

To:

- Regional Director of Commissioning
- ICB Chief Executive Designates
- All Trust Chief Executives

 NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

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cc.

- CCG Accountable Officers
- All Local Government Chief Executives
- NHS England & NHS Improvement Regional Directors
- All Directors of Public Health

Dear colleagues,

Updated guidance and delivery of vaccination for monkeypox

Today, the UK Health Security Agency (UKHSA) updated its guidance to advise that pre-exposure vaccination against monkeypox should now be offered to those at greatest risk of infection to help control the recent outbreak of the virus.

The latest UKHSA advice states:

“JCVI proposed that vaccination should be offered as soon as feasible to GBMSM at highest risk due to a large number of contacts.

The committee agreed that GBMSM at highest risk could be identified amongst those who attend sexual health services, using markers of high-risk behaviour similar to those used to assess eligibility for HIV pre-exposure prophylaxis (PrEP), but applied regardless of HIV status. These risk criteria would include a recent history of multiple partners, participating in group sex, attending sex on premises venues or a proxy marker such as recent bacterial STI (in the past year).

In view of the current epidemiology and vaccine supply available, wider vaccination in low risk GBMSM individuals or the general population is not advised at this time.

Occupational vaccination

Pre-exposure vaccination should also be prioritised for the following workers at high risk of exposure:

- *staff expected to provide care to monkeypox cases in high consequence infectious disease (HCID) units*
- *staff in sexual health clinics designated to assess suspected cases*
- *staff in additional hospitals outside HCID units designated to care for monkeypox patients*
- *workers in laboratories where pox viruses (such as monkeypox or genetically modified vaccinia) are handled, and others whose work in specialist and reference laboratories*
- *staff regularly undertaking environmental decontamination around cases of monkeypox*

Other healthcare staff should be able to avoid inadvertent exposure by ensuring suspected monkeypox cases are assessed by designated staff, or by wearing appropriate personal protective equipment.

First doses should be prioritised during this outbreak, with the offer of a second dose for those who continue to be at an increased risk of exposure”.

The full UKHSA strategy can be found [here](#). Updated Green Book guidance can be found [here](#).

We are therefore writing to ask you to work with your regional teams to now put plans in place to offer first dose proactive, pre-exposure vaccination to those prioritised by the UKHSA, as well as ensure that you continue to vaccinate those who have been in close contact with people with a confirmed case of monkeypox.

Funding will be available to support this work via systems with further detail to follow.

FOR IMMEDIATE ACTION

In line with commissioning responsibilities, NHS England regional teams will work with their systems to establish locally appropriate services operating on a hub and spoke network to offer proactive, pre-exposure vaccination to those at greatest risk. It is expected that NHS leaders, working together with local authority and wider public health teams, will build on existing occupational health and Contraception and Sexual Health and Genitourinary Medicine (CAsHGUM) services. Post-exposure vaccination must also

continue and the location and setting for clinics will need to be carefully considered, especially for paediatric and staff vaccination. Regions and systems should continue working with regional and local UKHSA and health protection teams responsible for contact tracing to ensure NHS commissioned post-exposure vaccination services are both effective and efficient.

Systems must ensure that eligible frontline staff at all sexual health service providers, regardless of commissioner, have access to pre-exposure staff vaccination. Systems are asked to complete and return the staff eligibility sitrep that will be cascaded alongside this letter to ensure accurate allocation of supply.

Vaccine allocation and storage

Current vaccine stocks will be regionally allocated, with quantities based on modelling from UKHSA and the British Association for Sexual Health and HIV (BASHH). The supply chain will operate on a push model, delivered in packs of 20 at -20 degrees for freezer or fridge storage. Future supplies will then be allocated, with system oversight, via ImmForm. Specialist Pharmacy Services are developing a standard operating procedure for the storage of the vaccine. However, it is important to note when designing local networks, movement of vaccine is only permitted within a legal entity, eg such as between hospital sites within an NHS trust. Hub arrangements can be used for sites which are not providing vaccination to refer eligible people to.

Administration and documentation

The vaccine will need to be administered under a PSD as current vaccine stock will need to be used off label. This can be done remotely by a qualified prescriber. Systems should work with their lead employer to access any additional workforce, including volunteers, recognising the pressures in some local services.

There will be no national call and recall for pre-exposure vaccination and local health protection teams will continue to refer into existing provision for post-exposure. Local services are asked to identify eligible people who are known to them and offer vaccination using local booking arrangements. Systems, working with their local authority, voluntary and community sector and wider partners, should also put plans in place to reach out to those who currently do not access services but who are at risk of exposure. Systems should consider use of mobile and pop-up units according to local need. Vaccination of the public will be recorded in the sexual health record and the number of vaccinations captured in a daily sitrep on activity to inform prioritisation and stock allocation.

Occupational health risk assessments should be put in place for those staff the UKHSA advise may be at risk of exposure, with vaccination recorded as part of the OH record and captured in the daily stirep on activity. Systems must work with local partners to ensure that staff not employed by the NHS but who are eligible for pre-exposure vaccination are identified and offered a vaccine.

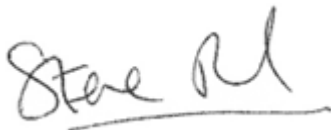
To make best use of vaccine supply, first doses will be prioritised. Subject to transmission rates and the evolving epidemiology, a second dose may be offered at least 28 days after the first dose to provide longer lasting protection and further guidance will be issued shortly.

Consent for vaccination and communications

Leaflets supplied with the vaccine are the PIL from the manufacturer and the UKHSA has produced a patient information leaflet, which is an important part of the consent process. It gives post-vaccination advice and must be given to every person receiving the vaccine. Providers can order stock of PIL by visiting www.healthpublications.gov.uk/HTML or calling 0300 123 1002 using the product code 2022MP1EN. All trusts and GUM clinics can order 500-1000 via the website, with larger volumes available via telephone. Translated and an easy read version will be available shortly. National communications to support delivery will be shared in the usual.

Thank you for your support in standing up this service quickly.

Yours sincerely



Steve Russell
National Director for Vaccinations and Screening
NHS England
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Professor Sir Stephen Powis
National Medical Director