

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease

Clinical Director

Sign

Name

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.

Meta Data

Guideline Title:	<i>Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.</i>
Guideline Author:	<i>Annette Dodds</i>
Guideline Sponsor:	<i>Dr Vijay Suresh</i>
Date of Approval:	
Approved by:	<i>The Renal Directorate</i>
Date of Ratification (CSC):	
Review Date:	<i>September 2018</i>
Related Policies/Topic/Driver	<i>Prevention and Control of Blood-borne Virus Infections. Local COSHH assessments. Infection Control Manual. Health & Safety Policy.</i>

Revision History

Version No.	Date of Issue	Author	Reason for Issue
1 (Draft)	June 2006	A Dodds	
2	March 2010	A Dodds	Review of practice
3	November 2011	A Dodds	Review of practice
4	June 2014	A Dodds	Review of Practice
5	September 2014	A Dodds	Review of practice
6	January 2017	A Dodds	Review of Practice

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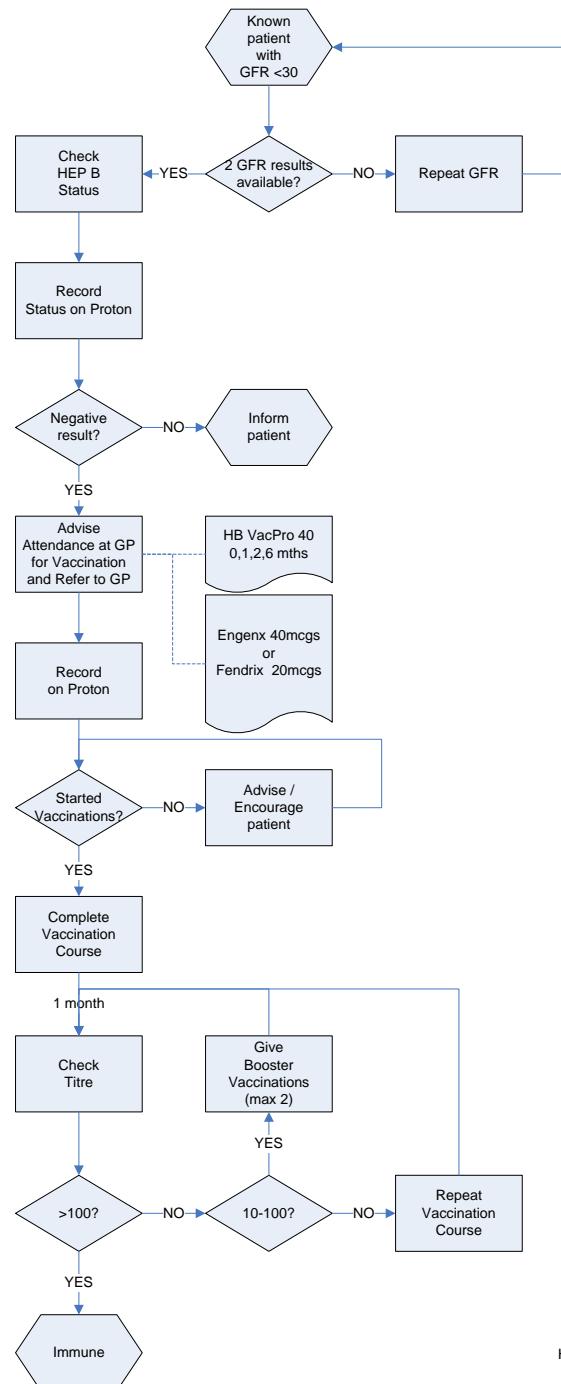
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1. Overview/Introduction

The main objectives of this policy are largely precautionary in preventing the acquisition and transmission of Hepatitis B a Blood Borne Virus (BBV) infection. Vaccination against Hepatitis B of the patient population with chronic kidney disease should minimise the risk to those patients who eventually commence dialysis.

2.Flow Chart

1) FLOW CHART



Hep B Vaccination - A Dodds 2010

3. Objectives of the Guideline

This objective of the Guideline is to ensure that all known patients with chronic kidney disease and possibly approaching Renal Replacement Therapy are vaccinated against Hepatitis. This would minimise the risk of acquiring or transmitting the disease on the renal unit.

