

Information in English

RFHB

The Swedish National Association for Families with Hepatitis-B Infected Children

Common questions

1. What is hepatitis-B ?

Hepatitis-B is one of a number of viral infections that can cause jaundice. The virus occurs throughout the world.

Only some of those who have been infected develop any symptoms at all. A very few develop a chronic liver disease, which means that the virus can remain in the blood for a long period of time afterwards. Children seldom become ill. Those who have been infected at birth, however, run a high risk of becoming long-term carriers and can retain the virus for 10's of years. The transmission of the disease requires that blood from a person already infected somehow gets into the blood-stream of the "receiver" (through a cut or something similar).

Sexual contacts are known source of infection for adults.

2. Is hepatitis-B common?

The virus occurs over the entire world. It has been estimated that over 350 million people have been infected. Hepatitis - B infection is more common in most countries than it is in Sweden. It is estimated that there are about 15,000 persons infected in Sweden.

3. Vaccination?

A vaccine exists which is usually recommended to persons who are considered to run a continuous and long-term risk of infection. For example, children under the age of three have, through past experience, been shown to be at risk of infection for their own families. Family members are then offered the vaccine. The vaccine has also been shown to be effective if it is given a short time after there has been a possible chance of infection. Hepatitis - B comes within the jurisdiction of the Law on Infectious Diseases. This means, among other things, that family members have the right to free medical examinations and vaccination.

4. Public child-care?

The National Board of Social Welfare has, in response to the new law on infectious diseases, revised its previous general recommendations on hepatitis - B. These new general recommendations came into force during 1991. Most experts regard the risk for the spread of the hepatitis-B virus within the school and child-care systems to be insignificant. As a general rule, children who are over three-years-old and carry the virus, are allowed access to the child-care system after a medical examination (for younger children special arrangements are tried to be made.)

Good all-around hygiene and appropriate staff training can further reduce the risk of transferring the hepatitis-B virus. Therefore, vaccinating play-mates and/or the

personal is not usually recommended as a routine measure. But it can be resorted to if, in spite of everything, there has been a case of possible infection.

5. What happens afterwards?

Infection with hepatitis-B does not normally entail any restrictions in child's schooling or choice of vocation. When a carrier of hepatitis-B reaches puberty, the treating physician should provide information on the risk of sexual transmission of hepatitis-B

6. What about secrecy?

Information about examination results may not be given to anyone other than the patients or their legal guardians.

According to the Law on Infectious Diseases , a doctor must register a case of infection by hepatitis-B with the county doctor in charge of infectious diseases and with the Swedish National Bacteriological Laboratory.

7. What about hygiene?

Blood should always be regarded as infectious. Small amounts of blood can get onto toilet articles and for this reason they should never be lent out nor borrowed. Likewise the following rules should always be followed in the home:

- always bandage open sores
- always rinse a child's sores with cold water before using a disinfectant (chlorhexidine)
- always have a bag ready containing:

chlorhexidine (for use on skin)

chloramine-solution (for use on furniture and other fixtures)

disposable gloves

plastic bags

band-aids

cotton

moist towlette (containing chlorhexidine)

8. What if an accident occurs?

If an accident occurs and blood is drawn , then take the following steps. (Gloves should be worn when treating the victim) Try to stop the bleeding in as undramatic a manner as possible. Wash away the blood using soap and water. Be sure to put a proper bandage on even the smallest sores.

Pack any material contaminated with blood in plastic bags before throwing it in the dust-bin.

Machine-wash soiled clothing in as hot water as possible. Use gloves if the garment must be hand-washed. Blood on furniture or other fixtures is removed with a (1:10) solution of chlorine. (1 part chlorine to 9 parts water)

The Swedish National Association for Families with Hepatitis-B Infected Children has produced this brochure for its members with the financial support of the Swedish State Inheritance Found.

The association provides advice , assistance and information to those infected with hepatitis-B and their families.

RFHB works for the non-discrimination of those infected with HBV. We cooperate with other concerned organizations in order to achieve our goals.

All those who support RFHB 's aims activities can become members. Financial contributions can be made to our Giro account 93 23 93 - 2.

Send your questions to [RFHB](#).