



Addendum: new vaccine prioritisation for those travelling to countries with intermediate or high prevalence of hepatitis B

The supply of the combined hepatitis A/hepatitis B vaccines, Twinrix® and Ambirix® are expected to improve from end November 2017. This will allow the manufacturer (GSK) to supply limited volumes of vaccine to providers for some travellers in priority group 4. Patients in groups 1 to 3 remain the priority for monovalent hepatitis B vaccine and may also be offered combined vaccine if monovalent preparations are not available.

Travellers in group 4 should still have an individual risk assessment as vaccination is **not** routinely recommended for most travel (see NATHNAC). However, those travellers in group 4a (see table below) may be offered immediate vaccination. Vaccination for travellers in group 4b and in group 5 (boosters) should be deferred until the supply situation improves further.

Table: Temporary hepatitis B vaccine prioritisation for travellers

Prioritisation	Pre-exposure type	Examples of individuals in this category
4a	Priming for those at lower risk or where risk may be avoided or delayed – higher risk travel to intermediate and high prevalence countries	Those visiting friends and relatives for 6 months or longer Expatriates and other long-term (6 months or longer) travellers whose planned activities are likely to put them at increased risk (e.g. those who will have unprotected sexual intercourse, those who inject drugs) Exceptionally, where the risk assessment indicates a traveller to be at higher risk of requiring emergency medical treatment e.g. because of a significant co-morbidity
4b	Priming for those at lower risk or where risk may be avoided or delayed – lower risk travel to intermediate and high prevalence countries	Other travellers not mentioned above e.g. short business trip or holiday