



Attention: Medical Directors

Dear colleague,

4th August 2017

Re: Shortage of hepatitis B vaccines - recommendations for medical directors

There is a global shortage of hepatitis B vaccine which is currently impacting severely on the UK supply. The situation is 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 Department of Health (DH) have been working with both vaccine manufacturers to institute ordering restrictions according to customer type. The allocation is based on an agreed assessment of the proportion of vaccines used by that provider type for individuals in the highest priority groups. As a consequence, some providers may not be able to order any stock and others will have limits applied to their orders. A mechanism will be in place, however, to allow for exceptional orders if there is an urgent and immediate need for an individual following an individual risk assessment.

NHS hospital trusts will get the highest allocation, but it has been agreed with the BMA's General Practitioners Committee that general practice will not be able to order any adult hepatitis B vaccine stock until further notice. Because of this, patients requiring post-exposure hepatitis B vaccination will be referred to urgent care or Accident and Emergency based in NHS trusts for an assessment. In addition, specialist services who normally request that GPs offer hepatitis B vaccination to their patients should note that the GP will not be able to meet this request.

Stock of high dose vaccine for renal patients (HBVaxPro40® and Fendrix®) is also limited. To manage this stock effectively and to avoid use in healthy patients, GPs will also not be able to order these vaccines. Renal services should therefore carefully manage this scarce supply and offer vaccination through the Trust.

To sustain supply for those at greatest need, all services are asked to:

- ensure that clinicians are aware of the temporary recommendations on prioritising vaccines
- only order essential vaccine stock and avoid stockpiling
- coordinate and monitor stock usage across the service to ensure that scarce stock is being used responsibly
- accept and use alternative products including combined hepatitis A and B vaccines, and other presentations (e.g. multi-dose packs)

Employers should also recognise their duty of care to their health care staff and ensure protection through vaccination and/or by measures to limit exposure.

High risk babies born to hepatitis B infected mothers

Supply for paediatric monovalent hepatitis B vaccine has been protected to ensure that the programme for vaccinating infants born to hepatitis B infected mothers can continue in both Trusts and general practice. There should be no delay in providing vaccines to these children.

Routine childhood programme: hexavalent combination vaccine (DTaP/IPV/Hib/HepB)

The hexavalent vaccine (DTaP/IPV/Hib/HepB) due to be used in the routine childhood immunisation programme from late September is not affected by these supply constraints.

The situation is under constant review, to ensure that available supply is able to match the clinical need for the rest of the year. PHE is developing patient and public facing materials which will be published alongside any changes to guidance on gov.uk.

Yours faithfully,

Dr. Mary Ramsay

Head of Immunisation, Hepatitis, Blood Safety and Countermeasures Response