

From the Chief Medical Officer
Dr Michael McBride



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 20/2017

For Action:

Chief Executives, Public Health Agency/Health and
Social Care Board/HSC Trusts/NIAS

All General Dental Practitioners

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Your Ref:

Our Ref: HSS(MD) 20/2017

Date: 27 September 2017

Dear Colleague

SHORTAGE OF HEPATITIS B VACCINES – IMPLICATIONS FOR DENTAL PROFESSIONALS

ACTION REQUIRED

Chief Executives must ensure that this information is drawn to the attention of all staff involved in dental work.

The HSCB must ensure that this information is cascaded to all General Dental Practitioners immediately.

1. As you are aware there is a global shortage of Hepatitis B vaccine which is currently impacting severely on the UK supply. The situation became critical during August but limitations on supply are likely to continue until early 2018. To ensure that stock is available for those individuals at highest and most immediate risk of exposure to hepatitis B, Public Health England (PHE) has developed temporary recommendations to support clinicians undertaking an individual risk assessment. Please see HSS (MD) 15/2017 - <https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-15-2017.pdf>
2. PHE and the Department of Health (England), in liaison with colleagues in the devolved administrations, have been working with both vaccine manufacturers to

institute further ordering restrictions according to customer type. The allocation is based on an assessment of the proportion of vaccines used by those customers for individuals in the highest priority group.

3. Dental nurses who perform exposure prone procedures (EPP's) would fall into prioritisation category 3. Trust Occupational Health Departments are endeavouring to provide immunisation to staff in category 3 where possible in line with stock allocations.
4. Should dental teams experience significant service delivery problems as a result of the shortage of the vaccine, they should report this to the dental team at the Health and Social Care Board in the first instance.

Advice on infection prevention and control

5. Practitioners are asked to continue to:
 - reinforce the use of standard precautions by all staff.
 - reinforce the use of safety needles, re-sheathing devices and near-patient sharps disposal units for clinical staff.
 - reinforce the importance of immediate reporting of needlestick and other significant exposures (especially for lower risk staff for whom vaccination has been deferred) so that a timely risk assessment for post exposure vaccination can be done. Advice on the management of sharps injuries in dental practices may be found here:
http://www.hscbusiness.hscni.net/pdf/Sharps_poster_April_2014.pdf

Implications for practising dental professionals

Post-exposure management

6. Dental professionals requiring post-exposure hepatitis B vaccine who cannot access this via the normal route should be referred to A&E for assessment.

Pre-exposure vaccination

7. Most dentists and hygiene-therapists will have been fully vaccinated during training and then tested to confirm response to the primary course. Those who commenced work as VTs in August may be due a routine booster (normally given around five years after the primary course). The benefit of this booster in known responders to vaccination is small, and therefore it can be safely deferred until early 2018. Not having received the booster should not be a barrier to ongoing work.
8. Dentists and hygiene-therapists coming from non UK universities, if not already vaccinated, may need to restrict undertaking exposure-prone procedures (EPP₁) until vaccine becomes available.

9. Employers should risk assess the duties for any new dental nurse who has not been vaccinated and restrict their workload to non-EPP duties until vaccine becomes available.
10. Dental professionals may wish to seek advice from their indemnity organisations to discuss their individual circumstances.
11. Should dental professionals experience problems accessing the hepatitis vaccine from HSC Trust Occupational Health Service departments, they may wish to consider seeking vaccinations from the private sector, at their own cost.
12. As always, all dental team members should be fully informed about how to minimise exposure and what to do if an exposure occurs.

Implications for dental professional students

13. Programmes to vaccinate health care students, including dentists, may need to be deferred until early 2018. Occupational health departments have been asked to assess the risk for students in universities who undertake clinical procedures in the first year, and to discuss the need for curriculum realignment for students who cannot be vaccinated.
14. The situation is under constant review, to ensure that available supply is able to match the clinical need for the rest of the year.

Yours sincerely



Dr Michael McBride
Chief Medical Officer

¹ EPPs include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. (UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses, 2016)

