Annex H
CMO(82)13
CNO(82)11

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE LONDON SE1 6BY
TELEPHONE 01-407 5522 EXT

Your reference
Our reference

To: General Medical Practitioners
District Medical Officers
District Nursing Officers

Copies to: Regional Medical Officers
Regional Nursing Officers
Family Practitioner Committees
Medical Officers for Environmental Health
Port and Airport Medical Officers
Secretaries of the Boards of Governors of the
Specialist Postgraduate Teaching Hospitals

15 October 1982

Dear Doctor/Nursing Officer

HEPATITIS B VACCINE: GUIDANCE ON USE

A vaccine will shortly be available in very limited quantities, which has been shown on initial trials to be effective in the prevention of hepatitis B.

The number of overt cases of hepatitis B identified in England and Wales appears to be low, averaging about 1,000 cases a year. Asymptomatic infections occur and some of those infected become chronic carriers of hepatitis B antigen; a small proportion of antigen carriers develop chronic hepatitis. Certain occupational and other groups are known to be at increased risk of infection although in comparison with other countries, the incidence of the disease is low.

Whether or not to give the vaccine will be for the individual doctor to decide but in view of the relatively low incidence of the disease, the pressures on Health Service resources, the cost of the vaccine and its very limited availability, it is suggested that vaccine should be reserved for specific individuals within the groups known to be at increased risk. The Joint Committee on Vaccination and Immunisation guided by the Advisory Group on Hepatitis have advised on which groups of staff and patients should receive priority for vaccination, and these are set out in the appendix to this letter.

This vaccination will not attract an item of service payment under the Statement of Fees and Allowances.

Yours sincerely

GRO-C

HENRY YELLOWLEES KCB FRCP FFCM
Chief Medical Officer

GRO-C

MRS A A B POOLE
Chief Nursing Officer

Enquiries to:- 01-407-5522 Ext GRO-C

Further copies of this letter may be obtained from DHSS Store, Health Publications Unit, No.2 Site, Manchester Road, Heywood, Lancs, OL10 2PZ quoting code and serial number appearing at top right-hand corner.

APPENDIX
(CMO(82)13)
(CNO(82)11)

HEPATITIS B VACCINE: GUIDANCE ON USE

The Joint Committee on Vaccination and Immunisation have issued the following guidance based on recommendations made by the Advisory Group on Hepatitis:-

While vaccine is in short supply it is emphasised that vaccination should be restricted to those at special risk who are in the priority groups listed below and in particular those in contact with known "high risk carriers".

HEALTH CARE PERSONNEL

1. Personnel directly involved over a period of time in patient care in those residential institutions for the mentally handicapped where there is a known high incidence of hepatitis B. (The same priority should be accorded to teaching and training staff in similar circumstances).

2. Personnel directly involved in patient care over a period of time, working in units giving treatment to known carriers of hepatitis B infection.

3. Personnel directly involved in patient care working in haemophilia or other centres regularly performing maintenance treatment of patients with blood or blood products.

4. Laboratory workers regularly exposed to increased risk from infected material.

5. NHS and academic health care personnel on secondment to work in areas of the world where there is a high prevalence of hepatitis B infection, if they are to be directly involved in patient care.

PATIENTS AND FAMILY CONTACTS

1. Patients on first entry into those residential institutions for the mentally handicapped where there is known high incidence of hepatitis B.

2. Renal dialysis patients who are known to be antigen/antibody negative, who are travelling abroad and who will receive haemodialysis treatment in centres outside the United Kingdom.

3. The spouses and other sexual contacts of carriers of hepatitis B in the following circumstances.

(a) If the carrier is not hepatitis B e antibody positive.

(b) If the potential vaccinee is neither a carrier of hepatitis B surface antigen nor hepatitis B antibody positive.

Notes:

(i) Close family contacts of individuals suffering from acute hepatitis B should be treated by passive immunisation with specific anti-hepatitis B immunoglobulin.

(ii) Specific immunoglobulin is also available for use after accidental inoculation or contamination with antigen positive blood. Supplies are held by the Public Health Laboratory Service.

(iii) There is no need to give vaccine to individuals known to be hepatitis B surface antigen (or antibody) positive or to patients with acute hepatitis B since in these instances it will be ineffective.

(iv) Since this is a new vaccine it is even more important that adverse reactions should be reported to the Committee on Safety of Medicines (by the 'Yellow Card System').

