



ICARS Newsletter

Issue 64: 19th November 2021

Immunisation Clinical Advice Response Service

About this bulletin:

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

PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE
VACCINATION PROGRAMME

Please note that ICARS operates from 9am - 5pm Monday to Friday.

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1. Administration of COVID vaccine to under 18s following COVID infection

A two dose schedule of vaccination has been recommended for healthy 16-17s and an initial first dose for healthy 12-15s. Previously the Green Book advised that vaccination should be deferred until clinical recovery from covid-19 infection to around four weeks after onset of symptoms or four weeks from the first confirmed positive specimen in those who are asymptomatic. It also recognised that vaccination of individuals who may be infected but asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness.

As a precautionary measure after review of the latest clinical data by JCVI, UKHSA have updated the [Green Book](#) to amend this deferral period to 12 weeks for those under 18. The green book now says:

In younger people, protection from natural infection is likely to be high for a period of months, and vaccination in those recently infected may increase the chance of side effects. Therefore, **vaccination should ideally be deferred till at least twelve weeks from onset (or sample date) in children and young people under 18 years who are not in clinical risk groups.** This includes children and young people who developed Paediatric multisystem inflammatory syndrome temporally associated with SARS-CoV-2 infection (PIMS-TS) in association with COVID-19 infection and then become eligible for vaccination. Current advice in PIMS-TS cases suggests that an interval of 12 weeks should be observed, although earlier administration can be considered in those at risk of infection and/or who are fully recovered.

The Patient Group Direction will be updated accordingly and available by Monday 22 November. Consenting materials for 12-15 year olds will be updated to reflect the change to the screening question and will be made available by UKHSA by

Monday 22 November. Point of Care systems will be updated to reflect a revised screening question on confirmed COVID infection in last 12 weeks, further information on the timescale for this change will be shared shortly.

Before these updates are in place, there are actions for SAIS providers and all vaccination sites vaccinating those under 18 to take now.

ACTION NOW REQUIRED

All SAIS providers and vaccination sites are now requested to ensure that they have read this update and have taken the following actions by no later than 18 November:

- At the point of care prior to vaccination, you should ask all individuals under 18 not at higher risk whether they have had a lab-confirmed (PCR) COVID infection in the last 12 weeks
- Where you have confirmed they have not had a COVID infection in the last 12 weeks, vaccination may still proceed. If there is uncertainty and this cannot be confirmed with a parent/guardian, vaccination should not proceed.
- Noted that for those 12-17 year olds at higher risk (with underlying conditions, unpaid carers, household contacts of immunosuppressed, or health and social care workers) vaccination should still proceed from around four weeks after a confirmed COVID infection.
- Noted that the Point of Care system will still include a reference to confirmed COVID infection in the last 4 weeks for all recipients until this can be updated, but for healthy 12-17s the 12 week advice and screening question now applies.

Further information on updated consent materials will be shared shortly.

Thank you for your continued efforts.

2. Information pertinent to the COVID-19 program from the UKHSA Vaccine update: issue 324, November 2021 flu special edition

UKHSA Vaccine update: issue 324, November 2021 flu special edition: Published 16 November 2021

Can flu and COVID-19 vaccines be given at the same time?

The currently available COVID-19 vaccines are considered to be inactivated (including the non-replicating adenovirus vaccine). If an individual has recently had a COVID-19 vaccine, they can proceed to have an inactivated or live (attenuated) influenza vaccine.

Similarly, if an individual has recently had an inactivated or live (attenuated) influenza vaccine, they can proceed to have a COVID-19 vaccine.

If an individual presents requiring both influenza and COVID-19 vaccination, it is generally better for vaccination to proceed to avoid any further delay in protection and to avoid the risk of the individual not returning for a later appointment.

For further information and advice on co-administration of COVID-19 with other vaccines, please see [chapter 14a of the Green Book](#).

Key information for parents on influenza and COVID-19 vaccine in schools

A set of Q&As are available to provide [information for schools and parents or guardians](#) on the influenza vaccine and COVID-19 vaccine. (weblink 20).

