

Position Statement on the Supply of Hepatitis B vaccination on the NHS -April 2015

This Position Statement sets out the view of the East Kent East Kent Clinical Commissioning Group's (CCG) view on supply of Hepatitis B vaccine. The Position Statement has been developed to assist practices receiving requests from patients for this vaccine, to support equity of services across East Kent CCGs.

Hepatitis B is **not** currently part of the national immunisation schedule in the UK although it is included in the schedule of many European countries. If it is placed on the national schedule it is likely to be supplied through the ImmForm process where supplies are purchased centrally by the Department of Health.

Vaccines for national schedules are funded by Public Health and the CCG is not provided with any budget to support this area

Providing vaccines through FP10 is usually substantially less cost effective than central supply through ImmForm.

Information on a number of scenarios is provided below.

Scenario	Recommendation
Infant whose country of birth routinely provides hepatitis B as part of the national schedule and whose parents request the course or part course to be provided on the NHS	Hepatitis B is not currently funded by the NHS as part of the national schedule and should NOT be provided on FP10
Occupational health for students undertaking healthcare studies such as medical and nursing students, Agency nurses etc.	Hepatitis B should be provided by medical or healthcare educational establishments as part of their occupational health duties to students and should NOT be provided on FP10 NB The LMC provide useful info on this at the web site referenced below ^{1,2}
Attending after needle stick injury occurring during employed duties where A&E only usually provide the initial dose	If Hepatitis B vaccine is needed for occupational exposure to blood-borne viruses including post-exposure prophylaxis, the first vaccination should be given either by the employer's Occupational Health department or A&E if out-of-hours. Subsequent vaccinations should be given by the employer's Occupational Health department.
Attending after needle stick injury occurring outside of employment duties where A&E only usually provide the initial dose	If exposure is outside of employment duties, the practice should consider providing on FP10 in clinically appropriate situations determined on an individual basis and consistent with the guidance on human bites (below)

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

Date: April 2015

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<p>Attending after a human bite where A&E only usually provides the initial dose.</p>	<p>The Green Book advises that transmission has followed bites from infected persons (although this is rare) and that the vaccine can be considered in persons who are accidentally inoculated or contaminated. Local Public Health view is that in reality, the HBsAg status of most persons in the community is unknown so all instances of accidental inoculation and contamination involving another individual's blood necessitates Hep B vaccination as a precautionary measure. This is standard practice across the UK and elsewhere. If A&E have provided the initial dose, it is therefore reasonable for GP practices to complete the course</p>
<p>Patients whose lifestyle or medical conditions put them at risk of hepatitis B infection, including family members of those who have already contracted hepatitis B.</p>	<p>Giving hepatitis B for those at lifestyle or medical risk is not part of the additional service component of the global sum. Practices are only obliged to offer this service as part of good medical practice and therefore under GMS in clinically appropriate situations, which are determined on an individual basis.² The East Kent Sexual Health Clinics can support a full assessment for patients with lifestyle risks</p>
<p>Renal patients from EKHUFT and further afield</p>	<p>All renal patients from EKHUFT with end stage renal disease (pre-dialysis and requiring a dialysis modality) are given full and booster doses of hepatitis B vaccine within EKHUFT according to the Trust's protocol. Prescribers should check with other centres on an individual basis but it may be required on FP10</p>
<p>Care worker or health worker who is self-employed and works through agencies.</p>	<p>Practices should refer such patients to other practices where they can be offered this occupational care as a private service (as the self-employed are their own employer and any costs are a legitimate business expense)</p>
<p>For patients who have -already started a course of combined Hepatitis B provided on FP10 prior to 1st March 2015 and -where the recommendation is that this should not be provided on FP10.</p>	<p>Scheduled booster doses should be provided on the same basis as the initial dose i.e. provided on FP10 The expectation is therefore that Hepatitis B vaccine will not be prescribed for this scenario after a further 6-12 month period depending on schedule used</p>
<p>Neonatal hepatitis B immunisation programme³</p>	<p>Scheduled doses as per the Neonatal hepatitis B immunisation programme are as follows -an initial dose of vaccine at birth (provided in hospital). -Further doses at one and two months of age and a fourth dose at one year of age and should be provided on FP10. Testing at one year of age is provided and will identify any babies for whom this intervention has not been successful.</p>

References

1. <http://www.kentlmc.org/kentlmc/website10.nsf/news/88047D18E0DB0F7A80257A6800323E97?OpenDocument>
2. <http://bma.org.uk/practical-support-at-work/gp-practices/focus-hepatitis-b-immunisations>
3. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126195

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