



26 February 2018

Dear colleague,

Re: Plan for phased re-introduction of hepatitis B vaccine for lower priority groups – implications for NHS and non-NHS occupational health providers

Since mid-2017 the UK has experienced a shortage of hepatitis B vaccine due to global manufacturing issues. In response to the shortage, PHE developed [temporary recommendations](#) on hepatitis B vaccine use 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. However supplies will remain constrained due to backlog demand from 2017 and low UK allocations from some manufacturers. Supply management and restrictions will therefore continue until further notice.

PHE, working with manufacturers and DHSC, has published a phased [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 occupational health services are:

- Hepatitis B vaccine will remain available for those at highest immediate risk, i.e. PHE priority groups 1-3. This included vaccine for post-exposure vaccination and for pre-exposure vaccination of high risk groups such as healthcare staff undertaking exposure prone procedures (e.g. midwives, dentists and dental nurses, surgeons, some doctors). ([See PHE temporary recommendations](#), August 2017).
- From spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority group 4 with the exception of travel. This includes healthcare and frontline workers /first responders with direct patient contact. These individuals will become eligible for vaccination in priority order as outlined below.
- 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](#).

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 appended table):

1. For clinical staff undertaking EPP, vaccine is available to order from 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 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 session 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 the manufacturer websites (GSK and MSD) for further information. 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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Prioritisation and opening of monovalent hepatitis B vaccine ordering for priority group 4 health and social care, first responders and custodial staff (excluding travel)

Staff group		Vaccine ordering opens
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, chiropractors, 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 healthcare staff with patient contact	occupational therapists, physiotherapists, non-clinical healthcare students, porters, cleaners, security guards, ward clerks, case key workers, foster carers	Late summer / autumn 2018
Non clinical staff at risk of blood and body fluid exposure	lifeboat rescue, mountain rescue, refuse workers	Late summer / autumn 2018