3. Update to JCVI advice on booster vaccination in adults, 15 November 2021

[Updated advice from the Joint Committee on Vaccination and Immunisation \(JCVI\) on the COVID-19 booster vaccine programme for winter 2021 to 2022.](#)

Introduction

The Joint Committee on Vaccination and Immunisation (JCVI) has been asked by the Secretary of State for Health and Social Care to consider the options for and timing of a booster programme to revaccinate adults in order to reduce mortality, morbidity and hospitalisations from COVID-19 over the 2021 to 2022 winter period and through 2022, as well as to minimise the COVID-19 case infection rate and the chance of new variants emerging.

JCVI has [previously advised booster vaccination for all adults aged 50 years and over, and those in a COVID-19 at-risk group](#). This programme aims to maintain protection against serious disease and mortality in these more vulnerable groups. JCVI has continued to consider options for booster vaccination for adults in the UK.

JCVI updated advice

JCVI advises that all adults aged 40 to 49 should also be offered a booster vaccination with an mRNA COVID-19 vaccine, 6 months after their second dose, irrespective of the vaccines given for the first and second doses.

Booster vaccination should preferably be undertaken with either the Pfizer-BioNTech vaccine (BNT162b2/Comirnaty®), or a half dose of Moderna (mRNA-1273/Spikevax®) vaccine, as [previously advised](#).

Future considerations include the need for booster vaccination (third dose) for 18 to 39 year olds who are not in an at-risk group, and whether additional booster vaccination (fourth dose) for more vulnerable adult groups may be required. At present, it is not known whether recurrent boosters will be required in the long term, and more data is required to inform these decisions as we move into 2022.

JCVI will maintain close review of available data related to durability of protection against severe COVID-19 (hospitalisation and deaths) in all age groups and will develop further advice in due course.

Considerations

JCVI has reviewed the latest epidemiology of COVID-19 in the UK[\[footnote 1\]](#), mathematical modelling[\[footnote 2\]](#) [\[footnote 3\]](#), data on vaccine safety and vaccine effectiveness[\[footnote 4\]](#) [\[footnote 5\]](#) [\[footnote 6\]](#), and data from trials undertaken to understand the immunological impact of booster vaccination[\[footnote 7\]](#). Operational capacity and vaccine supply have also been taken into consideration.

JCVI has considered how COVID-19 vaccines should be used to maximise protection against hospitalisation and mortality from COVID-19 in the UK in 2021 and the first half of 2022, as well as reduce the overall case rate in adults during this time.

There remain major uncertainties in relation to the data relevant to considerations of booster vaccination. These include:

- the duration of protection against severe COVID-19 (hospitalisations and deaths) provided by the 2-dose primary schedule in younger adults who are not in a COVID-19 at-risk group
- duration of protection provided by booster vaccination in older adults, in particular whether booster vaccination in autumn and winter 2021 would provide good protection through to autumn and winter 2022
- the timing of any future waves of infection in 2022 and beyond
- the likelihood of the emergence of new variants of concern and their potential impacts on vaccine effectiveness.
- long-term effects, if any, of extremely rare adverse events following vaccination, such as myocarditis

Sufficient quantities of mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) are available in the UK to offer a booster dose in the coming months to adults aged 18 to 49 years. However, these supplies are not unlimited and have a shelf life. An additional booster vaccination (fourth dose) may also be required to protect the most vulnerable during the first half of 2022.

Background

COVID-19 vaccines used in the UK have provided very good protection against serious disease and mortality, and good protection against infection and/or symptomatic disease. Recent UK and international data has provided early signs of a slight fall in the levels of protection against severe disease, which is most evident among older individuals who completed their primary vaccine course a longer time ago.

Protection against asymptomatic infection and mild symptomatic disease wanes more rapidly over time, compared with protection against serious disease and mortality[\[footnote 5\]](#). The immune response to vaccination will provide a memory response, which will allow the body to respond more quickly in those who have

previously been vaccinated and go on to become infected. While preventing severe COVID-19 is the primary aim of the vaccination programme, prevention of infection may also play an important role in combatting the pandemic through reducing the overall risk of SARS-CoV-2 infection across the population. A reduction in rates of infection generally would also provide indirect protection against serious COVID-19 in more vulnerable populations.