October 1982

Annex I

Department of Health and Social Security
Alexander Fleming House Elephant and Castle London SE1 6BY

Telex 883669 Telephone 01-407 5522 ext

To:
Regional General Managers
District General Managers
General Managers of Special Health Authorities
for London Postgraduate Training Hospitals
Family Practitioner Committee Administrators

Your reference

Our reference EL(88)P/125

Date FPCL 99/88

July 1988

Copies:
Regional Medical Officers
District Medical Officers
Regional Nursing Officers/ Advisers
District Nursing Officers/ Advisers
Regional Pharmaceutical Officers
Regional Supplies Directors/ Officers

Dear General Manager/Administrator

IMMUNISATION

SUMMARY

1. This letter provides information about the introduction of measles, mumps and rubella immunisation and draws to health authorities' attention the attached revised guidance about immunisation in the Memorandum Against Infectious Disease prepared by the Joint Committee on Vaccination and Immunisation (JCVI), in particular that about measles, mumps and rubella and hepatitis B immunisation.

BACKGROUND

2. HN(85)14 drew attention to the importance of improving immunisation uptake and asked district health authorities to appoint a specific person to coordinate immunisation activity - the immunisation coordinator. A year later the national picture in 1986 showed a slight improvement for most immunisations - 67% uptake for whooping cough, 87% for rubella, 71% for measles and 85% for diphtheria, tetanus and polio. The World Health Organisation European Region targets for 1990 are 90% for measles, diphtheria, tetanus, whooping cough and polio and 95% for rubella. Many European countries have already reached these targets.

3. Encouraging progress has been made by some authorities but performance, varies widely. Some DHAs are well on course to meet the WHO targets (if they have not already done so): others have a considerable distance to go. Progress towards improving uptake will be kept under review as part of the normal arrangements for monitoring health authorities' performance.

4. The role of immunisation coordinators will continue to be important in securing improvements, planning for future developments, developing links with FPCs, disseminating information on local immunisation policies and training those involved in immunisation. Detailed tasks to be carried out by those assigned this function are for health authorities to decide locally. They may find the list of functions in the annex to this circular helpful in defining the role.

MEASLES, MUMPS AND RUBELLA IMMUNISATION

5. Immunisation coordinators will have a particularly important task. The introduction of combined measles, mumps and rubella (MMR) vaccine from 1 October this year is the greatest change in the childhood immunisation programme for 20 years and it is hoped it will lead to the elimination of these diseases in children.

6. The new vaccine should replace the existing programme for giving measles immunisation in the second year of life. To ensure children are protected against the three diseases before they enter school the JCVI has recommended a catch-up programme for approximately five years. The pre-school entry cohort of children should be given MMR at the same time as their pre-school booster for diphtheria, tetanus and polio. For the time being the schoolgirl rubella immunisation programme and the immunisation of susceptible adult women is to continue.

7. Most coordinators have attended three national briefing meetings about the new programme. The JCVI Memorandum gives a detailed account of the vaccine and advises on the circumstances in which it should be used.

Financial Allocations

8. To cover the additional expenditure in 1988/89 on the first stage of the catch-up programme, £1.4m will be made available to health authorities. This will shortly be allocated to authorities on a basis proportionate to their pre-school child population. In 1989-90 funding will be increased to £2.6m (ie full year cost) and will be made available to authorities on a recurrent basis.

Supply of Vaccine

9. NE Thames RHA, as the centre of responsibility (COR) concerned, is currently negotiating terms with potential suppliers of MMR vaccine. The companies involved are Smith, Kline and French Laboratories, the Wellcome Foundation Limited (subject to clearance of marketing arrangements) and Merieux UK (subject to clearance of product licence application). Evans Medical Limited have indicated that they expect to enter the market next year. The COR will be in touch with RHAs direct very shortly regarding the outcome of the negotiations and the supply arrangements.

Notification

10. To assist the effective monitoring of the new programme Ministers propose to make regulations to include mumps and rubella from 1 October in the list of diseases (which includes measles) which doctors must notify under the Public Health (Infectious Diseases) Regulations. Separate guidance will be issued in the next few weeks about this and a number of other proposed changes to these regulations.

Publicity

11. The Health Education Authority will e running a national publicity campaign with advertising aimed at parents at the time of the introduction of the new vaccine in October and subsequently. It will also produce leaflets and posters which it will be distributing to health education officers directly in August. Further enquiries about this to John Flaherty or Nigel Marsh at the Health Education Authority's advertising department [01-631 0930 Ext GRO-C].

