



Public Health  
England

Protecting and improving the nation's health

# **Plan for phased re-introduction of hepatitis B vaccine for lower priority groups in 2018**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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## Background

Since mid-2017 the UK has experienced a shortage of hepatitis B vaccine due to global manufacturing issues. Vaccine supplies are expected to improve in 2018 as manufacturing issues have been resolved in the major supplier. However, the market will remain constrained due to backlog demand from 2017 and reduced allocations to the UK from another manufacturer. Supply management and restrictions will therefore need to continue until further notice.

Hepatitis B monovalent vaccine remains available for those at highest immediate risk, i.e. PHE priority groups 1-3 (see [PHE temporary recommendations](#), August 2017), including for post-exposure vaccination and for pre-exposure vaccination of high risk groups such as healthcare staff routinely undertaking exposure prone procedures (eg midwives, dentists and dental nurses, surgeons and some doctors).

## Availability of monovalent hepatitis B vaccine for lower priority groups

Hepatitis B monovalent vaccine will become available for priority groups 4 (with the exception of travel) including patients with chronic liver disease, household or sexual contacts of chronic hepatitis B cases, and other healthcare and frontline workers. Vaccine ordering will be opened in a phased approach to ensure continuity of supply.

Vaccination of patients with chronic liver disease and for household contacts is largely delivered in primary care, and therefore small amounts of stock will be available for general practice.

Vaccination of health care and other frontline workers is largely delivered by occupational health services; therefore vaccine will be available for hospitals (for healthcare staff) and specific occupational health providers to support vaccinating these patient groups.

Ordering restrictions and maximum ordering quantities (MOQs) will remain in place for monovalent hepatitis B vaccine to discourage stockpiling and/or use for lower risk indications (e.g. travel) but will be adjusted to match expected needs. If used appropriately, the volume of vaccines available to order over the course of 2018 will be sufficient for priority groups 1-4, minimising override requests. MOQs are subject to change and can be changed at short notice, if demand increases due to inappropriate use of constrained supply.

To preserve monovalent vaccine for those at highest need, combination hepatitis A / hepatitis B vaccine should be used where appropriate for high risk travel indications (see [PHE Addendum](#), November 2017).

As previously advised, while supplies remain constrained, the standard 0, 1, 2, 12 months or 0, 1, 6 months schedules should be used in preference to the super-accelerated schedule (0, 7, 21 days) for pre-exposure vaccination with monovalent vaccine.

The following advice is to support providers, including GPs and occupational health services, to plan vaccination for new and existing patients and staff in priority group 4 for whom vaccination may have been deferred. It should be read in conjunction with the [PHE temporary recommendations for hepatitis B vaccine use during supply constraints](#) which provides advice on risk – based prioritisation and vaccine stock management and remain extant.

The advice on when vaccine will be available to order is based on stock forecasts which are in turn dependent on usage and expected deliveries, and so is subject to change.

## Patients with chronic liver disease and household contacts of chronic hepatitis B cases

- vaccination of patients with chronic liver disease and household or sexual contacts of chronic hepatitis B cases can be resumed from early Spring 2018 (estimated March), when vaccine will become available for routine ordering by GPs
- to manage demand from new and existing patients, catch-up vaccination should be phased across 2018
- if more vaccine than the ordering restrictions allow is required (eg for a large household), a GP can request additional doses by a specific override mechanism for this group, as follows:
  1. seek approval from their local PHE Health Protection Team (HPT). You can find your local HPTs telephone number by entering your practice or your patient's postcode at: <https://www.gov.uk/health-protection-team>.
  2. the GP should provide the following information to the HPT for approval:
    - i. GP surgery name
    - ii. GP contact person, email and telephone number
    - iii. reason for override request
    - iv. account name and customer name
    - v. account number and postcode
    - vi. vaccine product and quantity required
  3. the HPT will review the request and if approved, will send an email to the manufacturer / wholesaler (copying in the GP) stating that the request has been approved and include the information provided by the GP. Email addresses are:
    - i. for GSK: [customercontactuk@gsk.com](mailto:customercontactuk@gsk.com);
    - ii. for MSD: [pherequests@merck.com](mailto:pherequests@merck.com)
  4. the manufacturer will send a confirmatory email to the GP (copying HPT) that the vaccine has been dispatched.
- the volume of vaccines available to order by GPs in 2018 should also be sufficient for priority groups 1-3. Override requests for groups 1-3 will not normally require PHE approval (see [PHE temporary recommendations](#))
- to prevent vaccine being inadvertently used for lower risk groups (eg travel), practices are advised to label vaccine obtained for group 1-4 patients as for named patients only

