

## Position statement on the Supply of Travel Vaccines on the NHS

This Position Statement sets out the view of the East Kent CCGs view that supply of travel vaccines which **can be given as either NHS or as a private service** should be provided **entirely as a private service for all patients**.

The Position Statement has been developed to assist practices receiving requests from patients for travel immunisation, clarify national guidance on which immunisations may be prescribed on the NHS and which should be privately prescribed.

CCGs are **NOT** funded for provision of national vaccine schedules and this Position Statement provides an equitable service for patients within the CCG

There has been a lack of clarity for several years regarding the provision and charging for vaccinations for patients prior to travel. Most misunderstandings of the regulations are due to the confusion between the clinical advice for when to administer an immunisation for travel (as set out in the Green Book) and the regulations indicating how practices are paid for it (as set out in the former Red Book).

Practices need to be clear about their policy on **travel immunisations that can be given as either NHS or as a private service** to avoid falling foul of regulations that prohibit charging NHS registered patients.

The supply of these vaccines must be provided either entirely as an NHS process or entirely as a private service for all patients. The CCG has approved this position statement to support equity of services across practices

- There are three categories of travel immunisations:
  - Those that must always be given as part of NHS provision through GMS Additional Services
    - ◆ diphtheria, polio and tetanus (combined booster)
    - ◆ typhoid
    - ◆ hepatitis A
    - ◆ cholera (but see below)
  - Those that cannot be given as an NHS service
  - Those that can be given as either NHS or as a private service. It is this group that the position statement refers to and includes **Hepatitis B** and **Meningitis ACWY**. It also affects the supply of the **combined Hepatitis A and B vaccine**. Further detail is provided overleaf
- Further background on this Position Statement is available below in the PrescQIPP briefing.

**Approved by:** East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)

**Date:** Feb 2015

**Address:** c/o Canterbury and Coastal CCG, Brook House, John Wilson Business Park, Whitstable, CT5 3DD

**Contact:** T: 01227 791267 | E: [accg.eastkentprescribing@nhs.net](mailto:accg.eastkentprescribing@nhs.net)

The following vaccinations should **NOT** be supplied on the NHS for travel purposes and patients should be charged for them :

- Rabies<sup>1</sup>
  - Yellow fever
  - Japanese B encephalitis
  - Tick borne encephalitis
  - Meningitis ACWY
  - Hepatitis B
- **Combined hepatitis A and B vaccination.** This should **NOT** be prescribed on the NHS for travel purposes (NB hepatitis A on its own and in combination with typhoid may be supplied under the NHS)
  - Under the current NHS regulations, combined hepatitis A and B cannot be charged for when provided for travel so patients will have to be offered hepatitis A under the NHS and hepatitis B as a private service
  - **Hepatitis B vaccine.** If patients are travelling to an area where hepatitis B is endemic and they are considered to be at **HIGH RISK** of contracting hepatitis B they should be strongly encouraged to consider vaccination but this should be provided **privately**
  - **Already started a course?** For patients who have already started a course of combined Hepatitis A and B, or Hepatitis B provide on FP10, booster doses should be provided on FP10 (and so no combined Hep A and B will be seen after 6 months, possibly 12 if given the accelerated schedule)
  - **Combined Hepatitis A and typhoid vaccine.** The booster doses of these two vaccines are not aligned. The combined Hepatitis A and typhoid vaccine may be considered where the scheduled doses of both vaccines are required at the same time. Separate injections should be considered in all other cases as this is more cost effective
  - **Cholera vaccination<sup>2</sup>.** This is **NOT** required routinely for travellers and immunisation against cholera should only be considered following a full risk assessment, for the following categories of traveller:
    - relief or disaster aid workers
    - persons with remote itineraries in areas where cholera epidemics are occurring and there is limited access to medical care
    - travellers to potential cholera risk areas, for whom vaccination is considered potentially beneficial.
  - **\*Rabies vaccine<sup>1</sup>.** If this is required for occupational purposes (bat handlers) or post exposure contact, Public Health provides vaccines at no cost to primary care. Contact details are available on the following link. This vaccine should **NOT** be provided on FP10

<sup>1</sup> <http://www.canterburycoastalccg.nhs.uk/about-us/prescribing-advice/?assetdet7576137=407960&categoryesct17925247=9819>  
(Accessed 24/02/15)

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263838/Green-Book-Chapter-14v2\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263838/Green-Book-Chapter-14v2_0.pdf) (Accessed 12/02/15)

## Travel vaccines (DROP-List)

Additional resources available



Bulletin



Data pack



Patient information leaflet

<http://www.prescgipp.info/resources/viewcategory/263-travel-vaccines-drop-list>

Annually over £5.3 million (ePACT April 2014) is spent nationally on vaccines that are potentially not suitable to be prescribed on the NHS as they are mainly used for travel.

