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Hepatitis A vaccine shortage: implications and advice for clinical practice

Public Health England and NaTHNaC offer guidance for health professionals during the current hepatitis A vaccine shortage

Hepatitis A vaccine continues to be in short supply in the United Kingdom (UK) and globally; until normal vaccine supply resumes, some products may not be available or may be reserved for special risk groups. Thus, in these exceptional circumstances, it is necessary to consider options for hepatitis A vaccine dose sparing.

Following consultation with the [Joint Committee of Vaccination and Immunisation](#), Public Health England and NaTHNaC offer the following temporary guidance for health professionals in the UK:

Hepatitis A vaccine use should be prioritised; an effective [risk assessment](#) will ensure vaccine recommendations are appropriate, help identify higher risk travellers.

For immunocompetent adults, and where adult dose monovalent hepatitis A vaccine is not available, a single priming dose of either paediatric monovalent hepatitis A vaccine, adult combination hepatitis A/B vaccine (off label), or combination hepatitis A/typhoid vaccine can be given.

For immunocompetent adults who are primed with paed vaccine – a booster vaccine containing adult dose hepatitis A should be given at one year.

For immunocompetent adults primed with adult monovalent hepatitis A, a booster dose of either paediatric monovalent hepatitis A (off label) or adult combination hepatitis A/B vaccine, or combination hepatitis A/typhoid can be given where adult monovalent stock is not available.

For adults primed with adult monovalent hepatitis A vaccine, a booster dose can be delayed until beyond the recommended 12 months, to five years, in most circumstances.

Unvaccinated HIV positive persons should preferentially receive standard adult antigen content monovalent hepatitis A vaccine as a priming dose because of the poorer response rates to vaccine in this group. If adult monovalent vaccine is not available:

- patients with CD4 count < 500 cells/μL should receive two doses of paediatric hepatitis A vaccine
- patients with CD4 count ≥ 500 cells/μL should receive a single dose of paediatric hepatitis A vaccine

In circumstances where unvaccinated HIV positive persons with a CD4 count of <500 are primed with a single paediatric monovalent hepatitis A vaccine, a second priming dose should be given one month after the first and a booster dose at one year.

Health professionals who are not independent prescribers must use a [Patient Specific Direction to supply or administer products off-label](#), in addition to following any local guidelines.

Health professionals are advised to follow recommendations as per the jurisdiction in which they practice. Further guidance will be published as information becomes available.

Resources

- [PHE Hepatitis A vaccination in adults temporary recommendations](#)
- [Vaccine supply, shortages and use of unlicensed medicines](#)
- [Public Health England: Off label leaflets](#)
- [PHE Hepatitis A: pre-exposure immunisation recommendations](#)
- [PHE Hepatitis A infection: prevention and control guidance](#)
- [Public Health England: Vaccine Update](#)