Persons at the highest risk from COVID-19 are those over the age of 70 years and those with certain underlying health conditions, with the risk of serious disease reducing with decreasing age^[footnote 8]. Persons aged 40 to 49 years are at a lower risk of serious disease and mortality, although this risk is not negligible and there is some data to indicate a waning of protection following the primary schedule in these persons^[footnote 5]. Therefore, JCVI considers that booster vaccination should be offered to persons aged 40 to 49 years to maintain protection against serious disease and mortality.

Adults aged less than 40 years are at relatively lower risk of serious disease and mortality, and high levels of vaccine-induced protection against serious COVID-19 infections continue to be observed in these persons. However, the durability of such high levels of protection beyond 6 months after their second dose is not currently known. A booster vaccine dose in this age group would be expected to provide added assurance of high levels of vaccine-induced immunity and possibly extend the duration of protection further, although there is no concrete data in this latter regard.

As COVID-19 booster vaccination programmes have only recently begun in the UK and internationally, there is only very limited data on the durability of protection in those receiving a booster vaccination. In clinical trials of booster vaccination, measured immune responses following the booster (third) dose were substantially higher than after the primary 2-dose schedules^[footnote 7] ^[footnote 9]. This, and other data, suggests that the pattern and speed of waning of protection following the booster dose may be different compared to after the 2-dose primary schedule. This makes the need for and timing of additional booster (fourth) doses highly uncertain at this time. In the UK, as of end October 2021, almost all older persons and other vulnerable groups have already been offered booster vaccination (third doses). Should the level of protection from this booster dose wane substantially over the next 6 months, and should this coincide with a further wave of infection, an additional booster (fourth) dose in the first half of 2022 may be appropriate.

1. [National flu and COVID-19 surveillance reports: 2021 to 2022 season](#) ^[2]
2. University of Warwick – modelling the impact of third dose boosters (unpublished) ^[2]
3. London School of Hygiene and Tropical Medicine – modelling the impact of third dose boosters (unpublished) ^[2]
4. [Coronavirus vaccine – weekly summary of Yellow Card reporting](#) ^[2]
5. [COVID-19 vaccine weekly surveillance reports \(weeks 39 to 44\)](#) ^[2] ^[2] ^[3]
6. Vaccine effectiveness data – Public Health Scotland (unpublished) ^[2]
7. Comparing COVID-19 booster vaccinations (COV-BOOST) (unpublished) ^[2] ^[2]

8. Williamson EJ, Walker AJ, Bhaskaran K, and others. [Factors associated with COVID-19-related death using OpenSAFELY](#). Nature. 2020 Aug; 584(7821): 430-436 [\[PDF\]](#)
9. UK Health Security Agency data on immunological responses to booster vaccination (unpublished) [\[PDF\]](#)

4. Press releases on the Booster programmes

In case not already seen, here are the links to the press release and other info following the press conference about boosters this morning.

- [Press release - 'Boosters give over 90% protection against symptomatic COVID-19 in adults over 50'](#)
- [Press release - JCVI issues advice on COVID-19 booster vaccines for those aged 40 to 49 and second doses for 16 to 17 year olds](#)
- [Guidance - Monitoring reports of the effectiveness of COVID-19 vaccination](#)

5. COVID-19 vaccination deployment: booster vaccination for cohort 10 and second doses for 16 and 17-year olds

On the 15th of November the Government has accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on booster vaccinations for those aged 40-49 and second dose vaccination for those aged 16-17 years and the [Green Book Chapter 14a](#) has been updated.

For those in cohort 10, the independent JCVI updated advice now recommends that:

“JCVI advises that all adults aged 40 to 49 should also be offered a booster vaccination with an mRNA COVID-19 vaccine, 6 months after their second dose, irrespective of the vaccines given for the first and second doses.

Booster vaccination should preferably be undertaken with either the Pfizer-BioNTech vaccine (BNT162b2/Comirnaty®), or a half dose of Moderna (mRNA-1273/Spikevax®) vaccine, as previously advised.”

A full copy of the advice can be found [here](#).

