20 Nov 2017

Hepatitis B vaccine shortage and vaccine prioritisation: advising the traveller

Public Health England and NaTHNaC update the temporary recommendations for hepatitis B containing vaccine use in children and adults travelling to countries of intermediate/high prevalence

Hepatitis B vaccine remains in short supply in the United Kingdom (UK) and it is likely this situation will continue until at least 2018; until normal vaccine supply resumes, health professionals should consider alternative vaccines, prioritisation and dose sparing.

Supply of combined hepatitis A/B containing vaccines from one manufacturer is expected to improve from end November 2017. As of 20 November 2017, Public Health England (PHE) has posted an addendum to the temporary recommendations for hepatitis B vaccination in adults and children during the vaccine shortage; further guidance is given on prioritisation of hepatitis B containing vaccine for those who travel to countries of intermediate/high prevalence for hepatitis B (see advice for health professionals).

Advice for travellers

The risk for travellers of infection with hepatitis B is low as transmission requires exposure to blood, semen or vaginal fluids of a person infected or carrying hepatitis B virus. Therefore risk for travellers is only increased by taking part in activities which put them at risk of these exposures in countries where hepatitis B is more common. People infected with hepatitis B virus may not show any symptoms, but can remain infectious, even when they look well.

Although hepatitis B can be prevented by vaccination, hepatitis B vaccine is currently in short supply and unlikely to be widely available for travel purposes alone as scarce stock is being preserved for other individuals at higher risk (e.g. post significant exposure). As part of a travel health consultation (recommended before travel abroad), your health professional will discuss your risk of hepatitis B on an individual basis and can advise you on how to reduce your risk through important behavioural measures, which are summarised below:

You should always avoid contact with blood and bodily fluids by:

- Not having unprotected sexual intercourse (always use a condom during sex)
- Carrying a sterile medical equipment kit for use in a medical emergency (particularly in countries of intermediate/high prevalence).
- Not having tattoos, body piercing or acupuncture (unless sterile equipment is used)
- Not sharing needles or other injection equipment (and instead use needle and syringe exchange services, transition to opiate substitution therapies)
- Not sharing shaving equipment
- Using appropriate protective precautions where contact is unavoidable e.g. due to occupation

Using precautions will also help protect against other blood and body fluid-borne viruses (BBV), such as HIV and hepatitis C, for which there are currently no vaccines.
If you think you may have been exposed to hepatitis B risk (including if you receive emergency medical treatment in a country with intermediate/high prevalence, and have concerns about sterility of equipment used), you should urgently seek advice from a healthcare provider.

**Advice for health professionals**

In response to current vaccine supply constraints to the UK, Public Health England has produced guidance for healthcare workers providing information on hepatitis B vaccination for adults and children, including in the context of travel:


These recommendations advise on prioritisation of vaccine for those at highest, immediate need and require an individual risk assessment.

For those visiting countries of intermediate/high prevalence for hepatitis B, vaccination is not routinely recommended to most traveller groups. However, hepatitis B vaccination can be considered for those at higher risk such as in the following situations:

- Those visiting friends and relatives for 6 months or longer
- Expatriates and other long-term (6 months or longer) travellers whose activities are likely to put them at increased risk (e.g. those who will have unprotected sexual intercourse, those who inject drugs)
- Exceptionally, where risk assessment indicates a traveller to be at higher risk of requiring emergency medical treatment e.g. because of a significant co-morbidity (specialist advice should be sought).

In addition:

- Those visiting their country of origin (where they were born and raised), where the country has intermediate or high prevalence of hepatitis B; testing for evidence of past exposure and immunity may be considered to determine whether hepatitis B vaccination is appropriate. Please see Public Health England: migrant health guide – hepatitis B.

All travellers should be advised about the risk behaviours that increase the risk of exposure to hepatitis B, and measures that can be taken to reduce the risk. Health professionals should carefully consider the itinerary and expected activities of the individual travelling to inform whether pre-exposure vaccination is indicated.

Health Professionals are advised that this temporary advice is not absolute and requires some clinical judgement and a detailed individual risk assessment.

Advice is subject to change and will be updated as further information becomes available.

**Resources**

- Public Health England Hepatitis B vaccination in adults and children: temporary recommendations: Temporary addendum on use of combined hepatitis A/B vaccine in travellers
- Public Health England: what to do if you have to wait for a dose of hepatitis B vaccine –
advice for patients

- Public Health England, Immunisation against infectious disease: Hepatitis B
- Public Health England: Migrant Health Guide