12. A CMO/CNO letter [PL/CMO(88)19, PL/CNO(88)11] is being simultaneously sent to all doctors and senior nurse managers. This covers a pack including the JCVI Memorandum and a factsheet and question and answer material on MMR.

HEPATITIS B

13. The JCVI Memorandum includes revised advice about hepatitis B. It is for health authorities to decide, in the light of the advice contained in the Memorandum (chapter 12 para 12.3), which members of staff and - in what order of priority - should be offered immunisation against hepatitis B, bearing in mind the nature of their duties and the risk of exposure to the virus in the course of their work. Certain voluntary workers eg, those who work with drug misusers, should also be considered for immunisation on the same terms. Immunisation against this occupational hazard is the responsibility of authorities' occupational health services.

14. As far as immunising patients or clients is concerned, the Memorandum draws attention to the vulnerability to infection of individuals who frequently change sexual partners or who are injecting drug misusers. Such individuals' lifestyles expose them also to the risk of AIDS and when receiving hepatitis B immunisation the opportunity should be taken to counsel them eg at GUM clinics about the avoidance of infection by the human immunodeficiency virus.

ITEM OF SERVICE FEES

15. General medical practitioners are at present entitled to claim an item of service fee for giving measles vaccine and will become eligible from 1 October to do so for MMR at any age, irrespective of whether measles immunisation has already been given. The statement of fees and allowances is being amended.

ACTION

16. Health authorities are asked to draw the Memorandum to the attention of those responsible for immunisation and occupational health programmes. District Nursing Officers/Advisers will separately receive copies for direct distribution to health visitors and school nurses.

Yours sincerely

GRO-C

R L CUNNINGHAM
Child, Maternity and
Prevention Branch 3

This letter will be cancelled and deleted from the communications index on 1 Januar 1990 unless notified separately.

Enquiries about EL(88)P/125 - to Mr L T Wilson or Mr P Martin
Department of Health and Social Security
Room B1307 or B1317A Alexander Fleming House
London
SE1 6BY

01-407 5522 Ext GRO-C

ANNEX

Suggested list of tasks of the immunisation coordinators.

a. Coordinate the work of all those involved with immunisation - independent contractor GPs, medical staff employed by the DHA to work in child health (clinical medical officers), and nursing and administrative staff.

b. Establish a commitment with all concerned to vaccinate every child in the absence of genuine contraindications.

c. Provide training and updating of all staff involved in immunisation. This should include the treatment of anaphylaxis and the objective of training nurses so they have the knowledge and confidence to immunise without the presence of a doctor.

d. Maintain an up-to-date register of children in the district so that accurate vaccine uptake figures can be produced, non-immunised children identified and followed up.

e. Provide accurate and up-to-date figures on uptake and reasons for missed immunisations to individual practices and clinics; investigate the reasons for poor results.

f. Establish a telephone "hot line" or advisory clinic.

g. Take specific action where necessary to deal with "difficult" families. This may be by domiciliary immunisation where appropriate.

h. Mount local campaigns to promote immunisation with the aim of increasing public awareness and professional enthusiasm.

i. Ensure that immunisation is readily available, that is, clinics are easily accessible at convenient times.

Annex J

Russell Harty (Jimmy's) Hepatitis & Liver Research Fund
P.O. Box No. 14
Garforth
Leeds
West Yorkshire
LS25 1TD

Telephone:
Leeds (0532) 863222

CURRENT GOVERNMENT POLICY ON PREVENTION OF HEPATITIS B

The 1988 edition of "Immunisation Against Infectious Disease", produced by the Joint Committee on Vaccination and Immunisation (JCVI), recommends that vaccination against hepatitis B should be offered "to those at highest risk" and should be considered for other at risk groups.

Those classified as being at highest risk include:

* Healthcare personnel and others who are at risk because they are or may be directly involved in patient care in institutions for the mentally handicapped for 6 months or more.

* Personnel working in units treating known carriers of hepatitis B for 6 months or more.

* Medical laboratory workers and mortuary technicians.

* Healthcare personnel on secondment to work in areas where hepatitis B is endemic.