The JCVI also updated advice for those 16-17 year olds who are not in an at-risk group. The advice states:

“JCVI advises that young people aged 16 to 17 years who are not in an at-risk group should be offered a second dose of Pfizer-BioNTech (Comirnaty) COVID-19 vaccine.

The second vaccine dose should be given 12 weeks or more following the first vaccine dose.

For persons who have had proven SARS-CoV-2 infection and a first dose of vaccine, the second vaccine dose should be given 12 weeks or more

following the first vaccine dose, or 12 weeks following SARS-CoV-2 infection, whichever is later.”

A full copy of the advice can be found [here](#).

SUMMARY OF KEY DATES

15 November	Joint Committee for Vaccination and Immunisation publish advice on inclusion of cohort 10 (40 – 49 year olds) in the booster programme Joint Committee for Vaccination and Immunisation publish advice on a second dose for remaining 16 to 17 year olds (those in cohorts 1,2,4, or 6)
w/c 15 November	All vaccination sites review capacity available for 16 to 17 year olds, both via NBS and Grab a Jab
17 November	Interim deadline for regions to confirm the opt in position of those PCN sites using the NBS.
18 November 2021	Final deadline for regions to confirm the opt in position of those PCN sites using the NBS.
22 November	Deadline for PCN Groupings to opt in to deliver booster vaccinations to cohort 10.
w/c 22 November	<ol style="list-style-type: none">1. Patient Group Directions and National Protocols for Pfizer BioNTech / Comirnaty ® COVID-19 vaccine are being revised in order that second doses of the COVID-19 vaccine can be administered to remaining 16 to 17 year olds in line with revised JCVI guidance.2. The National Booking System will be available for bookings for:<ul style="list-style-type: none">○ Booster bookings for eligible people in cohort 10, and○ 2nd dose bookings for remaining 16 -17 year olds.3. The Grab-a-Jab walk-in site finder at www.nhs.uk/grab-a-jab will be updated to reflect latest changes.
25 November	National invites will start to be sent to remaining 16 to 17 year olds.

ACTIONS NOW REQUIRED

All sites are now asked to take the following immediate actions.

Capacity

Systems are now asked to review capacity and work with sites to update all vaccination site calendars to ensure maximum availability. The National Booking

System will open for bookings for those aged 40 - 49 from 22 November, with the first tranche of national invitations issued shortly thereafter. NBS will be opened to individuals from 152 days (5 months) after their second dose, enabling booking on or after the recommended 182 days (6 months).

For those aged 16-17 years, the NBS will be available from 22 November for second dose bookings, with appointments available to this group no earlier than the recommended twelve weeks after their first.

To support delivery, the UK HSA is updating the Patient Group Directive (PGD), the National Protocol and Green Book Guidance to reflect the changes for 16-17 year olds. We expect the PGD to be updated by no later than 22 November and the National Protocol to follow shortly thereafter. Until these have been updated, only sites meeting the prescribing requirements for working under a Patient Specific Direction (PSD) should start to administer booster vaccines and/or second doses for 16-17 year olds. There is no change required to the PGD and protocol for the addition of cohort 10.

Booster vaccination for cohort 10

All Vaccination Centres, Hospital Hubs + and community pharmacy-led local vaccination services should plan to start delivering booster vaccinations to cohort 10 from 22 November.

We recognise the pressures general practice is under and that not all networks will have capacity to deliver boosters to Cohort 10 alongside core primary medical services and winter pressures.

PCNs are therefore asked to inform their local commissioner by 22 November if they wish to opt in to vaccinate this cohort. The General Practice Phase 3 COVID-19 Vaccination Enhanced Service has been updated to reflect this and can be found [here](#). Further details on the opt in process are included in the operational guidance which will be issued shortly.

Community pharmacy-led sites will be able to vaccinate this cohort under the current LES, PGD and protocol from 22 November. A copy of the PGD and protocol can be found [here](#).

Second dose vaccination for healthy 16 – 17-year olds

All assured sites for 16 and 17-year olds should plan to start delivering second doses, at a minimum of twelve weeks after the first dose or proven SARS-CoV-2 infection (where later), from 22 November.

An updated enhanced specification for primary care network (PCN)-led local vaccination services (LVS) has been published today to support the vaccination of 16–17-year olds for assured PCN sites. A copy can be found [here](#).

