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

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# Swedish National recommendations for HBsAg + children

<table>
<thead>
<tr>
<th>Age</th>
<th>Day care</th>
<th>Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 years</td>
<td>Family group</td>
<td>Staff and children</td>
</tr>
<tr>
<td>3-5 years</td>
<td>According to needs</td>
<td>?</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>No restriction</td>
<td>-</td>
</tr>
</tbody>
</table>

...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

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Family group</th>
<th>Kindergarten</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always, whole group</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>”, limit to ward</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Carrier 2-5 years old</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>No vaccination</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Insulander, Meeuwisse and Holmberg, unpublished data 2001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?”