LETTERS TO THE EDITOR

Hepatitis B boosters

Dear Sir,

The preponderance of papers on blood-borne viruses in the current issue of Occupational Medicine prompts me to express concern regarding advice of the Joint Committee on Vaccination and Immunisation (JCVI) in the most recent update of their ‘Green Book’ recommending that those who have mounted a satisfactory response to immunization receive a further booster 5 years following completion of the initial course [1].

They cite four papers, all of which indicate that, while the duration of protection of standard course is unknown, it would seem to be lengthy, lasting between 9–15 years. On this basis, the figure of 5 years seems to have been plucked out of thin air.

Of more relevance are the resource implications for Occupational Health departments who would have to cope with this additional workload. In 1990, Jachuck et al. [2] indicated that organizing a primary course of hepatitis B virus (HBV) vaccination required 16 h per 1000 employees at risk per week. Since doctors and nurses will likely be immunized during their undergraduate training, this burden will be less, but still not inconsiderable. Furthermore, while it is laudable to take steps to reduce the incidence of a serious, potentially lethal, disease if the principles of risk assessment are applied, then it is important that the effort applied should not be disproportionate to the size of the problem.

According to the Health & Safety Executive, in the 6.75 years to 25 October 2007, there have been a grand total of 20 cases of HBV infection in health care workers, notified through the Reporting of Injuries, Diseases and
Dangerous Occurrence Regulations 1995 system (D. Arlett, personal communication). It is not known how many of these had previously established immunity, but even allowing for a considerable degree of under-reporting it would not suggest that the problem is large. This is likely to be because protocols already exist to protect those who are at high risk of exposure to HBV as a result of needlestick injuries, for example [3].

Implementing the advice of the JCVI will require recalling large numbers of individuals who we have reassured over the past several years that they are adequately protected. The success of seasonal campaigns of influenza vaccination where the uptake rate has generally been below 25% does not fill me with much hope that our efforts will succeed. Time will be wasted and other important tasks, such as reducing sickness absence and ill-health retirement, by supervising the rehabilitation of those with more common health problems, will be left undone.

Christopher W. Ide
25, Riverside Road, Waterfoot, East Renfrewshire 6G76 0DQ, UK
e-mail: christopher_ide@yahoo.co.uk

References