



11th August 2017

Dear Colleague

Re: Shortage of hepatitis B vaccines – implications and advice for non-NHS Occupational Health Departments

As you are aware there is a global shortage of hepatitis B vaccine which is currently impacting severely on the UK supply. The situation has become particularly critical during August but limitations on supply are likely to continue until early 2018. To ensure that stock is available for those individuals at highest and most immediate risk of exposure to hepatitis B during the period of constraint, Public Health England (PHE) has developed [temporary recommendations](#) to support clinicians undertaking an individual risk assessment.

PHE and the Department of Health have been working with both vaccine manufacturers to institute further ordering restrictions (known as maximum ordering quantities, MOQ) according to customer type. The allocation is based on an assessment of the proportion of vaccines used by those customers for individuals in the highest priority groups (see table 1 of the temporary recommendations). As a consequence, NHS Trusts - including their occupational health departments will have further limits applied to their orders, while other customers including non-NHS occupational health (but also GPs, retail pharmacies, universities) will not be able to order a stock of adult vaccine until further notice.

A mechanism is in place to allow for exceptional orders through your usual supplier if a) there is an urgent and immediate need for an individual following a thorough risk assessment and if b) if you can verify that your service provides vaccination for higher priority groups e.g. if you provide OH services to healthcare workers. The verification process may require submission of a copy of a redacted SLA although it should be confirmed with the supplier at the time of ordering.

PHE has developed public facing information which has been published alongside the guidance. The [leaflet](#) has been developed to support communication to the public who may have their vaccination deferred, including people who work as emergency responders.

Implications for non-NHS Occupational Health Services

It is recognised that there will be OH providers to non-NHS services (including emergency services such as police and fire services) and other individuals at risk such as social workers, prison officers, foster carers and refuse collectors. In the temporary recommendations, these staff groups would generally be considered a lower priority. Although these groups are normally eligible for vaccination, with the current scarce supply it is imperative that a rigorous risk assessment is undertaken and vaccines are allocated in accordance with the [temporary recommendations](#).

It is strongly recommended that infection prevention and control measures should be re-inforced (see below) and the prompt reporting of any exposure incidents encouraged. Ultimately, a local management decision may be required on whether to alter duties or remove an individual from high risk duties until an adequate vaccine supply becomes available.

Advice for planned services delivered through Occupational Health Services

As we are suggesting in the NHS, Occupational Health departments are asked to defer, until early 2018, any large vaccination programmes for staff groups who are not at immediate risk. This may include professions in training - such as the police and fire service - where exposure can normally be avoided, and those training to become clinical health care professionals who are not yet involved in patient care. For those professionals who

start clinical contact early in their training, a risk assessment of the type and level of contact should be undertaken. As always, all trainees should be fully informed about how to minimise exposure and what to do if an exposure occurs. PHE is currently communicating through Universities UK to ensure that the various institutes who are responsible for health care students are aware.

Staff and students who are required to undertake at risk activities should be offered vaccination if sufficient vaccine can be secured as part of the overall management of stock within the service. If this is not possible, then discussion with managers or curriculum coordinators may be required to manage activities against any potential risk. As always, services must be in place to ensure that vaccinated can be offered AFTER an exposure incident, and any provider can order vaccine for such incidents on the basis of an individual risk assessment.

Advice for managing on-going demand through Occupational Health Services

Services are asked to:

- Be aware of the [temporary recommendations](#) which support a thorough clinical risk assessment to preserve and sustain vaccine supply for those at highest immediate risk
- For post exposure vaccination
 - if the hepatitis B status of the source is unknown, and permission from the source can be obtained, arrange for urgent testing of the source to prevent unnecessary vaccine use
 - consider testing of the exposed individual for hepatitis B markers (HBsAg, anti-HBc and/or anti-HBs) which may confirm existing protection and/or existing infection and therefore avoid unnecessary vaccination.
 - vaccine can be ordered from the supplier on an individual case basis. If vaccine cannot be accessed this way, then staff may need referral to urgent care facilities.
- For pre-exposure vaccination:
 - Use the standard 0,1, 2 or 0,1,6 month schedules in preference to the super-accelerated schedule (0,7, 21 days) for pre-exposure vaccination
 - Defer booster doses in individuals who have had three doses of vaccine
 - Defer the initiation and completion of primary courses where possible

Advice on vaccine stock management

Occupational Health services are asked to liaise with their pharmacist as necessary to:

- ensure that stock usage is coordinated and monitored across the service to ensure that scarce stock is used responsibly
- only order essential vaccine stock (small amounts more frequently) and avoid stockpiling
- accept and use alternative vaccines and presentations in place of the preferred or usual options e.g. combination hepatitis A/B vaccine, and multi-dose vials rather than pre-filled syringes
- only request additional vaccine doses (above the manufacturers' MOQ) for exceptional individual cases
- provide appropriate reassurance to employees who cannot be vaccinated, using the [patient information leaflet](#) as a resource.

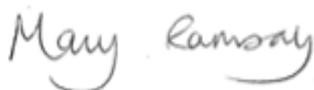
Advice on infection prevention and control

Occupational Health Services are asked to continue to

- reinforce the use of universal precautions by all staff
- reinforce the use of safety needles and near-patient sharps disposal units for clinical staff
- reinforce the importance of immediate reporting of needlestick and other significant exposures (especially for lower risk staff for whom vaccination has been deferred) so that a timely risk assessment for post exposure vaccination can be done

The situation is under constant review, to ensure that available supply is able to match the clinical need for the rest of the year. Further updates and information as they become available will be posted on the gov.uk webpage: [hepatitis B vaccine recommendations during supply constraints](#).

Yours faithfully,



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Links in full:

https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=102818)

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