

Distribution:	As Appendix 1
From:	Frank Atherton, Chief Medical Officer
Date:	14 March 2018
Reference:	CEM/CMO/2018/2
Category:	Immediate
Title:	Shortage of Hepatitis B Vaccine – update
What is this about:	This letter advises of updated guidance for clinicians to prioritise the use of Hepatitis B vaccine in response to global vaccine shortages.
Why has it been sent:	For action.

Dear Colleague

PLAN FOR PHASED RE-INTRODUCTION OF HEPATITIS B VACCINE FOR LOWER PRIORITY GROUPS.

Since mid-2017 the UK has experienced a shortage of hepatitis B vaccine due to global manufacturing issues. In response to the shortage, temporary recommendations have been put in place including risk-based prioritisation of vaccine, dose-sparing and deferral of boosters.

Vaccine supplies are now improving and more vaccine is becoming available during 2018. Supplies will remain constrained, however, due to backlog demand from 2017 and low UK allocations from some manufacturers. Supply management and restrictions will therefore need to continue until further notice.

Public Health England, working with manufacturers, has published a phased recovery plan to support re-introduction of vaccine for lower priority groups in 2018 in a phased approach to maintain continuity of supply. **This plan will apply to Wales as well.** The recovery plan can be seen at:

<https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints>

A summary of the main points for general practices and occupational health services is provided below.

If used appropriately, the volume of vaccines available to order over the course of 2018 will be sufficient for ongoing and catch-up vaccination for priority groups 1-4, minimising override requests to manufacturers.

As the situation is dynamic, all ordering restrictions are subject to change. Please check manufacturers' (GSK and MSD) websites for further information.

If used appropriately, the volume of vaccines available to order over the course of 2018 will be sufficient for ongoing and catch-up vaccination for priority groups 1-4, minimising override requests to manufacturers.

Please cascade this link to the recovery plan to relevant staff.

If you have any queries, please contact your local PHW Health Protection Team on 0300 00 300 32.

Thank you for your cooperation in this matter.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Frank Atherton', written in a cursive style.

Dr Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

General Practices

The main aspects of the plan for general practices are:

- Hepatitis B vaccine remains available for those at highest immediate risk, i.e. PHE priority groups 1-3 (see temporary recommendations, August 2017 at the link above).
- From spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority groups 4 **other than for travel**. This includes patients with chronic liver disease and household or sexual contacts of chronic hepatitis B cases, and completion of post exposure vaccination courses.
- Between spring and winter 2018, healthcare and other frontline workers will be eligible for vaccination, using a phased approach through occupational health departments.
- Monovalent hepatitis B vaccine should not be used for most travel indications, but combination hepatitis A / hepatitis B vaccine can now be used for high risk travel indications (see PHE Addendum, November 2017 at the link above).

On the advice of the Joint Committee on Vaccination and Immunisation (JCVI), boosters (priority group 5) are no longer routinely required in healthy, immunocompetent adults who have completed a standard primary course (0,1,6 or 0,1,2,12 months), including healthcare workers who are known responders.

Ordering restrictions will remain in place for general practice and community pharmacists to discourage stockpiling and use for lower risk indications (e.g. travel). Practices will be able to order a small volume of stock, for example for patients with chronic liver disease or for household contacts of cases. Where larger amounts of vaccine are required for priority group 4 patients e.g. for close contacts in a large household, PHW Health Protection Team will be able to provide an override approval for manufacturers to release additional vaccine. Information on this override process for priority group 4 patients is detailed in the recovery plan. **PHW Health Protection Team can be contacted on: 0300 00 300 32.**

If post exposure vaccination is urgently required e.g. for the first dose, and there is no vaccine available in the practice, patients should continue to be referred to NHS health board urgent care or Accident and Emergency departments for assessment.

To order non-centrally supplied vaccines:

- For GSK contact: customercontactuk@gsk.com or 0800 221 441 option 2.
- For MSD regular orders contact AAH customer services at

www.aah.co.uk or on 0344 5618899. For exceptional orders above ordering restrictions AAH will direct the requester to call MSD customer services on 01992 452094.

