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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Letter
General Circular No. 02-141/2019

DDG / National Hospital of Sri Lanka,
Provincial / Regional Directors of Health Services,
Heads / Directors of Health Institutions,
Directors of Teaching Hospitals, Provincial & District General Hospitals,
Directors of Specialized Campaigns/Units,
Medical Superintendents of Base Hospitals, Other Divisional Hospitals,

Provision of Hepatitis B Vaccination to Oncology patients

Globally it has been recognized that cancer patients are at higher risk of getting active Hepatitis B infection due to many reasons. A similar increase has been observed in Sri Lanka in the recent past. The following facts could be the possible explanations for this higher incidence of Hepatitis B among oncology patients.

1. Cross infection during ward stays
    a. Oncology patients need frequent IV access – for blood tests, for IV infusions.
    b. Their bleeding tendency is high due to delayed clotting mechanism.
    c. Difficulties in maintaining optimum inward infection control practices due to an inadequate number of nursing staff and overcrowding of the oncology wards lead to an increased chance of horizontal transmission of the infection.
2. Re-activation of dormant Hepatitis B is possible due to their immune-compromised state.
3. Iatrogenic immune suppression leads to increased susceptibility for chronic Hepatitis B virus infection.

By providing Hepatitis B vaccine to the oncology patients following benefits could be expected.

1. Can prevent acquiring Hepatitis B infection in Oncology patients who are at higher risk.
2. Can reduce the Hepatitis B chronic carrier state among the oncology patients.
3. Can avert the cost for treatment of chronic hepatitis B and its complications as many require lifelong treatment.
4. Can prevent the spread of Hepatitis B to close contacts.

Considering the above facts the following recommendations are made for the oncology patients.

1. **Mandatory vaccination of Hepatitis B, once the oncological diagnosis is confirmed. Preferably the first dose of the Hepatitis B vaccine should be given before the commencement of chemotherapy.**
    a. Three dose schedule to be given as 0, 1 month, 6 months.
    b. Standard normal dose – adults 1ml [for children and adolescents (up to 19 years) 0.5ml], Intra Muscular (IM) route.
    c. <u>If facilities available,</u> check for antibody levels after 6 weeks from the third dose. If the Hepatitis B antibody titre is less than 10 mIU/ml, discuss with a Virologist/Microbiologist on further management.
    d. Vaccines have to be administered at the Hospital Immunization Clinic or OPD.
    e. Recommended cold chain maintenance activities need to be carried out. (This is a freeze sensitive vaccine)
    f. Need to assess the Hepatitis B vaccination status of the close contacts. If not protected for Hepatitis B, take necessary measures to provide Hepatitis B vaccine to the close contacts of the Hepatitis B diagnosed oncology patients.
    g. Records relevant to the provision of Hepatitis B vaccination need to be maintained in the hospital (including adverse events following immunization (AEFI))
    h. It is essential to provide a follow-up plan for the completion of Hepatitis B vaccination (second and third doses) to the patient.
    i. It is the responsibility of the head of the institute to estimate and order the required amount of vaccines, making them available all the time, cold chain management and other logistic requirements.
2. **<u>If facilities available,</u> Hepatitis B surface Antigen and Hepatitis B Core total antibody screening tests should be carried out after the first dose of the vaccine.**
    a. If either of this or both tests are positive – withhold subsequent vaccinations for the oncology patient. Refer the person to a Gastroenterologist/VP/Virologist/ Microbiologist to assess the Hepatitis B status.
    b. If both are negative - continue with rest of the vaccination.

3. **Children with the confirmed oncological diagnosis –** check the documented evidence of Hepatitis B vaccination. In case of no evidence or incomplete evidence, screen with Hepatitis B surface antibody titer and consider completion of the schedule or booster dose accordingly.

Further, it is recommended to improve and periodically evaluate the knowledge, attitudes and practices on universal precautions and the infection control measures among the hospital staff.

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Dr Anil Jasinghe

Director General of Health Services

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