This document is related to the Department of Health Good Practice Guidelines for Renal Dialysis/Transplantation Units – Prevention and Control of Blood-borne Virus Infection

4. Body of the Guideline

- 4.1 All patients with a GFR below 30 where it is anticipated that the patient may require dialysis or transplantation (need 2 GFR results) attending the General Nephrology, Diabetic/Renal, Low Clearance Clinic or any of the satellite nephrology clinics should have hepatitis B serology requested with the informed consent of the patient.
- 4.2 Hepatitis B Status should be recorded on the renal database Proton.
- 4.3 If HBsAg is negative the GP should be requested to commence vaccination using HB Vax Pro 40 micrograms, or Engerix B, 40 micrograms or Fendrix, 20 micrograms (IM) at 0,1,2 and 6 months.(see sample letter appendix one) A copy of this letter to be sent to the patient also for their information.
- 4.4 The patient should be given/sent a letter, advising the patient to attend the GP for vaccination.(see sample letter Appendix Two)
- 4.5 At each clinic appointment the doctor/nurse to discuss vaccination status and record in notes.
- 4.6 Vaccination requests to be recorded on Proton.
- 4.7 Titre level to be checked 1 month following completion of the course of vaccinations.
- 4.8 Titre >100mIU/l- no action required as patient has responded to vaccination.

Titre between 10-100 will require a booster (up to 2)(See appendices Three and Four for Booster letters)

Titre <10 requires a repeat course of vaccinations using a different product (maximum 2 courses) (see appendices Five and Six for letters to GP and Patient regarding Re-vaccination)
- 4.9 Titre should be checked again when the patient is referred to the Kidney Failure support Team and the low clearance clinic.

- 4.10 Titre level should be checked annually.
- 4.11 Late referrals to the Kidney Failure Support Team will be referred for vaccination on receipt of a negative Hepatitis B status, following the above guidelines.
- 4.12 Vaccination status should be checked as patient commences haemodialysis. If patient has not been vaccinated, request for vaccination should be made to GP as per the above guidelines by the renal unit Hepatitis B Link Nurse.
- 4.13 Patients whom have not responded to 2 courses of vaccination should be recorded as non-responders on Timeline

5. Reason for Development of the Guideline

The Trust has a statutory responsibility to patients, public and commissioners to ensure that routine infection control issues are to be followed in order to prevent the transmission of blood borne viruses. By advising patients with chronic kidney disease and possibly approaching dialysis, to be vaccinated against Hepatitis B the trust and renal unit is meeting it's responsibilities and reducing the risks of acquisition and transmission of Hepatitis B.

The Renal National Service Framework recommends that patients with chronic renal failure are vaccinated early, while plasma creatinine remains relatively low, as renal failure can reduce patient's response to Hepatitis B vaccine.

This guideline aims to meet the Renal National Service Framework and the Department of Health good practice guidelines for renal dialysis/transplantation units in the prevention and control of blood-borne virus infections.

6. Methodology

This guideline has been developed in line with the Department of Health Good Practice Guidelines for Renal Dialysis / Transplantation Units in the prevention and Control of blood-borne virus infections.

Discussion carried out at clinical governance meeting.

Review of guidelines to occur bi-annually

7. Implementation

All members of the multi-disciplinary team caring for patients with chronic kidney disease should be made aware of these guidelines through education and training. New and junior staff should be

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.

supervised until they are considered competent to practice safely without supervision. All relevant staff members should be given a copy of this guideline and should sign to confirm they have read it.

8. Monitoring

Annual audit should take place to ensure all the relevant patients have been advised with regards to Hepatitis B vaccination.

9. Application of the Guideline

This guideline applies to and will benefit patients and all health care workers.

10. References

Department of Health Guidelines for Renal Dialysis/Transplantation Units – Prevention and Control of Blood-borne Virus Infection

The US CDC guidelines

National Renal Service Framework 200

11. Launch and Implementation Plan for Clinical Guidelines

Action	Who	When	How
If previous document is in use: proposed action to retrieve out-of-date copies of the document (electronic and /or paper)	Annette Dodds	Within one month of guideline being ratified	Remove policy from all folders. Inform staff by e-mail of new policy
Initiate addition to clinical guidelines SharePoint	Annette Dodds	As soon as guideline ratified	Contact renal IT lead to request addition of guideline to renal sharepoint
Communicate new guideline/ changes to guideline	Annette Dodds	Within one month of ratification of guideline	E-mail to all renal staff, attend team meetings at all units to inform of change to policy. To be included as part of induction of new staff.
Offer awareness training / incorporate within existing training programmes	Anne Marie Mccarthy	Ongoing	Incorporate training on guideline as part of induction programme for new staff
Circulation of document(paper)	Annette Dodds	As soon as policy ratified	Via E-mail to all renal Staff
Circulation of document(electronic)	Annette Dodds	As soon as policy ratified	Via E-mail to all renal Staff