NHS and non-NHS Occupational Health Providers

- Hepatitis B vaccine will remain available for those at highest immediate risk, i.e. priority groups 1-3. This includes vaccine for post-exposure vaccination and for pre-exposure vaccination of high risk groups such as healthcare staff undertaking exposure prone procedures (e.g. midwives, dentists and dental nurses, surgeons, some doctors). (See temporary recommendations, August 2017 at the link above).
- From spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority group 4 with the exception of travel. This includes healthcare and frontline workers /first responders with direct patient contact. These individuals will become eligible for vaccination in priority order as outlined below.
- Monovalent hepatitis B vaccine should not be used for most travel indications, but combination hepatitis A / hepatitis B vaccine can now be used where appropriate for high risk travel indications (see Addendum, November 2017 at the link above).
- On the advice of the Joint Committee on Vaccination and Immunisation (JCVI), boosters (priority group 5) will no longer be routinely required in healthy, immunocompetent adults who have completed a primary course of vaccine, including healthcare workers who are known responders. This change will be reflected in the next revision of Chapter 18 of the Green Book: Immunisation against Infectious Disease.

Manufacturers will allow access to larger volumes of vaccine for health boards and trusts and for organisations providing occupational health services for non-NHS staff from spring 2018. Vaccine is being released based on the estimated numbers of individuals in each group, and the likely backlog from those in whom vaccination was deferred in 2017.

Vaccination of healthcare workers and frontline public services workers should be prioritised according to whether their routine duties involve exposure prone (EPP) activities. Occupational health departments should therefore plan to vaccinate staff in the following order (see appended table):

1. For clinical staff undertaking EPP, vaccine is available to order from now.
2. For clinical staff with direct patient contact (not routinely undertaking EPP) ordering to allow vaccination will open in spring 2018
3. For the backlog of medical, dental, nursing and other healthcare students, ordering to allow vaccination will open from spring 2018.
4. For non-clinical staff at risk of exposure to blood and body fluids (e.g. police and fire first responders and prison officers), vaccine ordering will open from spring 2018

5. For the autumn intake of medical, dental, nursing and other healthcare students, ordering can begin from summer 2018.
6. For all other health and social care staff and other local authority workers, vaccine ordering will open from late summer 2018.

Providers should not organise large catch-up session without ensuring that they can secure sufficient stock.

Prioritisation and opening of monovalent hepatitis B vaccine ordering for priority group 4 health and social care, first responders and custodial staff (excluding travel)

Staff group		Vaccine ordering opens
Clinical staff routinely undertaking EPP	surgeons and some doctors, midwives, paramedics, dentists, dental nurses	ALREADY OPEN
Other clinical staff with direct patient contact (not routinely undertaking EPP)	doctors, nurses, health visitors, podiatrists, chiropodists, healthcare assistants	Spring 2018
	medical, dental, nursing students and other health care student on clinical placements	Spring 2018
Non clinical staff at risk of blood and body fluid exposure	fire officers, police officers, prison guards	Spring 2018
New intake of students with direct patient contact	medical, dental, nursing students and other health care students	Summer 2018
All other healthcare staff with patient contact	occupational therapists, physiotherapists, non-clinical healthcare students, porters, cleaners, security guards, ward clerks, case key workers, foster carers	Late summer / autumn 2018
Non clinical staff at risk of blood and body fluid exposure	lifeboat rescue, mountain rescue, refuse workers	Late summer / autumn 2018

Appendix 1

To: NHS Wales Shared Services Partnership to forward to:

All General Practitioners - please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your 'locum information pack'.

All Community Pharmacists

Deputising services

HB Chief Pharmacists

HB Prescribing Advisers

Independent/Private clinics and Hospitals and Hospices throughout Wales

To: Local Health Boards and NHS Trusts:

Chief Executives

Medical Directors

Nurse Directors

Directors of Public Health

Hospital Principals and Chief Pharmacists

Onward distribution to:

Occupational Health Leads

Immunisation Leads,

Infectious Disease Departments

Acute medical units

A & E Departments

Neonatologists

Head of Midwifery Services

Prison Healthcare Services

Substance Misuse Services

Sexual Health Services

To: Public Health Wales:

Chief Executive

Director of Public Health Services

Consultants in Pharmaceutical Public Health

Consultants in Communicable Disease Control

Consultant Epidemiologists

Microbiologists

Cc: NHS Direct Wales

British Medical Association

Royal College of GPs

Royal College of Nursing

Royal College of Midwives

Royal Pharmaceutical Society

Community Pharmacy Wales

Royal College of Paediatrics and Child Health Wales

School of Medicine, Cardiff University
School of Dentistry, Cardiff University
Medical School, Swansea University