhosis or hepatocellular carcinoma in a large proportion of infected individuals. Childhood infection accounts for an estimated 21% of all new persistent infections acquired in the UK.<sup>1</sup>

The key details are that:

- around 25% of all chronic liver disease in the UK is due to viral hepatitis infections.
- hepatitis B infection transmitted from mother to child accounts for 21% of newly acquired hepatitis B infections in the UK.
- pregnant women are offered screening for hepatitis B; The UK National Screening Committee has issued guidance to support the commissioning and delivery of an effective screening programme.

- where pregnant women are identified through the screening process as being chronically infected with hepatitis B (i.e. hepatitis B surface antigen positive) it is recommended that the baby is vaccinated. Babies born to women of high infectivity should also receive a single dose of hepatitis B specific immunoglobulin.
- the baby is vaccinated using an accelerated schedule comprising of three vaccines followed by a booster dose at 12 months of age. The baby is also given a blood test at 12 months to check **whether or not infection has been prevented.**
- timely immunisation can prevent persistent hepatitis B infection in around 90% of individuals who would have otherwise developed the infection.

This means achieving timely vaccination with high coverage rates in this group in appropriate settings across Derbyshire and Nottinghamshire is a priority for Public Health England and NHS England.

From April 2014, PHE included Hepatitis B vaccination for babies born to Hepatitis B mothers in to the national immunisation schedule and therefore it was included in the GMS contract, with the expectation that practices would vaccinate and either perform or organise a blood test to exclude infection, for the child, at 12 months of age. All practices in Derby/Notts have signed up to this contract via CQRS.

The purpose of the Derbyshire and Nottinghamshire Hep B pathway is to provide a combined Derbyshire and Nottinghamshire approach to screening and immunising babies born to women who are Hep B positive. It is also to supply assistance to providers in improving the process and the uptake rate of the neonatal hepatitis B immunisation programme for newborns who are at risk of hepatitis B infection. The provision of a targeted infant immunisation programme has been supported by Department of Health policy since 2001.<sup>3</sup>

It is appreciated that you may have been working to a similar pathway in your area for some time but it has been agreed at local screening and Immunisation Programme Boards that working to a Derbyshire and Nottinghamshire pathway will ensure a more cohesive approach to care delivery, improve outcomes for some of our most vulnerable babies and increase quality assurance.

**The pathway will launch from 1 April 2016. If you have any questions or concerns regarding the pathway, please feel free to contact us on 0113 8252963 or [England.SCRIMMS@nhs.net](mailto:England.SCRIMMS@nhs.net)**

#### **Child at risk of Hepatitis B infection for lifestyle or family reasons:**

It is also important that children who are at risk of Hep B due to a parent's lifestyle (IDU) or family reasons (infected parent or close family member) receive vaccination in a timely way. HB1 referral form should be used in these cases. These children should be vaccinated to the same schedule as the 'high risk' but they do not require a blood test at 12 months of age.

I would like to take this opportunity to thank everyone that has worked with the Screening and Immunisation team to develop this pathway and look forward to working more closely with you on this important public health programme.

Yours Sincerely



Agnes Belencsak  
Screening and Immunisation Lead

References:

<sup>1,2</sup> NHS public health functions agreement 2016-17  
Service specification No.1  
Neonatal hepatitis B immunisation programme

<sup>3</sup> Hepatitis B antenatal screening and newborn immunisation programme  
Best practice guidance, Department of Health. 2010  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215622/dh\\_132637.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215622/dh_132637.pdf)