GPs are not currently entitled to claim item-of-service payments for administering hepatitis B vaccinations, except in circumstances where vaccination is recommended by the medical officer for environmental health reasons or where the local Family Practitioner Committee (FPC) has chosen to pay such fees under the JCVI recommendations.

No new money has been made available centrally by the Department of Health for hepatitis B vaccination programmes, no programme of vaccinations set up and no follow-up monitoring established. The cost of immunising health service personnel and other high risk groups must therefore be weighed against the financial demands for routine healthcare.

Surveys conducted during 1989 suggest widespread ignorance amongst GPs as to high risk groups* and a lack of awareness of the dangers of hepatitis B among those at risk.** In addition, we believe this issue is given low prioritisation by RHAs due to lack of funds.

Because of lack of adequate information and funding the Russell Harty (Jimmy's) Hepatitis and Liver Research Fund is pressing the government to take the following action:

1. To obtain assurance that no member of a high risk group will be denied the vaccination.

2. That the government institutes its own information and monitoring programme, and adds hepatitis B to the screening study that is currently in progress on the incidence of AIDS and HIV.

3. That the Health Education Authority conducts an education campaign targetted at specific groups and their families as well as prescribing physicians.

*** Current Status and Trends in Hepatitis B Vaccination: General Practitioners; May 1988: Promark Research.**

**** BMJ number 6719, 27 January 1990: Attitudes of General Practitioners towards their vaccination against Hepatitis B.**

Russell Harty (Jimmy's) Hepatitis & Liver Research Fund
P.O. Box No. 14
Garforth
Leeds
West Yorkshire
LS25 1TD

Telephone:
Leeds (0532) 863222

CURRENT GOVERNMENT HEPATITIS B VACCINATION RECOMMENDATIONS

The hepatitis B vaccine is available on NHS prescription to all high risk groups, although many GPs are still confused about who is entitled to receive it.

In line with the World Health Organisation (WHO), the British Medical Association (BMA) recommends that active immunisation is provided for healthcare staff in frequent contact with blood, needles or other sharp instruments in community, hospital or dental departments. The BMA also recommends that other vulnerable groups such as medical and nursing students, community workers (including primary healthcare staff, police, ambulance personnel, rescue service staff and custodial officers), morticians, embalmers, the sexually promiscuous, IV drug users, hepatitis B patient contacts and travellers to endemic areas should consider vaccination.

The Royal College of Nurses (RCN) also supports the WHO recommendations, stressing that all nurses and junior nurses be vaccinated. The RCN also recognises that there is a special risk to student nurses who change their area of speciality on a regular basis and whose lack of experience makes them particularly vulnerable to needlestick injuries.

The British Dental Association (BDA) again supports the WHO guidelines and has issued a set of guidelines on the prevention of infection and cross-infection for all dental health workers. These guidelines call for all clinical dental professionals to be immunised against the virus at the earliest possible time.

m/f...

In addition to the healthcare professional bodies, we believe the following trade unions and professional organisations have issued advice on hepatitis B prevention to their members:

Association of Professional Ambulance Personnel

British Institute of Embalmers

British Institute of Funeral Directors

Confederation of Health Service Employees (COHSE)

Co-operative Funeral Services Managers Association

Fire Brigades Union

General, Municipal and Boilermakers Union (GMB)

Institute of Medical Laboratory Scientific Officers

Managerial, Scientific and Financial Staff Union (MSF)

National Association of Fire Officers

National Association of Funeral Directors

National Association of Local Government Officers (NALGO)

National Union of Public Employees (NUPE)

National Union of Teachers (NUT)

m/f...

Police Federation of England and Wales

Prison Officers Association

Professional Association of Nursery Nurses

Scottish Police Federation

ENDS

For further information please contact:

Judy Larkin
Russell Harty (Jimmy's) Hepatitis & Liver Research Fund
25 Wellington Street
Covent Garden
London
WC2E 7DA

Telephone: GRO-C

June 1990

SC17790

Annex K

DEPARTMENT OF HEALTH

Richmond House
79 Whitehall
London SW1A 2NS
Telephone 01 210 3000
From the Parliamentary Under Secretary of State for Health

POH(5)1694/2760

Mr P A Tomlinson
Fund Chairman
Russell Harty (Jimmy's)
Hepatitis & Liver Research Fund
PO Box No 14
Garforth
Leeds
West Yorkshire
LS25 1TD

19th March 1990

Dear Mr. Tomlinson,

Thank you for your letter of 26 February about Hepatitis B. I hope you will also take this as a reply to your similar letters to the Prime Minister, Kenneth Clarke and Virginia Bottomley.

