



27 October 2021

Dear Colleague,

Re: Advice for occupational health providers and university health services regarding hepatitis B immunisation in healthcare workers, laboratory workers and healthcare students, who are also receiving COVID-19 vaccination.

Immunisation against hepatitis B is recommended in all healthcare workers who have direct contact with blood and body fluids of patients. It is important that, in addition to measures to avoid exposure, healthcare and laboratory staff and students are offered protection against hepatitis B.

Questions have arisen as to whether there needs to be a 7-day delay between hepatitis B vaccination for those who have recently received COVID-19 vaccination.

Recommendation

To avoid delay in protection, hepatitis B vaccination (and most other vaccines*) can be co-administered with COVID-19 vaccine on the same day or after any interval.

This is stated in [COVID-19 Chapter 14a of the Green Book: Immunisation against Infectious Disease:](#)

Although no data for co-administration of COVID-19 vaccine with other vaccines exists, in the absence of such data first principles would suggest that interference between inactivated vaccines with different antigenic content is likely to be limited (see Chapter 11). Based on experience with other vaccines any potential interference is most likely to result in a slightly attenuated immune response to one of the vaccines. There is no evidence of any safety concerns, although it may make the attribution of any adverse events more difficult. Similar considerations apply to co-administration of inactivated (or non-replicating) COVID-19 vaccines with live vaccines such as MMR. In particular, live vaccines which replicate in the mucosa, such as live attenuated influenza vaccine (LAIV) are unlikely to be seriously affected by concomitant COVID-19 vaccination.

As all of the early COVID-19 vaccines are considered inactivated (including the non-replicating adenovirus vaccine), where individuals in an eligible cohort present having recently received one or more inactivated or another live vaccine, COVID-19 vaccination should still be given. The same applies for most other live and inactivated vaccines where COVID-19 vaccination has been received first or where a patient presents requiring two or more vaccines. It is generally better for vaccination to proceed to avoid any further delay in protection and to avoid the risk of the patient not returning for a later appointment*

**The only exceptions to this are the shingles vaccines, where a seven day interval should ideally be observed. This is based on the potential for an inflammatory response to COVID-19 vaccine to interfere with the response to the live virus in the older population and because of the potential difficulty of attributing systemic side effects to the newer adjuvanted shingles vaccine.*

The recommended hepatitis B vaccine schedule is 0,1,2,12 months or 0,1,6 months depending on how rapidly protection is required. Where blood-borne virus clearance is required for their role, testing for anti-HBs should be done 1-2 months after completing the vaccine course. A single booster 5 years after completion of the primary schedule is no longer required in immunocompetent, healthy adults who have responded to the primary course.

If staff experience a significant occupational exposure (e.g. needlestick injury) they should seek urgent advice from their local occupational health service, preferably within 24 hours of exposure, for assessment for hepatitis B post exposure prophylaxis (PEP).

The hepatitis B immunisation schedule, assessment and indications for PEP including the accelerated vaccine schedule and need for hepatitis B immunoglobulin (HBIG) should be followed as per [Chapter 18, Hepatitis B of the Green Book](#).

Key points:

- Where indicated, hepatitis B vaccination should be given without delay to ensure protection.
- If an individual has recently received COVID-19 vaccination, hepatitis B vaccination can be safely administered at the same time or any interval after.
- If an individual has recently received hepatitis B vaccination, COVID-19 vaccination can be safely administered at the same time or any interval after.
- The precautionary recommendation for a 7-day interval between COVID-19 and all other vaccinations (except shingles) was removed several months ago.

Kind regards,



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Head of Immunisation, UKHSA



Prof Steven Nimmo
President of the Faculty of Occupational
Medicine

References/ Sources of information

Immunisation against Infectious Disease (the Green Book) Department of Health.
Hepatitis B Chapter 18

<https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>

Immunisation against Infectious Disease (the Green Book) Department of Health.
COVID-19 Chapter 14a

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Human Hepatitis B immunoglobulin specific for hepatitis B post-exposure
July 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815106/Human_hepatitis_B_immunoglobulin_specific-post_exposure.pdf

Integrated guidance for management of BBV in HCW

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf