



Scottish Vaccine Update

Health Protection Scotland

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Plan for phased re-introduction of hepatitis B vaccine for lower priority groups

Since mid-2017 the UK has experienced a shortage of hepatitis B vaccine due to global manufacturing issues. Vaccine supplies are expected to improve in 2018 as manufacturing issues have been resolved in the major supplier. However, the market will remain constrained due to backlog demand from 2017 and reduced allocations to the UK from another manufacturer. Modified supply management and restrictions will therefore need to continue until further notice.

HepB monovalent vaccine remains available for those at highest immediate risk, i.e. priority groups 1-3, see PHE temporary recommendations, August 2017 [here](#), including for post-exposure vaccination and for pre-exposure vaccination of high risk groups such as healthcare staff routinely undertaking exposure prone procedures (eg midwives, dentists and dental nurses, surgeons and some doctors).

With the improving availability of HepB vaccine PHE has updated their guidance with the publication of information on the plan for the phased re-introduction of HepB vaccine in lower priority groups. This guidance is available [here](#).

HepB monovalent vaccine will become available for priority group 4 (with the exception of travel) including patients with chronic liver disease, household or sexual contacts of chronic hepatitis B cases, and other healthcare and frontline workers. Vaccine ordering will be opened in a phased approach to ensure continuity of supply.

Vaccination of health care and other frontline workers is largely delivered by occupational health services; therefore vaccine will be available for hospitals (for healthcare staff) and specific occupational health providers to support vaccinating these patient groups. Vaccine for this purpose will be through NHS board vaccine holding centres.

Non-NHS occupational health providers will need to contact vaccine manufacturers to directly arrange supplies of HepB vaccine – these will not be supplied from NHS board vaccine holding centres.

Vaccination of patients with chronic liver disease and for household contacts is largely delivered in primary care. In Scotland it has been agreed to continue supply through vaccine holding centres with local health protection/public health teams continuing the current arrangements to assess eligibility of requests from primary care. This is different to the arrangements described by PHE which apply in England.

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.

To preserve monovalent vaccine for those at highest need, combination hepatitis A / hepatitis B vaccine should be used where appropriate for high risk travel indications (see PHE Addendum: November 2017 [here](#)).

The proposed timetable (subject to change) is included in the PHE guidance at Table 1. The dates for opening of vaccine ordering for patient and staff groups depends on manufacturer reported expected deliveries, estimated usage and demand. As manufacturers have limited visibility of delivery dates and quantities and demand is dynamic, more specific dates cannot be provided in advance. Health Protection Scotland will continue to liaise with National Procurement and will keep vaccine holding centres updated with respect to the supply position.

Shortage of pneumococcal polysaccharide vaccine (PPV23) – recommendations on how to manage PPV23 immunisation during 2018

The supply constraints affecting PPV23 vaccine will have made it unlikely that practices have been able to offer the vaccine alongside influenza vaccine, to all eligible patients in lower priority groups e.g. healthy people aged 65 years and over. Supplies of PPV23 are likely to remain constrained for the foreseeable future. Practices should therefore plan, subject to vaccine supply, to offer PPV23 to those eligible throughout the whole of 2018 rather than aligning immunisation to take place alongside the flu programme. This will help to ensure demand for vaccine is more consistent across the year and that stock can be ordered in small quantities to cover the requirements each month, thus also reducing the risk of wastage.

PPV23 continues to be recommended for:

- individuals aged from 2 years or over in clinical risk groups.
- all individuals aged 65 years and over.

If you are able to procure stock, the priority should be to offer vaccine to those newly diagnosed with conditions in the high and moderate priority groups (see the table below). When such individuals are first identified, if no vaccine is available, please ensure that their records are flagged in order to call them for a future appointment. Also ensure that other aspects of management are optimised and in place (for example antibiotic prophylaxis, or booster doses of PCV13) – as advised in relevant guidance, or by the specialist clinician caring for the patient. Opportunistic vaccination of those in the high and moderate priority groups who have not already been vaccinated, and booster doses for those with splenic dysfunction and chronic kidney disease is less urgent and can be planned when sufficient stock is available.

Please also note that national stocks of PCV13 (Prevenar13®), or separately procured PCV10 (Synflorix®), should not be used in place of PPV23 as herd immunity from the infant and toddler programme has reduced levels of infections in the elderly for the 13 (or 10) serotypes to very low levels, so only PPV23 can provide any protection against the serotypes that now predominate in that age group.