## NHS and non-NHS occupational health providers

- manufacturers will allow access to larger volumes of vaccine for NHS 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 table 1):
  1. for clinical staff routinely undertaking EPP, vaccine is available to order now
  2. for clinical staff with direct patient contact (not routinely undertaking EPP) ordering will open in spring 2018
  3. for the backlog of medical, dental, nursing and other healthcare students, ordering will open from spring 2018
  4. for non-clinical staff at risk of exposure to blood and body fluids (eg police and fire first responders and prison officers), ordering will open from spring 2018
  5. for the autumn intake of medical, dental, nursing and other healthcare students, departments can begin to order from summer 2018
  6. for all other NHS staff, social care and other local authority workers, vaccine ordering will open from late summer 2018
- providers should not organise catch-up clinics without ensuring that they can secure sufficient stock
- to support good stock management, occupational health services are asked to estimate the number of staff in each category and number of doses required per month, based on the prioritisation and phased approach outlined above
- where job title and role do not clearly indicate a risk category, an individual risk assessment should be done
- where possible, procedures that involve a high risk of exposure should not be undertaken until vaccinated
- staff should be fully informed about how to minimise exposure and what to do if an exposure occurs

## Booster doses in healthcare workers

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.

## Manufacturers' resources for updates on vaccine supply

The dates for opening of vaccine ordering for patient and staff groups depends on manufacturer reported expected deliveries, estimated usage and demand. As manufacturers have limited visibility of delivery dates and quantities and demand is dynamic, more specific dates cannot be provided in advance. For more information please see the manufacturers' websites, join their email lists for updates or contact their customer services (details below).

To register to become a customer of GSK or MSD visit <http://www.aah.co.uk/shop/en-GB/aahpoint/opening-an-aah-account> or telephone the AAH Customer Services number: 0344 561 8899, stating which company you would like to place an order with.

### GSK

- to order vaccines online visit <https://www.vaccines.co.uk/login>
- register for email updates on supply at [stay informed](#)
- for frequently asked questions about vaccine supply visit [https://hcp.gsk.co.uk/content/dam/global/hcpportal/en\\_GB/supply/Vaccines-Supply.pdf](https://hcp.gsk.co.uk/content/dam/global/hcpportal/en_GB/supply/Vaccines-Supply.pdf)
- customer support contact details: [customercontactuk@gsk.com](mailto:customercontactuk@gsk.com) and 0800 221 441 option 2

### MSD

- for regular ordering: AAH customer services: online at [www.aah.co.uk](http://www.aah.co.uk) or AAH customer services 0344 5618 899
- for exceptional orders above ordering restrictions, AAH will direct the requester to call MSD customer services: 01992 452094

**Table 1: Prioritisation and opening of monovalent hepatitis B vaccine ordering for priority group 4 (excluding travel)**

<b>Patients</b>		<b>Vaccine ordering opens</b>
Patients with chronic liver disease Household/sexual contacts of chronic hepatitis B cases		Early spring 2018 (estimated March)
<b>Health and social care, first responders and custodial staff (with examples )</b>		<b>Vaccine ordering opens</b>
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 health and social care staff at risk of blood and body	occupational therapists, physiotherapists, non-clinical healthcare students, porters, cleaners, security guards, ward clerks, local authority case workers, foster carers	Late summer / autumn 2018
Non clinical staff at risk of blood and body fluid exposure	lifeboat rescue, mountain rescue, sewage workers	Late summer / autumn 2018