

To: All GP Practices in Surrey & Sussex LMCs

7th August 2017

Dear Colleagues

Hepatitis B Vaccines shortage: Public Health England recommendations for General Practice

There are only two global manufacturers of Hepatitis B vaccines, both of whom now have problems. GSK is now the only current supplier, and normal supplies will not be resumed until well into 2018.

In the light of this situation, Public Health England are in liaison with GSK prioritising limited supplies to maximum benefit. GSK have agreed they will no longer supply private health clinics and private occupational health services. Supplies to NHS Occupational Health and Hospital Trusts will continue, but it has been agreed that General Practice will not routinely be able to order any Adult Hepatitis vaccine stock until further notice.

Supplies of paediatric monovalent Hepatitis B vaccines have been protected to allow the programme for vaccinating infants born to hepatitis B infected mothers to continue; this is PHE Group 1 priority (the highest) and there should be no delay in providing such vaccinations. Orders can be made through your usual supplier, with some restrictions in volume of orders.

The routine childhood programme due to commence in September using the hexavalent vaccine (DTaP/IPV/H16/Hep B) is not affected by these supply constraints.

Further information is available at the following PHE link:

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

In summary, the prioritisation groups are:

- Group 1: Substantial exposure to infected blood from a known Hepatitis B infected source, such as:
- Group 2: Infants born to hepatitis B infected mothers.
Other exposure to a known Hepatitis B infected source, such as:
Needlestick or other sharps injury from known positive person.

- Group 3 Exposure to an unknown source; pre-exposure for unavoidable risk or high likely risk of onward transmission/other cocirculating viruses, such as Hepatitis C or HIV, such as:
- Needlestick injury from an unknown source, clinicians who regularly perform exposure prone procedures, patients in renal dialysis units.
- Group 4 Pre-exposure at lower risk, such as:
- Household contents of people with Hepatitis B, most other clinicians in UK Healthcare settings.
- Group 5 Booster and reinforcing doses for those who have completed a primary course of immunisation.

Further details are available via the PHE website.

PHE is also advising:

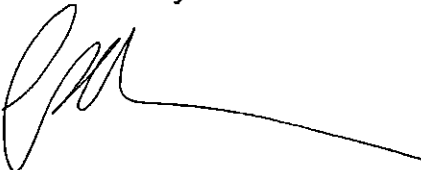
- Individuals should be recommended to reduce their risk by avoiding situations likely to lead to exposure, including those travelling to Hepatitis B endemic countries. Additional information for travellers is available at the National Travel Health Network and Centre at <http://nathnac.net/>
- Patients requiring post-exposure Hepatitis B vaccine should be referred to Accident and Emergency Departments for an assessment.
- Patients referred for Hepatitis B vaccination from other services should be referred back to that service or to hospital.

PHE will keep the situation under review, but for now General Practitioners should, in all but exceptional circumstances, not be anticipating undertaking adult Hepatitis B vaccination and patients should be advised accordingly.

The PHE website will be the best source of clinical recommendations during this period of shortage.

With best wishes.

Yours sincerely



Dr Julius Parker
Chief Executive