

# Hepatitis B vaccination uptake in homosexual men attending genitourinary medicine clinics

## A draft survey protocol for consultation

A draft survey protocol prepared by Dr G Hughes of the Communicable Disease Surveillance Centre (CDSC) on behalf of the Sexual Health and HIV Strategy Targets Monitoring Consultation Group<sup>i</sup>

### *Background and rationale*

One of the Department of Health (DH)'s Sexual Health and HIV Strategy targets is to increase the uptake of hepatitis B vaccine among homosexual and bisexual men.<sup>1</sup> The specific targets are:

- All homosexual and bisexual men attending GUM clinics to be offered hepatitis B immunisation at their first visit by the end of 2003;
- Uptake of the first dose of the vaccine, in those not previously immunised, to be 90% by the end of 2006; and
- Uptake of the three doses of vaccine, in those not previously immunised, within one of the recommended regimens to be 70% by the end of 2006.

In order to support this, the DH is providing extra doses of hepatitis B vaccine free of charge to GUM clinics for the next three financial years (2002-2003 to 2004-2005). This initiative should help make substantial inroads into the un-immunised pool and increase the immunisation rate among first-time attenders.

The DH requires that these targets are routinely monitored. Current surveillance of GUM clinic attenders, based on the KC60 statistical return<sup>2</sup>, is unable to provide data for monitoring these targets because it only collects data on the total number of complete courses given to homosexual men. No data are collected on how many men were offered, were immunised already, received only a partial vaccination course or refused. Furthermore, the total number of homo/bisexual men attending clinics is not recorded, therefore, it is not even possible to calculate the percentage who received a full course of vaccine.

Following a successful pilot project in London and parts of south east England, the DH is funding a Programme of Enhanced STI Surveillance (ProgrESS) which aims to collect anonymised patient-based data from computerised GUM clinics throughout England. It is envisaged that this surveillance system would eventually replace the KC60 statistical return. The programme will be coordinated by CDSC. As part of this programme, the KC60 coding frame will be reviewed and modified, thus enabling the monitoring of hepatitis B vaccination targets as part of routine surveillance. However, enhanced data from ProgrESS are unlikely to be available within the next 2

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<sup>i</sup> Consultation group members: Dr A Robinson (Consultant in GU Medicine and President, MSSVD); Dr G Kinghorn (Consultant in GU Medicine and former President, MSSVD); Dr J Bingham (Consultant in GU Medicine and former Chairman, AGUM); Dr G Hughes (Clinical Scientist and Acting Head STI Section, CDSC); Dr M Ramsay (Consultant Epidemiologist, Immunisation Division, CDSC); Dr N Gill (Consultant Epidemiologist and Unlinked Anonymous Programme Manager, CDSC); Dr K Fenton (Consultant Epidemiologist, HIV and STI Division, CDSC); Ms C McGarrigle (Clinical Scientist, Behavioural Monitoring Unit, CDSC); Ms J Mortimer (Clinical Scientist, HIV and STI Division, CDSC); Dr P Mortimer (Consultant Virologist, CPHL); Ms Ruth Gilbert (Clinical Scientist, Prison Surveillance, CDSC).

years. In the interim period, a specific survey to monitor the hepatitis B vaccination uptake targets is proposed.

It is recognised that the workload of GUM clinics has risen substantially over the last 10 years<sup>3</sup> and that the introduction of additional monitoring programmes adds significantly to GUM clinics' administrative burden. For this reason, efforts have been made to keep the hepatitis B vaccination survey protocol as simple and as unobtrusive as possible. This draft protocol has been developed for the DH by CDSC in collaboration with clinical representatives from genitourinary medicine and the Central Public Health Laboratory (CPHL).<sup>i</sup> It is now being circulated on the Association of Genitourinary Medicine (AGUM) website for wider consultation with GUM clinicians.

