

- are unprotected for hepatitis B;
- will minimise exposure to blood and body fluids;
- understand the management in the event of exposure includes hepatitis B immunoglobulin with 72 hours of parenteral or mucosal exposure to HBV, and;
- will comply with the hepatitis B risk management requirements in Appendix 2 *Risk Management Framework (RMF) under CE Discretionary Power*.

Persistent hepatitis B non-responders (as specified in the online edition of *The Australian Immunisation Handbook*) are to be considered compliant with the policy and do not require a CE exemption, but must be managed in accordance with the *Risk Management Framework (RMF) under CE Discretionary Power (Appendix 2)*.

The NSW Health agency must ensure that detailed information is provided to employees regarding the risk of infection from the infectious disease(s) against which the worker is not protected, the consequences of infection, and management in the event of exposure. This information should be recorded in VaxLink.

The worker must provide a declaration as detailed in the *Undertaking/Declaration Form* (Appendix 6), as appropriate, stating that he/she understands and accepts this information and agrees to comply with the protective risk measures that the NSW Health agency requires.

Refer also to Section 10 *Costs*.

6 AGE APPROPRIATE HEPATITIS B VACCINATION SCHEDULE

Evidence of a 'history' of hepatitis B vaccination may be a record of vaccination or a verbal history. Where a record of vaccination is not available and cannot be reasonably obtained, a verbal history of hepatitis B vaccination must be accompanied by a *Hepatitis B Vaccination Declaration* (Appendix 9) and the appropriately trained assessor must be satisfied that an 'age appropriate' complete vaccination history has been provided. The vaccination declaration should include details when the vaccination course was administered, the vaccination schedule and why a vaccination record cannot be provided. The assessor must use their clinical judgement to determine whether the hepatitis B vaccination history and serology demonstrate compliance and long term protection.

The National Health and Medical Research Council recommend the following 'age appropriate' hepatitis B vaccination schedules:

6.1 Hepatitis B vaccination schedules

6.1.1 Adult hepatitis B vaccination schedule

A full adult (≥ 20 years of age) course of hepatitis B vaccine consists of 3 doses as follows:

- a minimum interval of 1 month between the 1st and 2nd dose, and;
- a minimum interval of 2 months between the 2nd and 3rd dose, and
- a minimum interval of 4 months (or 16 weeks) between the 1st and 3rd dose

That is, either a 0, 1 and 4 month or a 0, 2 and 4 month interval schedule is an acceptable 3-dose schedule for adults.

A hepatitis B vaccination record of doses administered before July 2013 at 0, 1 and 3 months should also be accepted as the recommended vaccination schedule at this time.

Note that while the minimum intervals are stated, longer intervals between vaccine doses are acceptable as stated in the online *Australian Immunisation Handbook*

An accelerated hepatitis B vaccination schedule must not be accepted.

6.1.2 Adolescent hepatitis B vaccination schedule

The National Health and Medical Research Council recommends that an adolescent age-appropriate (11-15 years) hepatitis B vaccination course consists of two doses of adult hepatitis B vaccine administered 4 to 6 months apart and is acceptable evidence of an age-appropriate vaccination history.

6.1.3 Childhood hepatitis B vaccination schedule

A childhood hepatitis B vaccination schedule (using paediatric vaccine) for persons vaccinated <20 years of age consists of:

- a minimum interval of 1 month between the 1st and 2nd dose, and;
- a minimum interval of 2 months between the 2nd and 3rd dose, and
- a minimum interval of 4 months (or 16 weeks) between the 1st and 3rd dose

A 3-dose schedule provided at minimum intervals at either 0, 1, 4 months or 0, 2, 4 months is acceptable. For example, those who have received a 3-dose schedule of hepatitis B vaccine (often given overseas) at birth, 1–2 months of age and ≥6 months of age are considered fully vaccinated. Refer to the current edition of the online *Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.

7 SEROLOGICAL TESTING

Serological testing is *only* required as follows:

- Evidence of hepatitis B immunity (anti-HBs) following vaccination at least 4-8 weeks following completion of the vaccination course and provided as a numerical value. Workers with hepatitis B markers of infection (i.e. HBcAb or HBsAg) are regarded as compliant with the policy requirements for hepatitis B.
- Where there is an uncertain history of completion of a two-dose course of MMR vaccination for those born during or after 1966, the worker may have serology performed or complete a two-dose course of vaccination.
- Where there is a negative/uncertain history of completion of prior VZV vaccination course, the worker may have pre-vaccination serology performed or complete a two-dose course of vaccination. The online *Australian Immunisation Handbook* does not recommend testing to check for seroconversion *after* a documented appropriate course of varicella vaccination. Commercially available laboratory