



9 March 2018

Dear colleague,

Re: 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, PHE developed [temporary recommendations](#) on hepatitis B vaccine 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. Some supply management and restrictions will therefore need to continue until further notice.

PHE, working with manufacturers and DHSC, has published a [recovery plan](#) to support re-introduction of vaccine in a phased approach to maintain continuity of supply during 2018. The main aspects of the plan which have implications for NHS and non-NHS providers (including occupational health, primary care, travel clinics, prison healthcare, drug services, and sexual health services) are:

- Hepatitis B vaccine will remain available for those individuals at highest immediate risk, i.e. PHE priority groups 1-3 and should be more routinely accessible without an override request. This includes vaccine for post-exposure use and pre-exposure indications in high risk groups such as people who inject drugs, prisoners, and healthcare staff routinely undertaking exposure prone procedures (e.g. midwives, dentists, surgeons, some dental nurses, some doctors, and some laboratory staff). A risk assessment should be undertaken to determine priority status ([See PHE temporary recommendations](#), August 2017).
- From early spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority groups 4 (*other than for travel*) where vaccination occurs mainly in general practice. This includes patients with chronic liver disease and household or sexual contacts of chronic hepatitis B cases, and completion of post exposure vaccination courses.
- From mid spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority group 4 who are healthcare and frontline workers or students and first responders with direct patient contact, or at risk of exposure to blood and body fluids, where vaccination is mainly provided by occupational health or university health services.

- 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 PHE Addendum](#), November 2017).
- 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](#).

Vaccine is being released based on the estimated numbers of individuals in each priority group and the estimated backlog of those whose vaccination was deferred in 2017. GP surgeries and community pharmacists will be able to order a small volume of stock. Where larger amounts of vaccine are required for priority group 4 patients e.g. for close contacts in a large household, PHE Health Protection Teams will 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](#). NHS Trusts and for organisations providing occupational health services for non-NHS staff will be able to access to larger volumes of vaccine.

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

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 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 new 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.

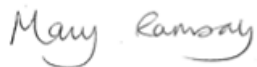
Providers should not organise large catch-up sessions without ensuring that they can secure sufficient stock. Ordering restrictions will remain in place for monovalent hepatitis B vaccine to discourage stockpiling and/or use for lower risk indications (e.g. travel). If used appropriately, the volume of vaccines available to order over the course of 2018 should be sufficient for priority groups 1-4. As the situation is dynamic, ordering restrictions are subject to change at short notice if demand increases due to inappropriate use.

Please check manufacturer websites (GSK and MSD) for up-to-date information on supplies. Any PHE updates will be published on the [PHE temporary recommendations](#) webpage or in [Vaccine Update](#). Please cascade this letter and link to the [recovery plan](#) to relevant staff in your organisation.

If you have any queries, please contact your local PHE Health Protection Team or email: immunisation.lead@phe.gov.uk.

Thank you for your cooperation in this matter.

Yours faithfully,



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Summary table: Prioritisation and opening of monovalent hepatitis B vaccine ordering for priority group 4 (excluding travel)

Patients		Vaccine ordering opens
Patients with chronic liver disease Household/sexual contacts of chronic hepatitis B cases		Early spring 2018 (March)
Health and social care, first responders and custodial staff (with examples)		Vaccine ordering opens
Clinical staff routinely undertaking EPP	surgeons and some doctors, midwives, paramedics, dentists, some dental nurses	ALREADY OPEN
Other clinical staff with direct patient contact (not routinely undertaking EPP)	doctors, nurses, health visitors, podiatrists, chiropodists, healthcare assistants, laboratory staff handling human tissue	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 fluid exposure	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