Comments on the proposed Hepatitis B vaccination survey should be directed to Dr Gwenda Hughes, STI Section Head, PHLS CDSC, 61 Colindale Avenue, London NW9 5EQ; tel 020 8200 6868 ext 3423; [ghughes@phls.org.uk](mailto:ghughes@phls.org.uk). **All comments should be received by no later than Friday the 14<sup>th</sup> of June 2002.**

In addition, some minor revisions to the current KC60 form (to definitions rather than form structure) are being proposed as a short-term measure to further assist with monitoring the DH targets, including the collection of denominators for all of the targets. These revisions will be posted separately on the AGUM website for consultation.

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## *Hepatitis B vaccination survey protocol*

Each GUM clinic will complete one short form **only for all newly attending gay men**. The form will have two tear off slips: the first would record if either a) no vaccine is given, or b) the first dose is given. After completion, the top sheet of the first tear off slip would be returned to CDSC. The bottom copy with the rest of the form would be kept in the patient's case notes until he returned for subsequent doses. The second section would have a further two tick boxes for this patient: the first would record when he returned for his second dose and the third would record when he returned for his third dose. After the third dose had been given, the top sheet of the second tear off slip would be returned to CDSC. The second tear off slip would not be returned if the patient did not receive the third dose. The tear off slips would have no patient identifiable information but would be linked by a unique bar code/serial number. Small clinics would be expected to return slips to CDSC as they are completed and larger clinics in monthly batches. Clinics which do not currently have any mechanism for recording patient vaccination status could use the bottom copy of the form for this purpose. A draft form is shown in the Appendix.

This survey would be run continuously for two years or until disaggregated data is being routinely collected from all GUM clinics in England (through the proposed Programme of Enhanced STI Surveillance).

### *References*

1. Department of Health. The national strategy for sexual health and HIV. 1-53. 2001. Crown Copyright.
2. Hughes G, Paine T, Thomas D. Surveillance of sexually transmitted infections in England and Wales. *Eurosurveillance* 2001;**6**:71-81.
3. PHLS, DHSS & PS and the Scottish ISD D 5 Collaborative Group. Trends in Sexually Transmitted Infections in the United Kingdom, 1990 to 1999. 2000. London, Public Health Laboratory Service.

APPENDIX

**Survey of Hepatitis B Vaccination Uptake by Homo/bisexual Men attending GUM Clinics (Form HB1)**

**Instructions for completing form HB1**

Please complete form HB1 only for all **new homo/bisexual male patients** attending your clinic.

At the patient's first visit (or first visit after their serology result), please complete Section A by writing the date and ticking one box only. Then tear off the top sheet of section A and return to CDSC using the prepaid address slips provided.

Please complete Section B by ticking the appropriate boxes and completing the dates if the patient receives subsequent doses of vaccine. Once the patient has received the third (or final) dose of vaccine, please tear off the top sheet of Section B and return to CDSC using the prepaid address slips provided. Please do not return Section B if the third (or final) dose is not given.

The bottom copies of Sections A and B are for you to keep with the patient's notes for your records. You may want to record the **patient's ID number** in the box below:

Section B

**At subsequent visits by new patient** (or at first visit if patient received first dose at another clinic)

**Second dose of vaccine given** (please tick box)

Date:

**Third (or final) dose of vaccine given** (please tick box)

Date:

After completion of third dose please tear off the top sheet of Section B and return to: Hepatitis B Vaccine Survey Coordinator, PHLS CDSC, 61 Colindale Avenue, London NW9 5EQ

HB1 B



Section A

**At first visit by new patient** (or at first visit after their serology result)

Date:

Please tick only one box below:

**First dose of vaccine given**

**First dose not given because**

- Patient immune
- Patient vaccinated elsewhere
- Patient refused
- Other reason

After completing Section A please tear off the top sheet of Section A and return to: Hepatitis B Vaccine Survey Coordinator, PHLS CDSC, 61 Colindale Avenue, London NW9 5EQ

HB1 A