Appendix one: GP request letter

Dr J Baharani	0121 424 1078 (Clinical Director)
Dr V Suresh	0121 424 2157
Dr H C Rayner	0121 424 2158
Dr R M Temple	0121 424 2157
Dr M Thomas	0121 424 3156
Dr I Dasgupta	0121 424 2158
Dr R Rasheed	0121 424 2157
Dr B Ajayi	0121 424 2157
Dr S John	0121 424 1078

Kidney Failure Support Team 0121 424 2677

Fax: 0121 424 1159

Date_____

Dear Doctor _____

Re: _____

It is our policy to request that all patients with deteriorating chronic renal failure are vaccinated in primary care against Hepatitis B. This is in accordance with NHS England guidelines.

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/a06-spec-renal-asses-ad.pdf> See section 3.1.

We would be grateful if you could arrange this using HB Vax Pro 40 microgram or Engerix B, 40 micrograms (use 2x 20mcg vials if 40 mcg unavailable) or Fendrix, 20 micrograms, (IM) at 0, 1, 2 and 6 months.

This high dose is required due to the low immunity level of patients with chronic renal disease.

Please record vaccination dates on the patient's record card and ensure that immunity to vaccination is checked 1 month following completion of vaccination.

Titre levels above 100 mIU/l, require no further action and between 10 and 100, will need a booster (up to 2), less than 10 please repeat the course.

We would be grateful if you could complete the attached record slip on completion of the vaccination and fax to the Renal Department.

Thank you for your help.

Yours sincerely

Dr J Baharani
Clinical Director and Consultant Nephrologist

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.

Cc: Patient

Dear Dr / Practice Nurse

On completion of the course of Hepatitis B Vaccination please complete this form and Fax to 0121 424 1159

Patient Name:

D.O. B:

NHS No:

Vaccination Administered: Hep B Vax Pro 40 / Engerix B / Fendrix

Dates of Injections: 1.

2.

3.

4.

Post vaccination Titre: , Booster: Yes / No

GP Name:

Telephone No:

Form Completed By:

Signature:

Date:

Appendix Two: Patient Letter

Dr J Baharani	0121 424 1078 (Clinical Director)
Dr V Suresh	0121 424 2157
Dr H C Rayner	0121 424 2158
Dr R M Temple	0121 424 2157
Dr M Thomas	0121 424 3156
Dr I Dasgupta	0121 424 2158
Dr R Rasheed	0121 424 2157
Dr B Ajayi	0121 424 2157
Dr S John	0121 424 1078

Kidney Failure Support Team 0121 424 2677

FAX: 0121 424 1159

Date _____

Dear Patient

It is recommended by NHS England that all patients with chronic renal failure are vaccinated against Hepatitis B.

We have sent a letter to your GP requesting this vaccination.

Please contact your GP surgery for an appointment on receipt of this letter.

The vaccinations are usually administered by the Practice Nurse.

You will need a course of 4 injections over a period of 6 months. After your first vaccination the Practice Nurse will arrange the follow up appointments.

If you have any questions, please contact the Kidney Failure Support Team on 0121 424 2677.

Yours Sincerely

Kidney Failure Support Team

Appendix Three: GP letter requesting booster

Dr J Baharani	0121 424 1078 (Clinical Director)
Dr V Suresh	0121 424 2157
Dr H C Rayner	0121 424 2158
Dr R M Temple	0121 424 2157
Dr M Thomas	0121 424 3156
Dr I Dasgupta	0121 424 2158
Dr R Rasheed	0121 424 2157
Dr B Ajayi	0121 424 2157
Dr S John	0121 424 1078

Kidney Failure Support Team 0121 424 2677

FAX: 0121 424 1159

AMD/HEP B VAC

Dear Doctor/Practice Nurse

Re:

It is our policy to request that all patients with deteriorating chronic renal failure are vaccinated against Hepatitis B. This is in accordance with NHS England guidelines. The above patient has completed a course of vaccinations however they are still not immune.

