

**Patient
Information**

Vaccination against Hepatitis B for renal patients

Introduction

This leaflet will explain why you are being offered the Hepatitis B vaccine.

Patients with chronic kidney disease are at an increased risk of Hepatitis B virus infections due to the increased exposure to blood and blood products. All donated blood is tested for Hepatitis B. However, the Department of Health recommends that all patients with kidney failure are vaccinated against the virus.

During dialysis, steps are taken to make sure there is minimum exposure to infection and blood borne viruses. To get the best protection against the Hepatitis B virus our patients are vaccinated before starting dialysis. The renal team will tell you when it is time to start the vaccination programme and will be involved in giving the vaccine.

What is Hepatitis B

Hepatitis B can be a life-threatening viral disease transmitted through body fluid. People who have contracted Hepatitis B do not show any symptoms at first. A person can go on to become a carrier of the viral disease with the risk of infecting others and of developing long-term liver disease or even liver cancer.

Benefits of being vaccinated against Hepatitis B

The vaccination will boost the production of antibodies so that your body is prepared to fight the virus if it enters the blood stream. The vaccination also stops the disease spreading and causing a risk to others. It is important to remember that you must complete the full vaccination course and have any boosters to make sure that you are fully protected. Not everyone will respond to the vaccination and it may have to be repeated.

Reference No.

GHPI0783_12_22

Department

Renal Services

Review due

December 2025

**Patient
Information**

How is the vaccination given?

A course of 4 injections will be given into the upper part of your arm, over a period of 6 months. Your nurse will give you the dates for your injections.

It is harder for a patient suffering from kidney failure to produce antibodies. For this reason, you will need a slightly higher dose than most people. Some patients with kidney diseases may need a further booster if they do not produce antibodies and others may need the full course repeating. There are also some patients which may not respond to the vaccine at all.

We will measure your antibody response to the vaccine by doing a simple blood test and will let you know if the vaccine has worked. You will be advised if further doses of the vaccine are needed.

If immunity is achieved after your course of injections, you will then be tested annually, and a booster injection of the vaccine given if needed.

Does the vaccine have any side effects?

As with any vaccine or medication, there will be some people who have a reaction or suffer side-effects. The most common side effects are tenderness, redness, pain or swelling at the site of the injection or a mild fever. These side effects will only last a few days. If you are concerned, please contact your GP or the Renal Specialist Nurses on the number at the end of this leaflet.

Will having the vaccination affect my other treatments?

Having the Hepatitis B vaccination will not affect other treatments, nor will it delay dialysis, if starting therapy is considered necessary. Furthermore, the vaccination will not affect your position on the transplant list.

**Patient
Information**

Contact information

Renal Specialist Nurses

Gloucester Royal Hospital

Tel: 0300 422 6761

Monday to Friday, 8:00am to 4:00pm

Further information

Patient - Health Information

Website: www.patient.co.uk

GOV.UK

Website: www.gov.uk/government/collections/hepatitis-b-guidance-data-and-analysis

Centres for Disease Control and Prevention

Website: www.cdc.gov/hepatitis/B/

Hepatitis B Vaccination Record

Name	
Date of Birth	
MRN number	

Allergies	
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Vaccine	Dose	Interval months
Engerix B	2 x 20mcg/1ml 4 double doses (2 x 20 micrograms) at 0, 1, 2 and 6 months after the first dose	0, 1, 2, 6

Immunity response:

- Aim for antibody blood levels greater than 100mIU/mL
- Repeat full course of injections if less than 10mIU/mL
- Booster injection if between 10-100mIU/mL

Patient
 Information

First Course

Vaccine	
Dose	

No.	Month	Date	Batch	Signature
1	0			
2	1			
3	2			
4	6			

Check immunity blood levels 8 weeks after last injection

Antibody levels	
Date	

Second Course (if needed)

Vaccine	
Dose	

No.	Month	Date	Batch	Signature
1	0			
2	1			
3	2			
4	6			

Check immunity blood levels 8 weeks after last injection

Antibody levels	
Date	

Comments

Date	Comments

**Patient
Information**

Annual follow up

- Check antibody level
- Booster if < 100mIU/mL
- If booster was needed, check immunity 8 weeks post booster dose

Date of antibody level	
Result of antibody level	
Vaccine	
Dose	
Date of 8-week post antibody level	
Post vaccine antibody level result	

Date of antibody level	
Result of antibody level	
Vaccine	
Dose	
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**Patient
Information**

Date of antibody level	
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Content reviewed: December 2022

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>