NSW Health

Neonatal Hepatitis B Prevention and Vaccination Report

1 January 2002 to 31 December 2022

Neonatal Hepatitis B Prevention and Vaccination Report - 1 January 2002 to 31 December 2022

NSW Health Policy Directive PD2023_032 Neonatal and Infant Hepatitis B Prevention and Vaccination Program specifies the requirements for neonatal hepatitis B prevention and vaccination. Quarterly data are added as they become available, noting that data are delayed to allow for the follow up of infants born to mothers with hepatitis B at 9 months of age, 3 months after completion of the hepatitis B vaccination course. The data presented below are sourced from Local Health Districts (LHDs) for public and private hospitals.

Reporting Period	Number of women Confined	Number of women screened	Proportion of women screened	Number of women HBsAg+	Number of all neonates born to HBsAg+ women	Number of all neonates who received HBIG	Number of all neonates who received HBIG within 12 hours of birth	Proportion received HBIG within 12 hours	Number of all neonates more than 3 months overdue for vaccine	Number of all neonates lost to follow up	Number of all neonates who did not receive birth dose hepatitis B vaccine
2002	82,240	80,193	97.5%	630	713	700	686	96.2%	72	50	2,293
2003	85,087	83,608	98.3%	667	666	661	647	97.1%	142	84	5,540
2004	78,678	77,250	98.2%	569	573	563	550	96.0%	75	26	5,078
2005	84,483	83,012	98.3%	549	553	542	520	94.0%	96	25	4,695
2006	86,337	84,783	98.2%	581	578	557	527	91.2%	52	36	5,371
2007	88,912	87,222	98.1%	752	756	744	738	97.6%	40	64	5,460
2008	93,935	92,489	98.5%	670	672	670	664	98.8%	39	49	5,812
2009	97,848	96,586	98.7%	735	736	731	725	98.5%	38	51	5,460
2010	91,285	90,017	98.6%	657	664	660	653	98.3%	42	48	4,940
2011	94,945	93,683	98.7%	702	702	699	695	99.0%	35	62	5,192
2012	98,068	96,782	98.7%	757	757	744	738	97.5%	34	49	4,576
2013	94,870	93,678	98.7%	696	696	690	683	98.1%	23	36	4,776
2014	95,585	94,500	98.9%	731	739	737	732	99.1%	32	38	4,480
2015	93,919	92,753	98.8%	685	677	673	670	99.0%	38	29	4,420
2016	96,180	94,513	98.3%	692	696	689	687	98.7%	28	20	4,519
2017	93,642	92,506	98.8%	643	642	642	639	99.5%	18	21	5,022
2018	94,260	93,054	98.7%	549	551	551	547	99.3%	19	21	5,010
2019	93,977	93,181	99.2%	549	547	547	544	99.5%	8	18	4,905
2020	91,058	90,545	99.4%	454	461	457	453	98.3%	10	7	5,172
2021	97,593	96,960	99.4%	438	440	440	439	99.8%	10	5	5,269
2022	90,490	89,771	99.2%	323	324	324	323	99.7%	14	16	5,925

Sources - Neonatal Hepatitis B Vaccination Program Database, NSW Health. Data are from public and private services.

*1 January 2022 and 31 December 2022 (the most recent period for which data are available).

Methods

Process: Data collation

NSW Health Policy Directive Rescinded policy PD2017_036 Neonatal Hepatitis B Prevention and Vaccination Program* required:

- Hospital Coordinators from public and private hospitals to collate data about births and send the data to their Local Health District (LHD) Immunisation Coordinator monthly and
- LHD Immunisation Coordinators to collate data about births in their area and send the data to the NSW Health Immunisation Unit on a quarterly basis.

Data are delayed to allow the follow up of infants at 9 months of age.

Commentary

The hepatitis B virus can cause long term liver disease such as cirrhosis of the liver and cancer. Infants who become infected with hepatitis B have a 90% chance of developing a lifelong chronic infection. Hepatitis B is very infectious and can easily spread, including through an infected mother passing it to her baby at birth. More information about hepatitis B is available on the NSW Health website at health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx

To protect infants:

- all pregnant women should have a blood test for hepatitis B.
- all infants (regardless of hepatitis B status) should be given hepatitis B vaccine at birth (or within 7 days of life) followed by a further three doses of hepatitis B vaccine at 6 weeks, 4 months, and 6 months of age.
- all infants born to mothers with hepatitis B should be administered hepatitis B immunoglobulin within 12 hours of birth to provide added protection.
- all infants born to mothers with hepatitis B and a high viral load (>200,000 or 5.3 $\log_{10}$ IU/mL) require a follow-up blood test, 3-12 months after completion of their primary hepatitis B vaccination course to check if they are protected.

Between 1 January 2022 and 31 December 2022:

- The overall proportion of women screened for hepatitis B surface antigen (HBsAg) in NSW was 99.2 %. This represents a significant increase from 97.5% reported in 2002.
- The overall proportion of all neonates born to mothers with hepatitis B in NSW and who were administered hepatitis B immunoglobulin within 12 hours of birth was 99.7 %, a significant increase from 96.2% reported in 2002.

*This document has been rescinded and replaced with PD2023_032 Neonatal and Infant Hepatitis B Prevention and Vaccination Program Policy Directive..

Suggested citation: Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au. Accessed (insert date of access).

Produced by: Centre for Epidemiology and Evidence (http://www.health.nsw.gov.au/epidemiology/Pages/default.aspx), Population and Public Health Division, NSW Ministry of Health (http://www.health.nsw.gov.au/).