We would be grateful if you could arrange a booster injection using HB Vax Pro 40 microgram or Engerix B, 40 micrograms (use 2x 20mcg vials if 40 mcg unavailable) or Fendrix, 20 micrograms, (IM).

Please record the booster date on the patient's record card and ensure that immunity to vaccination is checked 1 month following the booster.

Titre levels above 100 mIU/l, require no further action, between 10 and 100, will need a booster (up to 2), less than 10 please repeat the course.

We would be grateful if you could complete the attached record slip on completion of the booster and fax to the Renal Department.

Thank you for your help.

Yours sincerely

Dr J Baharani
Clinical Director and Consultant Nephrologist

Cc: Patient

Appendix Four: Patient letter re: Booster

Dr J Baharani	0121 424 1078 (Clinical Director)
Dr V Suresh	0121 424 2157
Dr H C Rayner	0121 424 2158
Dr R M Temple	0121 424 2157
Dr M Thomas	0121 424 3156
Dr I Dasgupta	0121 424 2158
Dr R Rasheed	0121 424 2157
Dr B Ajayi	0121 424 2157
Dr S John	0121 424 1078

Kidney Failure Support Team

0121 424 2677

FAX: 0121 424 1159

CR/ Hep B Booster-Pt

Dear

It is recommended by NHS England that all patients with chronic renal failure are vaccinated against Hepatitis B.

You have now completed your course of 4 injections over a period of 6 months. Unfortunately, from a recent blood test it has shown that the vaccine levels in your blood are not sufficient.

We have sent a letter to your GP requesting a booster injection.

Could you please contact your GP surgery for an appointment. The boosters are usually performed by the Practice Nurse.

If you have any questions or any difficulties please contact us on 0121 424 2677.

Yours Sincerely

Kidney Failure Support Team

Appendix Five: Letter to GP requesting re-vaccination

Dr J Baharani	0121 424 1078 (Clinical Director)
Dr V Suresh	0121 424 2157
Dr H C Rayner	0121 424 2158
Dr R M Temple	0121 424 2157
Dr M Thomas	0121 424 3156
Dr I Dasgupta	0121 424 2158
Dr R Rasheed	0121 424 2157
Dr B Ajayi	0121 424 2157
Dr S John	0121 424 1078
Kidney Failure Support Team - 0121 424 2677	

Fax: 0121 424 1159

Date _____

Dear Doctor _____

Re: _____

It is our policy to request that all patients with deteriorating chronic renal failure are vaccinated against Hepatitis B. This is in accordance with NHS England guidelines.

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/a06-spec-renal-asses-ad.pdf> See section 3.1.

The above patient has already received a course of vaccinations and a booster; however they are still not immune to Hepatitis B.

We would be grateful if you could arrange a repeat vaccination course using a different preparation to the one used initially. HB Vax Pro 40 microgram or Engerix B, 40 micrograms (use 2x 20mcg vials if 40 mcg unavailable) or Fendrix, 20 micrograms, (IM) at 0, 1, 2 and 6 months.

This high dose is required due to the low immunity level of patients with chronic renal disease. As this is a repeat course, please could you use an alternative preparation to the one used in the initial course.

Please record vaccination dates on the patient's record card and ensure that immunity to vaccination is checked 1 month following completion of vaccination.

Titre levels above 100 mIU/l require no further action. Between 10 and 100 will require another booster.

We would be grateful if you could complete the attached record slip on completion of the vaccination and fax to the Renal Department.

Yours sincerely

Dr J Baharani
Clinical Director and Consultant Nephrologist

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.

Dear Dr / Practice Nurse

On completion of the course of Hepatitis B Vaccination please complete this form and Fax to 0121 424 1159

Patient Name:

D.O. B:

NHS No:

Vaccination Administered: Hep B Vax Pro 40 / Engerix B / Fendrix

Dates of Injections: 1.
 2.
 3.
 4.

Post vaccination Titre: , Booster: Yes / No

GP Name:

Telephone No:

Form Completed By:

Signature:

Date:

Cc: patient

Appendix six: Letter to Patient re-Re-Vaccination

Dr J Baharani	0121 424 1078
Dr V Suresh	0121 424 2157
Dr H C Rayner	0121 424 2158
Dr R M Temple	0121 424 2157
Dr M Thomas	0121 424 3156
Dr I Dasgupta	0121 424 2158
Dr R Rasheed	0121 424 2157
Dr B Ajayi	0121 424 2157
Dr S John	0121 424 1078

Kidney Failure Support Team 0121 424 2677

FAX: 0121 424 1159

Date _____

Dear Patient

It is recommended by NHS England that all patients with chronic renal failure are vaccinated against Hepatitis B.