### Recommendations

- Vaccinations not allowed on the NHS should not be prescribed or supplied on the NHS for travel purposes. Patients should be charged for these vaccinations and associated costs.
- Hepatitis B vaccination is not commissioned under the NHS and this vaccination should be prescribed privately.<sup>1</sup>
- Local policy should be established to agree whether combined hepatitis A and B vaccination can be prescribed on the NHS for travel purposes or should be prescribed as separate component vaccines with the hepatitis A on FP10 prescription and the hepatitis B prescribed privately. This should be discussed with the Local Medical Committee (LMC).
- Cost of different products for the same vaccines should be considered. Single vaccines are cheaper than combined in the case of hepatitis A and typhoid.

### National guidance

For travel vaccines not available on the NHS a charge (determined by the practice) may be levied for the vaccine, administration and writing the private prescription.<sup>2</sup> An FP10 (or equivalent NHS prescription) must not be used to provide these vaccines. Possible charges after vaccination include post vaccination serological testing and provision of a certificate of immunisation. In some cases separate vaccinations may be cheaper and more appropriate as they have different booster dosage schedules.<sup>3</sup>

See table 1 overleaf

### Costs

For patients requesting travel vaccines not remunerated by the NHS, all provision should be via a private prescription.

**Total savings available are be up to £5.3 million nationally (ePACT, April 2014). This equates to £9,400 per 100,000 patients.**

This includes an assumption that hepatitis A and B combined vaccine will not be commissioned locally as a travel vaccine.

### Resources

Further information on which vaccinations are necessary or recommended for the areas your patients will be visiting are available on these two websites:

- Fit for Travel<sup>6</sup>
- National Travel Health Network and Centre (NaTHNaC).<sup>7</sup>

NHS patients are entitled to receive advice on recommended immunisations and malaria prophylaxis free of charge.<sup>1</sup>

### References

1. Focus on travel immunisation, BMA. November 2012. <http://bma.org.uk/practical-support-at-work/gp-practices/focus-travel-immunisation> Accessed 25th March 2014
2. GMS Regulations (Schedule 2, paragraph 4 and Schedule 5, paragraph 1 (g)) 1st March 2004. <http://www.legislation.gov.uk/ukxi/2004/291/schedule/2/made> Accessed 31st March 2014
3. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press: March 2014. <http://www.medicinescomplete.com/mc/bnf/current/PHP8243-vaccines-and-antiser.htm> Accessed 27th March 2014
4. NHS Choices <http://www.nhs.uk/Conditions/Travel-immunisation/Pages/Introduction.aspx> Accessed 24th March 2014
5. Pharmaceutical Journal. <http://www.pharmaceutical-journal.com/news-and-analysis/notice-board/discontinued-products-april-2014/20065493.article> Accessed 13th August 2014
6. Fit for Travel. <http://www.fitfortravel.nhs.uk/advice.aspx> Accessed 25th March 2014
7. National Travel Health Network and Centre (NaTHNaC) <http://www.nathnac.org/travel/index.htm> Accessed 25th March 2014

# East Kent Prescribing Group

Table 1: Travel vaccines available/not available on the NHS

VACCINE	AVAILABLE ON NHS FOR TRAVEL <sup>4</sup>	PRICE PER DOSE BNF 67 <sup>5</sup>
CHOLERA	YES	Dukoral® £23.42 (2 dose pack)
DIPHTHERIA/TETANUS/POLIO	YES	Revaxis® £6.50
HEPATITIS A	YES	Havrix Monodose® £22.14 Havrix Junior Monodose® £16.77 Vaqta® Adult 1-mL prefilled syringe £18.10 Vaqta® Paediatric £14.74 Avaxim® £18.10 Epaxal®* £23.81
HEPATITIS A/TYPHOID	YES	Hepatyrix® £32.08, ViATIM® £29.80
HEPATITIS A/B	**Establish local commissioning policy	Twinrix® 1-mL prefilled syringe (Twinrix® Adult) £27.76, 0.5-mL prefilled syringe (Twinrix® Paediatric) £20.79 Ambirix® £31.18 (under 16 years only)
HEPATITIS B	NO	Engerix B® £12.99 (prefilled syringe) (under 16 years £9.67), Fendrix® £38.10 HBvaxPRO® £12.20 (under 16 years £8.95)
JAPANESE ENCEPHALITIS	NO	Ixiaro® £59.50
MENINGOCOCCAL - MENINGITIS ACWY	NO	ACWY Vax® £16.73
RABIES	NO	Rabipur® £28.80
TICK-BORNE ENCEPHALITIS	NO	TivoVac® £32.00 TivoVac Junior® £28.00
TYPHOID	YES	Typhim Vi® £9.30 Typherix® £9.93
YELLOW FEVER	NO	

\*Epaxal (hepatitis A vaccine) will be discontinued by Crucell, part of Janssen, during 2014<sup>5</sup>

\*\* If prescribed on the NHS a prescription would be re-imbursed, however hepatitis B is not commissioned by the NHS as a travel vaccine, local policy should be agreed on whether hepatitis A and B combined vaccine can be prescribed locally for travel or whether the hepatitis B vaccine should be given as a separate private vaccination.