**Information for Foster Carers about Hepatitis B (HBV)**

It is in everyone’s interests that all our Foster Carers remain as healthy as possible.

The corporate parenting responsibilities of local authorities include having a duty under section 22(3) (a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues which may have a detrimental impact upon their health and well-being.

Hepatitis B is a blood borne disease : Blood borne diseases are infectious agents carried in the blood and which are spread through direct contact with the blood and other body fluids of an infected person. The virus can cause a range of symptoms and diseases, some of which can be severe. These include HIV, Hepatitis B and C and syphilis.

It is rare, a child may be placed where we have no knowledge of a pre-existing infection that the child carries. However , some children requiring fostering may have been at increased risk of acquiring hepatitis B infection.

Emergency placements may be made within a few hours. **All short-term foster carers who receive emergency placements (and their families) should be offered immunisation against hepatitis B. Permanent foster carers (and their families) who accept a child known to be at high risk of hepatitis B should also be offered immunisation. It is good practice for all foster carers to have Hep B immunisation.**

Advice published by Coram British Association for Adoption & Fostering states that, as a sensible precaution, foster carers in particular who have emergency placements should consider protecting themselves against the risk of contracting Hepatitis B infection.

This does not replace general measures for preventing any infection e.g.: Hand washing

**What is Hepatitis B?**

Hepatitis B virus is a one of blood borne viruses (Hepatitis B, C and HIV) that causes inflammation of the liver, which can result in liver cell damage that may lead to scarring of the liver (cirrhosis) and increased risk of liver cancer in some people.

The risk of liver cancer is much higher in children infected at birth. Unlike individuals infected in later life where 90 – 95% clear the virus completely, 90% of infants infected at birth do not clear the virus and are at risk of the long-term problems described above.

**Hepatitis B is much more easily transmitted than other infections by blood borne routes. A small proportion of people with HBV are infectious. HBV is the only blood borne virus which can be prevented by immunisation.**

**Transmission of HBV**

* From mother to child at delivery
* The risk of mother to child transmission of HBV is 20-90%
* Through unprotected sexual intercourse with an infected person or through sexual abuse
* Through sharing contaminated needles, syringes or other equipment during intravenous drug use, or needle stick injury
* Through a blood transfusion in a country where blood donations are not screened for HBV (all UK donations are screened)
* By invasive medical/dental treatment abroad using non-sterile instruments/ needles which may be a particular concern abroad. Other less common routes by which the infection may be spread are:
* From non-sterile equipment used for tattooing and cosmetic piercing
* By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person
* There are rare reports of transmission of HBV between people living in the same house. These reports relate to individuals who are highly infectious. Unless someone is highly infectious, HBV is not spread by social contact and daily activities, e.g. coughing, sneezing, kissing, holding hands or sharing bathrooms, swimming pools, toilets, food, cups, cutlery and crockery.

**What do I have to do to get the vaccination?**

The immunisation is delivered in 3 doses.

1st dose.

2nd dose given in week 4.

3rd dose given at 6 months.

This can be accessed by contacting your GP. If your GP practice has charges for the vaccination contact your social worker to arrange payment. It is advised that the vaccination will need to be repeated after 5 years.

Further References:

* British Agencies for Adoption and Fostering. Practice Note 53. Guidelines for the testing of looked after children who are at a risk if a blood borne infection 2008
* Centres for Disease Control & Prevention – http://www.cdc.gov
* Immunisation against infectious disease: the green book Department of health
* Department of Health (2005) Children in Need and Blood-borne Infections: HIV and Hepatitis HMSO, London
* <http://www.nhs.uk/Conditions/vaccinations/Pages/hepatitis-b-vaccine.aspx?tabname=Adults>

**To be completed by Foster Carer and Social Worker:**

I sign to say that I have read and understood the information and advice given to access Hepatitis B vaccination in my role as a foster carer.

**Name of Foster Carer: …………………………………………………………………………………………………….**

**Signature of Foster Carer: ……………………………………………………………………………………………….**

**Date**: ………………………………………………………………………………………………………………………………

**Yes I plan to have the vaccination No I don’t plan the have the vaccination**

I sign to say that I have explained and shared the information with the foster carer in relation Hepatitis B vaccination.

**Name of Social Worker: ………………………………………………………………………………………………..**

**Signature of Social worker: …………………………………………………………………………………………..**

**Date**: ………………………………………………………………………………………………………………………………