Clinical risk group	Examples (decision based on clinical judgement)
High priority	
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency)
	Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.
Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.
Moderate priority	
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression above).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.
Low priority	
Healthy aged 65 years and over	

Green Book chapter updates

The Green Book is available [here](#).

Chapter 25: Pneumococcal has been updated. This chapter has been reformatted and revised and can be downloaded [here](#). The risk group section (pg 8) has been rewritten for clarity and pneumococcal vaccine and supplier information updated.

Vaccine supply for non routine programmes

Hepatitis A vaccine

Adult

- **GSK:** Supplies of Havrix[®] prefilled syringe (PFS) singles, PFS packs of 10 and vials in singles are available. Please note, there may not be sufficient stock in each presentation to accommodate demand, therefore you may not be able to access supply of some presentations.
- **Sanofi Pasteur:** Limited supplies of Avaxim[®] are available. It is likely that there will be order restrictions in place.
- **MSD:** VAQTA[®] Adult is currently unavailable and there will be intermittent supplies during 2018.

Paediatric

- **GSK:** Havrix[®] Paediatric singles and packs of 10 will experience supply constraints until spring 2018.
- **MSD:** VAQTA Paediatric is currently available with supplies expected throughout 2018.

Hepatitis B vaccine

All Hepatitis B monovalent and combination hepatitis A/B vaccines are currently under supply management with supplies only being made to NHS board vaccine holding centres.

Adult

- **GSK:** Engerix B[®] PFS singles are available.
- **GSK:** Engerix B[®] PFS packs of 10 are available.
- **GSK:** Very limited supplies of Engerix B[®] vials are available.
- **GSK:** Fendrix[®] is available.
- **MSD:** Limited supplies of HBVAXPRO[®] 10µg are available. Supplies are expected to be restricted throughout 2018.
- **MSD:** Limited supplies of HBVAXPRO[®] 40µg are available. Supplies are expected to be restricted throughout 2018.

Paediatric

- **GSK:** Engerix B[®] Paediatric singles are available.
- **MSD:** Limited supplies of HBVAXPRO[®] 5µg are available. Supplies are expected to be restricted throughout 2018.

Combined hepatitis A & B vaccine

- **GSK:** Twinrix[®] Adult and Paediatric presentations are available.
- **GSK:** Ambirix[®] is available.

Combined hepatitis A & typhoid vaccine

- **GSK:** GSK is discontinuing Hepatyrix[®] vaccine that has been under constrained supply for several years due to challenges associated with its manufacturing.
- **Sanofi Pasteur:** Viatim[®] is currently unavailable.

Typhoid vaccine

- **GSK:** GSK is discontinuing Typherix[®] vaccine that has been under constrained supply for several years due to challenges associated with its manufacturing.
- **Sanofi Pasteur:** Typhim[®] is available to order without restrictions.
- **PaxVax:** Vivotif[®] is available.

Rabies vaccine

- **GSK:** limited supplies of Rabipur[®] are available due to increased demand. Supply is being prioritised to hospitals and GPs for use in notified post-exposure cases only.
- **Sanofi Pasteur:** Limited supplies of Rabies BP are available. It is likely that there will be order restrictions in place. There is no impact on the National Immunisation Programme.

PPV (Pneumococcal Polysaccharide Vaccine)

- **MSD:** Stock is currently available and additional replenishment is planned for April and May 2018.

Varicella zoster vaccine

- **GSK:** Varilrix[®] is currently available.
- **MSD:** VARIVAX[®] is currently available.
- **MSD:** ZOSTAVAX[®] is currently available.

Diphtheria, tetanus and poliomyelitis (inactivated) vaccine

- **Sanofi Pasteur:** Limited supplies of Revaxis® are available. There are likely to be order restrictions in place for travellers. There is no impact on the Scottish Immunisation Programme.

MMR

- **MSD:** currently have no MMR stocks available for private market sales and do not currently have dates for further replenishment.
- There is no impact on the National Immunisation Programme. It should be noted that central MMR vaccine stock can be used to catch-up anyone of any age.

Human papillomavirus vaccine

- **MSD:** Stocks of Gardasil® are available for private market sales and for the National Immunisation Programme.
- **MSD:** Gardasil®-9 is currently available for private market sales.

MenACWY vaccine

- **GSK:** Menveo®, is anticipated to be unavailable in the UK from February 2018 Supply to improve in late 2018 and for supply to return to normal by 2019.
- **Pfizer:** Nimenrix® is currently available for private sales. There is no impact on the National Immunisation Programme.

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Scottish Vaccine Update information on vaccine supplies is based upon information obtained from Public Health England Vaccine Update 274/5

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