



Protecting and improving the nation's health

8th August 2017

Dear Colleague

Re: Shortage of hepatitis B vaccines – implications and advice for 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, 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 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 group. As a consequence, NHS Trusts will have further limits applied to their orders, while other customers (such as travel clinics and GPs) will not be receiving any adult vaccine until further notice.

A mechanism is in place to allow for exceptional orders through your usual supplier if there is an urgent and immediate need for an individual following a thorough risk assessment.

PHE is developing patient and public facing materials which will be published alongside any changes to guidance on gov.uk. A [patient information leaflet](#) has been developed to support clinicians communicating to patients who cannot receive vaccine.

Implications for Occupational Health Services

As NHS Trusts purchase vaccine for several services and departments which have high vaccine usage (including Emergency Departments, Occupational Health, GUM and Renal Dialysis Units) these ordering restrictions will affect provision of vaccination to staff via Occupational Health. Trusts have been asked to institute active stock management to ensure that stock is only used for those at highest risk, and sufficient stock is available for post exposure management of exposure incidents. This may mean that pro-active vaccination of staff groups who are normally eligible, but who are not at immediate risk, will need to be deferred.

Advice for planned services delivered through Occupational Health Departments

Departments are asked to defer, until early 2018, any large vaccination programmes for staff groups who are not at immediate risk. This should include those in-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 and those who only perform low risk activities, such as history taking and surface examination, can also have their vaccination deferred. Where possible, procedures that involve a high risk of exposure should not be undertaken until later in the course. 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.

Groups whose early training requires undertaking procedures at risk of exposure, for example dental students, 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 curriculum coordinators may be required to manage the training needs against any potential risk.

Advice for managing on-going demand through Occupational Health Departments

Departments 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 (eg. a patient in hospital) can be obtained, arrange for urgent testing of the source to prevent unnecessary vaccine use
- For pre-exposure vaccination prioritise staff as follows:
 - clinical staff performing exposure prone procedures (EPP) such as dentists and surgeons
 - clinical staff not performing EPP but working in liver, gastroenterology, virology specialties, sexual health, addiction services
 - other clinical staff not performing EPP and hospital laboratory workers
 - non-clinical staff in direct patient contact (eg. ward clerks, cleaners, porters, security guards)
- For health clearance of all new starters (including Bank and Agency staff), obtain and check vaccine and serology history and check anti-HBs levels (where appropriate) to avoid unnecessary vaccine use
- 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

Departments are asked to liaise with their pharmacist as necessary to:

- ensure that stock usage is coordinated and monitored across the service - ideally within the Trust
 - 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 eg. combination hepatitis A/B vaccine, and multi-dose vials rather than pre-filled syringes
- only request additional vaccine doses (above the manufacturers maximum ordering quantities) for exceptional individual cases
- provide appropriate reassurance to patients who cannot be vaccinated, using the [patient information leaflet](#) as a resource.

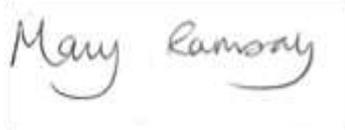
Advice on infection prevention and control

Departments 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

A CAS alert has already gone out about the situation and a letter has gone via Medical Directors in NHS England. 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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Dr Shriti Pattani
**Chair
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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>