Unfortunately your recent course of vaccination and booster have not been successful which means you are not immune to Hepatitis B. We therefore need to repeat the course.

We have sent a letter to your GP requesting a repeat vaccination course.

Please contact your GP surgery for an appointment on receipt of this letter.

The vaccinations are usually administered by the Practice Nurse.

You will need another course of 4 injections over a period of 6 months. After your first vaccination the Practice Nurse will arrange the follow up appointments.

If you have any questions, please contact the Kidney Failure Support Team on 0121 424 2677.

Yours Sincerely

Kidney Failure Support Team

Appraising a Clinical Guideline / Protocol / Procedure

All guidelines must be appraised using this appraisal tool before submission to the Clinical Standards Committee for formal ratification (adapted from Appraisal of Guidelines Instrument, AGREE Collaboration, 2001).

The appraisal tool will be completed by the Clinical Guideline Lead and Author with the support and advice of the Clinical Governance Support Unit.

Please see the guidance on using the Appraisal Instrument for a more detailed user guide.

1. The overall objective(s) of the guideline is (are) specifically described.

Strongly Agree	4	3X	2	1	Strongly Disagree
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2.

2. The patients to whom the guideline is meant to apply are specifically described.

Strongly Agree	4X	3	2	1	Strongly Disagree
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3. The target users of the guideline are clearly defined.

Strongly Agree	4X	3	2	1	Strongly Disagree
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4. The health benefits, side effects and risks have been considered in formulating the recommendations.

Strongly Agree	4X	3	2	1	Strongly Disagree
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5. The recommendations are specific and unambiguous.

Strongly Agree	4	3X	2	1	Strongly Disagree
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6. The different options for management of the condition are clearly presented.

Strongly Agree	4X	3	2	1	Strongly Disagree
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7. Key recommendations are easily identifiable.

Strongly Agree	4	3X	2	1	Strongly Disagree
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8. The guideline presents key review criteria for monitoring and audit purposes.

Strongly Agree	4	3X	2	1	Strongly Disagree
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9. There is an explicit link between the recommendations and the supporting evidence.

Strongly Agree	4	3X	2	1	Strongly Disagree
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10. A timescale for reviewing the guideline is provided.

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.

Strongly Agree	4X	3	2	1	Strongly Disagree
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11. The guideline was consulted with individuals from all the relevant professional groups.

Strongly Agree	4	3X	2	1	Strongly Disagree
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A & E	<input type="checkbox"/>
Acute Medicine	<input type="checkbox"/>
Anaesthetics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Elderly Care	<input type="checkbox"/>
ENT	<input type="checkbox"/>
Facilities	<input type="checkbox"/>
Formulary Working Group	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>
Infection Control	<input type="checkbox"/>
Infectious Diseases	<input type="checkbox"/>
ITU	<input type="checkbox"/>
Laboratory Medicine	<input type="checkbox"/>
Matrons	<input type="checkbox"/>
Obstetrics and Gynaecology	<input type="checkbox"/>

Guidelines for the Promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease.

Oncology/Haematology	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>
Pre-operative Assessment	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>
Radiology	<input type="checkbox"/>
Renal	<input checked="" type="checkbox"/> X.....
Respiratory Medicine	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>
Theatres	<input type="checkbox"/>
Therapies (Dietetics, Speech and Language, Occupational Therapy, Physiotherapy)	<input type="checkbox"/>
Thoracic Surgery	<input type="checkbox"/>
Trauma & Orthopaedics	<input type="checkbox"/>
Urology	<input type="checkbox"/>
Age Discrimination check	<input type="checkbox"/>
Other	<input type="checkbox"/>

SCORE =

35

(NB a score of at least 33 must be obtained before formal approval by the Clinical Standards Committee can be obtained)

Title of Guideline: Guidelines for the promotion of Hepatitis B Vaccination for patients with Chronic Kidney Disease

Directorate: Renal

Clinical Guideline Lead: Annette Dodds

Date of Appraisal: 30/09/14

