



Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division

Communicable Disease Control Directorate Guideline

Provision of Hepatitis A and B Vaccine to Adults in Western Australia at Risk of Acquisition by Sexual Transmission and/or Injecting Drug Use

Guideline 0032 / July 2024

These guidelines have been released by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, Western Australian Department of Health, to provide consistent and evidence informed advice to agencies involved in the prevention of infections and management of communicable diseases in Western Australia.

ACKNOWLEDGEMENT OF COUNTRY AND PEOPLE

The Communicable Disease Control Directorate at the Department of Health acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

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1. Acronyms

Term	Acronym
Communicable Disease Control Directorate	CDCD

2. Purpose

The purpose of this Guideline is to clarify the appropriate use and access to WA Department of Health funded hepatitis A and B vaccines that can be offered to eligible populations.

3. Requirements (of the Guideline)

3.1 Eligible populations for WA Department of Health funded hepatitis A and/or B vaccines

Communicable Disease Control Directorate (CDCD) funds hepatitis A and/or B vaccines for the following groups of people who are at increased risk of acquiring these infections by sexual transmission and/or injecting drug use:

- men who have sex with men
- people who inject drugs
- sex industry workers
- people living with HIV, chronic hepatitis B or C infection or chronic liver disease
- people newly notified with hepatitis C (newly acquired or chronic/unspecified) or hepatitis B (newly acquired or chronic/unspecified).

The Department of Justice funds hepatitis A and B vaccines for people in corrective facilities; this group is not eligible for WA Department of Health funded vaccines. People in corrective facilities are recommended to receive vaccination due to their increased risk of hepatitis B infection.

3.2 Serological testing for immunity

3.2.1 Serological testing before hepatitis A vaccination

Serological testing for immunity to hepatitis A is not recommended before receiving hepatitis A vaccine.

It is not appropriate to test people who cannot remember whether they have ever had a hepatitis A vaccine. If a person is recommended for vaccination and has no records of previous vaccination, they should receive a vaccine. It is not harmful to vaccinate a person who is already immune to hepatitis A.

However, serological testing before hepatitis A immunity may be helpful for certain groups of people listed below to avoid unnecessary vaccination in individuals with natural immunity:

- people who were born before 1950
- people who spent their early childhood in hepatitis A–endemic areas
- people with an unexplained previous episode of hepatitis or jaundice.

3.2.2 Serological testing before hepatitis B vaccination

People at higher risk of hepatitis B are recommended to have serological testing for hepatitis B before vaccination

Serological testing for hepatitis B virus infection before vaccination may be warranted for some adolescents and adults at increased risk of acquiring hepatitis B virus infection, such as:

- people who inject drugs
- sex industry workers
- people living in communities with higher prevalence of hepatitis B, including migrant communities, and Aboriginal and Torres Strait Islander people
- people who are immunocompromised.

Pregnant women are also recommended to be screened for HBsAg if their hepatitis B immune status is unknown.

Serological testing of people at higher risk:

- allows people with hepatitis B to receive appropriate clinical management
- prevents onward transmission, which reduces the population impact of hepatitis B
- identifies people who are susceptible to hepatitis B virus infection so that they can be offered vaccination.

If there are concerns about the likelihood of the patient re-presenting to begin the vaccination series after serological testing for hepatitis B, it is permissible to offer the first dose of vaccine at the same time that a serum sample is collected. This is because there are no safety issues caused by vaccinating persons who are already immune to or chronically infected with hepatitis B virus. Likewise, if serological testing is declined by the patient, or not feasible due to the clinical care environment, it is still permissible to offer the hepatitis B vaccination series to persons at higher risk who have not been serologically tested because there are no safety issues created by vaccinating persons who are already immune or chronically infected with hepatitis B virus but there is significant benefit in protecting a non-immune, higher risk individual.

3.3 Providing funded hepatitis A and B vaccines

3.3.1 Public health units and non-for-profit organisations authorised to order and administer hepatitis A and hepatitis B vaccines

In WA, some organisations are authorised to order WA Department of Health funded vaccines for the above risk groups. These include Public Health Units that provide clinical services, Next Step Drug and Alcohol Services and some non-for-profit organisations that have a high proportion of clients in the above risk groups. To seek approval to be an authorised organisation, see Section 3.3.3.

3.3.2 General practitioners

General practitioners who diagnose a new case of hepatitis C or a new case of hepatitis B may provide hepatitis A and/or B vaccination funded by the WA Department of Health. The provision of vaccine is facilitated by [the local public health unit](#) which upon identification of new cases, sends the diagnosing practitioner a letter informing them how to order WA Department of Health funded vaccines.

General practitioners who diagnose a new case of HIV may provide hepatitis A and/or B vaccination funded by the WA Department of Health. The provision of vaccine is facilitated

by CDCD which upon identification of new cases, sends the diagnosing practitioner a letter informing them how to order WA Department of Health funded vaccines.

Although billing practices remain at the discretion of individual immunisation providers, it is expected that a consultation directly related to the vaccine administration under this program **does not** result in a cost to the patient.

3.3.3 Others

Other not-for-profit organisations with a high proportion of clients in the above risk groups may apply to CDCD for authorisation to provide WA Department of Health funded hepatitis A and/or B vaccines. Applications should include written evidence of the organisation's not-for-profit status, demonstrate an appropriate structure for clinical and financial governance and be emailed to vaccineorders@health.wa.gov.au.

4. Relevant Legislation

- [Public Health Act 2016](#)
- [Australian Immunisation Register Act 2015](#)
- [Medicines and Poisons Act 2014](#)

5. Additional Resources

- [Australian Government Fourth National Hepatitis B Strategy 2023–2030](#)
- [The Australian Immunisation Handbook](#)
- [Department of Health Western Australian Hepatitis B Strategy 2019-2023](#)

6. Guideline Contact

Enquiries relating to this Guideline may be directed to:

Sexual Health and Blood-borne Virus Program

Communicable Disease Control Directorate

Email: shbbvp@health.wa.gov.au

7. Document Control

Guideline number	Version	Published	Review Date	Amendments
0032	V.1.	23/07/2024	01/07/2026	Original version

8. Approval

Approved by	Dr Paul Effler A/Director Communicable Disease Control Directorate, Department of Health
Approval date	18/07/2024

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