Advice on Hepatitis B and other vaccinations is contained in the book "Immunisation against Infectious Disease" which is prepared for the Health Departments by the Joint Committee on Vaccination and Immunisation (JCVI). It is issued free to all doctors and nurses concerned with immunisation.

The Department has stated that it is the responsibility of the employing authorities to decide, in the light of the advice contained in the book, which members of their staff and in what order of priority, should be offered Hepatitis B vaccine, bearing in mind the nature of their duties.

Where there is no occupational hazard, the decision to vaccinate in any particular case is left to the clinical judgement of the practitioner involved.

You may be interested in the most recent estimated sales figures for Hepatitis B vaccination in 1989 - a fairly reliable indication of uptake. These are listed below:-

Month	Nos
January	56,501
February	64,842
March	110,463
April	78,856
May	67,941
June	58,326
July	58,038
August	52,074
September	77,799
October	66,893
November	89,450
December	42,630

The Health Education Authority (HEA) publishes a booklet "Guide to a Healthy Sex Life" (copy enclosed) which includes useful information on Hepatitis B. I understand that they are reviewing this and other publications on sexually transmitted diseases.

I hope this is helpful.

GRO-C

ROGER FREEMAN

Russell Harty (Jimmy's) Hepatitis & Liver Research Fund
P.O. Box No. 14
Garforth
Leeds
West Yorkshire
LS25 1TD

GRO-C

Telephone/Fax No:
Leeds (0532) 863222

Rt. Hon. Margaret Thatcher FRS,
The House of Commons,
LONDON SW1A 0AA.

26. FEB. 1990

Dear Mrs. Thatcher,

I am writing to ask for your assistance concerning the problem of public unawareness of hepatitis and the low take-up of the hepatitis B vaccine amongst high risk groups.

Russell Harty (Jimmy's) Hepatitis and Liver Research Fund was set up in June 1989 to promote public awareness of hepatitis and to establish a research unit to find a cure for the disease.

Hepatitis B is a potentially fatal viral condition and is over 100 times more infectious than HIV. Two million people worldwide die annually from hepatitis B infection and more than 285 million people are carriers of the virus. In the U.K. the exact number of carriers is estimated to be in excess of 50,000. Hepatitis B is an occupational risk to those whose work brings them into contact with blood and body fluids. There is no effective treatment for hepatitis B and the best prevention from infection is vaccination.

Despite government advice that members of high risk groups should be vaccinated, no DoH figures or studies exist on the current level of vaccine take-up. We are currently pressing the government to increase the activity in this area.

The enclosed details may be of interest to you and we would appreciate any assistance you may be able to give us in promoting these facts to the general public.

Yours sincerely,

GRO-C

P.A. Tomlinson (Mr.)
Fund Chairman.

HHI

TAKE UP OF HEPATITIS B VACCINE AMONGST HIGH RISK GROUPS

In 1988 the Joint Committee on Vaccination and Immunisation (JCVI) recommended that named high risk groups and their families should be vaccinated against hepatitis B. However, no new money was provided, no programme of vaccinations set up and no follow-up monitoring established.

A survey conducted during 1989 suggests widespread ignorance amongst GPs as to high risk groups, low prioritisation by RHAs due to lack of funds, and a lack of awareness of the dangers of hepatitis B amongst those at risk.

Active immunisation is recommended by many health bodies, including World Health Organisation, British Medical Association, Royal College of Nursing, British Dental Association, Confederation of Health Service Employees.

TARGETS

Among those high risk groups identified by the JCVI, independent research shows the following groups to be particularly vulnerable:

- Medical students
- Midwives
- Laboratory staff
- Fireman
- Prison officers
- STD clinic patients
- Drug addicts
- Homosexual men
- Prisoners
- Chiropodists

A summary of the research is attatched.

Because of lack of adequate information and funding the Russell Harty (Jimmy's) Hepatitis and Liver Research Fund is pressing the government to take the following action:-

1. An assurance that no member of a high risk group will be denied the vaccination.
2. That the government institutes its own information and monitoring programme, and adds hepatitis B to the screening study that is currently in progress on the incidence of AIDS and HIV.
3. That the Health Education Authority conducts an education campaign targeted at specific groups and their families as well as prescribing physicians.