Regional Clinical Advice Response Service 16/07/21

For any COVID-19 vaccination related queries or to escalate an incident please contact: england.swcovid19-cars@nhs.net

Please note that going forward and in line with the RVOC and NVOC, RCARS will now operate between the hours of 8am and 6pm over the weekend.

PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME

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JCVI interim advice issued on potential COVID-19 booster vaccinations

The Joint Committee on Vaccination and Immunisation (JCVI) published its interim advice on a potential booster programme on the 30th June here

The purpose of the booster programme is to maximise individual protection and safeguard the NHS ahead of winter. The JCVI advice is that any potential COVID-19 booster programme should be offered in 2 stages from September, starting with those most at risk from serious disease. Almost all these people would also be eligible for the annual flu vaccine and are strongly advised to have the flu vaccine.

In Stage 1 of a potential booster vaccination programme for 2021 to 2022, the following groups should be offered a booster dose and the flu vaccine from September:

- adults aged 16 years and over who are immunosuppressed.
- those living in residential care homes for older adults.
- all adults aged 70 years or over.

- adults aged 16 years and over who are considered clinically extremely vulnerable.
- frontline health and social care workers

In Stage 2, the following groups should be offered a booster dose as soon as practicable after Stage 1, with equal emphasis on the flu vaccine where eligible:

- all adults aged 50 years and over.
- all adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group.
- adult household contacts of immunosuppressed individuals

As most younger adults will only receive their second COVID-19 vaccine dose in late summer, the benefits of booster vaccination in this group will be considered later when more information is available.

The final advice on booster vaccination may change substantially, following a continuing review of emerging scientific data over the next few months, including data relating to the duration of immunity from the current vaccines.

Acceleration of Second Doses for All Cohorts

The government has set out its latest guidance for appointments of a second dose of the COVID-19 vaccine to be brought forward from 12 to eight weeks for the remaining people in all cohorts who have yet to receive their second dose. This is to ensure everyone has the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible. Further detail and actions now required were set out in a letter on 6 July and can be found here.

COVID-19: Green Book Chapter 14a Updated

Public Health England has updated the Green Book with clarification around the schedule following the emergence of the Delta variant, advice on cautions and contraindications, and co-administration advice. More evidence has also been added on vaccine effectiveness and mixed schedules.

In line with JCVI guidance, one of these changes includes recommending an interval of 8 to 12 weeks between doses of all the available COVID-19 vaccines, except in specific clinical circumstances outlined in the guidance (for example, transplant patients or those about to undergo immunosuppression treatment where vaccination prior to this would be beneficial). This consistent interval should be used for all two dose vaccines to avoid confusion and

simplify booking and will help to ensure a good balance between achieving rapid and long-lasting protection.

Therefore, there must be no blanket approach taken by vaccination sites to offer second doses sooner than advised.

Second Doses and Wastage

As above, second doses should take place at least 8 weeks apart to ensure maximum clinical effectiveness. With regards to immunity we now know that receiving vaccination at least 8 weeks later offers better protection for the individual. This is particularly important in the younger cohorts without health concerns, who based on the current interim JCVI advice, will not be receiving a booster in the autumn of 2021 (see below item for further updates on the booster programme).

Any decision to vaccinate earlier than 8 weeks should be made by the patient's responsible clinician or vaccination site clinical lead on a case-by-case basis and must be based on risks and benefits of giving the second dose earlier than recommended and must be for a clinical reason rather than one of convenience.

To avoid unnecessary waste of vaccines please ensure your sites are managing stock as follows:

- Review the numbers of patients left to be vaccinated and reducing the number of new vials opened by using one ampoule between a number of vaccinators. This then means that the number of doses remaining should be kept to a minimum. We would suggest that site clinical leads review and manage this process.

- Where there maybe vaccine remaining, where possible, sites should work with their local systems to identify reserve lists for those are overdue their second dose from cohorts 1-9 and for those who are yet to have their first dose.

- Ensuring maximum clinical effectiveness of the vaccine is the top priority and therefore only in exceptional circumstances, and with approval from your clinical lead, second doses could be given to patients who are approaching a dose interval of 8 weeks. i.e. between 49-56 days.

Black Particles

The update on black particles, which featured in the Clinical Bulletin dated 14th June 2021, highlighted the action to take when local teams identify vaccine vials which contain particles. Further to this, as this issue has most commonly been seen with the Pfizer BioNTech Covid-19 vaccine, Pfizer have investigated this ongoing issue and concluded in a report submitted to the

MHRA that the incidents are due to particulates entering the vials during routine vaccine dilution and dose withdrawal steps. The report identifies the following changes to current technique to minimise particles breaking off from the rubber bung/stopper and entering the vial:

- Insert the needle into the centre ring of the top plug.
- The needle should be inserted vertically into the stopper. Non-vertical insertion of the needle into the stopper can result in the needle scraping rubber off the inner wall of the small channel of the stopper
- Don't twist or rotate the needle once inserted. If the needle is rotated or twisted during piercing of the stopper, a particle may be cored out of the stopper. This damage is more significant when a wider needle gauge is used so extra care must be taken.

Vials must be visually inspected for appearance and particles before and after dilution and each time a dose is drawn up.

Vaccinating teams are advised to review their drawing up technique based on the above factors and share this learning widely. Pfizer have produced an educational website which aims to support technique regarding the preparation of the vaccine: www.cvdvaccine.co.uk

Preparing For and Minimising Faints Associated With Vaccination

Fainting is a common event associated with the vaccination process, it is not a side effect of any of the vaccines. It tends to be more common in younger people, in warm weather, after queueing and where the situation is perceived as stressful.

