

Problems associated with the introduction of HBsAg-positive children in day care centres

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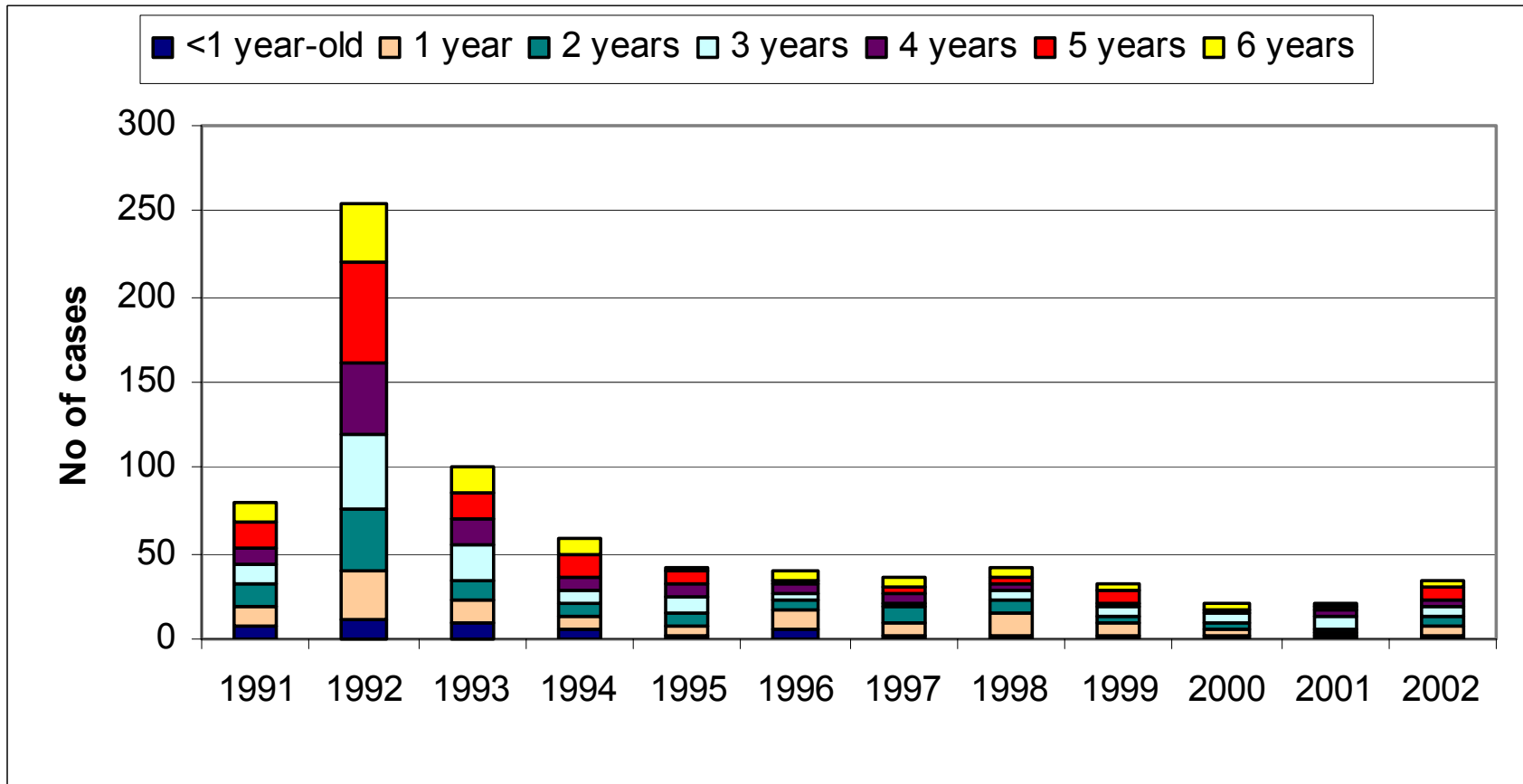
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Swedish National recommendations for HBsAg + children

Age	Day care	Vaccination
< 3 years	Family group	Staff and children
3-5 years	According to needs	?
> 5 years	No restriction	-

...so how big is the problem ?

Notified chronic HBV carrying children in Sweden



Data from Ragnhild Janzon, Swedish National institute for Infection Control

Acute HBV cases in Swedish children 1991-2002

33 cases, 6 infected in Sweden:

3 with foreign origin;

- 5 year-old infected in day care
- 1-year vertical
- 2-year unknown

3 with Swedish origin;

- 5 year-old sister (adopted carrier)
- 5 year-old unknown ? (step father chronic carrier)
- 3-year probably nosocomial

Data from Ragnhild Janzon, Swedish National institute for Infection Control

Implementation/ interpretation of Swedish National recommendations for HBsAg + children in 21 counties

<u>Vaccination</u>	<u>Family group</u>	<u>Kindergarten</u>
Always, whole group	12	2
" , limit to ward		8
Carrier 2-5 years old	6	11
No vaccination	1	
No answer	2	

Insulander, Meeuwisse and Holmberg, unpublished data 2001

Where is the consensus ?

Information a prerequisite

Information by medical professionals after informed consent from parents, but...

Child has the right to remain anonymous

Information to

- Staff
- Other parents

Which means ...

If you are lucky...

30 children

times

2 meetings (evenings of course)

times

2 hours for meeting and 2 hours for travel

times

salary for 1-2 medical staff

Sum:

at least 240 hours = 6 working weeks = 110.000 KrSEK =

vaccine doses for > 200 children,

that is before vaccination even has started !

Comments and questions from staff

- What about my own children ?
- Is the vaccine effective ?
- What if I 'm a non-responder ?
- Is the vaccine safe ?
- I refuse to work with this !

Questions from parents

The carrier should be anonymous, but...

- If a new (foreign) child is introduced – who can it be ?
- Why vaccinate my child ?
- Why NOT vaccinate all children – the play together outdoors ?
- Should neighbours and relatives be vaccinated ?
- Is the vaccine effective ?
- Is the vaccine safe ?
- Why no antibody test ? How can you know that my child is protected ?

- Etc...

Are all HBV-carriers treated equal ? Offered vaccination ?

Immigrants and refugees

Adopted

Consequences

Waiting for information and vaccination

No day care

Mobbing

- in day-care
- from neighbours

some families have been forced to move...

Possible solutions

1

Universal childhood vaccination !

Less relevant options

- Rely on screening
 - In maternity care
 - Of refugees
- Vaccination of small family units, geographically spread, beforehand

Worst option

- The way it is now...aren't we part of the international community`?