Vaccination services need to consider how they can minimise the frequency with which this occurs and how they respond to such events.

Minimising Faints

https://www.nhs.uk/conditions/fainting/

Consider how the service can reduce anxiety and the situations that make fainting more likely, queuing, observed vaccination etc.

Fainting or Anaphylaxis

Differentiating Faints from Anaphylaxis can be a challenge, the Green Book Chapter 8 has descriptions and a useful table listing the Clinical Features of both

Table 8.1 Clinical features of fainting and anaphylaxis

Onset	Fainting	Anaphylaxis
	Before, during or within minutes of vaccine administration	Usually within five minutes, but can occur within hours of vaccine administration
Symptoms/signs		
Skin	Generalised pallor, cold clammy skin	Skin itchiness, pallor or flushing of skin, red or pale urticaria (weals) or angioedema
Respiratory	Normal respiration – may be shallow, but not laboured	Cough, wheeze, stridor, or signs of respiratory distress (tachypnoea, cyanosis, rib recession)
Cardiovascular	Bradycardia, but with strong central pulse; hypotension – usually transient and corrects in supine position	Tachycardia, with weak/absent central pulse; hypotension – sustained
Neurological	Sense of light-headedness; loss of consciousness – improves once supine or head down position; transient jerking of the limbs and eye-rolling which may be confused with seizure; incontinence	Sense of severe anxiety and distress; loss of consciousness – no improvement once supine or head down position

Advice on Managing Faints

Non-clinical staff may be first on the scene of a faint and may find it useful to understand what they can do to support clients and should know how to summon help from colleagues. The St John's Ambulance have a simple guide and video that non-clinicians may find useful https://www.sja.org.uk/get-advice/first-aid-advice/unresponsive-casualty/fainting/

Overcoming Needle Phobia

There are some simple techniques that can be used to try reduce needle phobia which may be useful for some patients. Here is an example of one trust's approach https://www.guysandstthomas.nhs.uk/resources/patient-information/all-patients/overcoming-your-fear-of-needles.pdf

Top tips from Devon CCG on how they are preventing and managing fainting episodes can be found on our FuturesNHS page.

Update on Data Loggers (Load Probes)

All vaccination sites are requested to ensure they monitor fridge temperature history, to avoid cold chain breeches. This can either be done via the integrated data logger within your fridge or via an independent monitoring unit.

If your vaccination site does not already have an integrated logger within your fridge or an independent monitor, then these can be ordered from the Customer Service (Unipart) desk (CS@nhsvaccinesupport.com / 0800 678 1650 / 0700-1900 Mon- Sun). Ordered data-loggers will be shipped with your next standard consumables replenishment and delivered on your standard delivery day.

Please ensure you follow all the correct cold chain management processes to eliminate the risk of a cold chain breech happening, in addition to using data loggers.

Please refer to the refrigeration unit's manual for full specifications. The manuals for all fridges, which have been supplied by the national programme, can be obtained from the Customer Service (Unipart) desk or from the NHS Futures Supply and Delivery Hub here.

Further information on cold chain procedures can be found in the Clinical Workstream Update from 28 May available here

Advice When Encountering Antagonist Anti-Vaccine Activists

NHS

Advice When Encountering Antagonist Anti-Vaccine Activists



There have been a number of incidents directed at staff involved in the vaccination programme by anti-vaccine activists attempting to disrupt legitimate vaccine distribution activity.

While the protests have involved small numbers of people they can be threatening and abusive. They attempt to elicit negative reactions from staff, which they may film and then upload to social media sites.

Although, these incidents are generally not violent they can be upsetting for staff involved.

1. When dealing with antagonist anti-vaccine activists:
- **Remain calm** & polite at all times.
- **Keep a safe distance** from activists.

If the activist behaviour disrupts the vaccination operation and/or causes distress to patients & staff:
- **Politely** ask the activist not to shout, be aggressive or interfere with patients or staff at vaccine site.
- **Inform** them that if their behaviour continues then they will be asked to leave.
- If they continue, then ask the activist to leave.
- If they refuse, call for security to remove them or contact the Police using the 999 system.

Incident to be reported on SBAR.

2. When dealing with activists filming at vaccination sites:
- **Politely** ask the activist to stop filming
- If refuse **inform** them if they do not stop filming, then they will be asked to leave. (1st warning)
- If they continue to refuse, **inform** them to leave the premises. (2nd warning)
- If they continue to refuse, **inform** them they will be removed from premises by security staff (3rd warning) and Police will be contacted.

Incident to be reported on SBAR.

NHS England and NHS Improvement

Vaccine sites are encouraged to coordinate with local police and follow published Coronavirus vaccination site security guidance

Infection Prevention Control

The Standard Operating Procedure for Local vaccination Services and Vaccination Centres remain current and refer to the IPC guidance published by Public Health England.

The current IPC guidance published by PH England can be found on the following link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990923/20210602_Infection_Prevention_and_Control_Guidance_for_maintaining_services_with_H_and_C_settings__1_.pdf

Attention is drawn to a paragraph on page 6 which states the following. "The use of face masks or face coverings across the UK remains an IPC measure. In addition to social distancing, hand hygiene for staff, patients/individuals and visitors is advised in both clinical and non-clinical areas to further reduce the risk of transmission".

Therefore, existing (pre-July 19th) measures will continue in the vaccination services until there is a revision to the IPC guidance.

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