Assured community pharmacy-led local vaccination services are able to vaccinate this cohort under the current Local Enhanced Service specification for Community Pharmacies. CP-led LVS can only start to offer vaccination to this group once the PGD and National Protocol have been updated.

At risk 16 and 17-year olds (those in cohorts 1, 2, 4 or 6) should continue to be offered a second dose at a minimum of 8 weeks after the first dose via local booking or walk-ins.

Further details are included in operational guidance is issued below. Collectively, the NHS in England has delivered over 91 million vaccinations, including over 10 million booster doses. As we continue to accelerate the delivery of boosters and maintain the evergreen offer, we would like to thank you for your continued commitment to making the NHS-delivery of this programme a resounding success.

Operational Guidance

Patient Group Directions (PGD) or National Protocols

No updates are required to the PGDs and National Protocols for boosters for cohort 10. Moderna/Spikevax ® and Pfizer BioNTech/Comirnaty ® remain the preferred vaccine choices for booster doses. A Moderna / Spikevax ® booster dose is 0.25ml.

The Comirnaty ®/ Pfizer BioNTech COVID-19 PGDs and National Protocols are being revised for second doses for 16 to 17 year olds not at risk. We expect updated versions to be published week commencing 22 November.

Managing booking capacity

- From 22 November 2021, the National Booking System will enable all 16 to 17-year olds who have not had their second dose vaccination as part of the Phase 1 offer to book a second dose appointment on the NBS. Patients will see second dose booking appointments from 12 weeks following administration of their first dose.
- The NBS website will continue to direct at-risk 16 to 17-year olds who are eligible for a second dose 8 weeks after their first dose to alternative offers such as walk-in clinics. The booking journey of 8 weeks is not possible on the NBS and this cohort can only book an appointment on the NBS if they have already passed the 12 weeks interval following their first dose.

Supply

- Sites that are offering both Moderna/Spikevax ® and Pfizer BioNTech/Comirnaty ® are advised to retain Comirnaty ® capacity/supply to support the operationalisation of the offer to 16 to 17 year olds.
- If uplifts of vaccine supply are required these can be requested through the Supply Planner following usual processes for future weeks where the plans are still open. If there is a more urgent need for additional vaccine supply, sites should raise this with their SVOC in the first instance.

Vaccinating

- From 22 November, vaccination sites are required to offer a second COVID-19 vaccine dose to all 16 to 17-year olds.
 - **For those not at-risk** the JCVI recommend an interval of at least 12 weeks between the first and second dose. For those individuals who have had a first dose and a proven coronavirus infection, JCVI recommend that the second dose should be given at least 12 weeks after the first dose or following the infection, whichever is later.
 - **For those at risk (cohorts 1, 2, 4, or 6)** the JCVI continue to recommend an interval of at least 8 weeks between the first and second dose.
- Following the JCVI advice, the previously categorised 17.75 group will now be incorporated into the 16 to 17 year olds group and will become eligible for a second dose at least 12 weeks after their first. For those who book their second dose appointment once they attain 18 years of age, a minimum 8 week interval will apply. For those 17.75 year olds and above who have already booked their second dose appointment with an 8 week interval, the booking remains valid. When these individuals attend their appointment they should be informed that they can rebook for a 12 week interval, although if they consent, vaccination can occur at the existing appointment.
- Sites must only vaccinate 16 to 17-year olds when regionally assured and at times when the requirements of the [checklist Part A](#) are being met and a legal mechanism such as a PSD, PGD or National Protocol is in place. PCNs are not required to have regional assurance, however, they must meet the [checklist Part A requirements](#) and have a legal mechanism in place. CP and VC vaccination sites that do not yet meet the requirements [of the readiness checklist Part A](#) must do so as soon as possible, working with their regional teams and systems who must confirm readiness.
- VC/CP/HH+s using the NBS must confirm that they can accept this cohort on their QFlow profile (under [accessibility attributes](#)).
- Site leads are responsible for developing local processes to ensure compliance with the [checklist Part A](#), the mechanism (e.g. Patient Group Direction) used for administering the vaccine, and the [workforce considerations for vaccinating children](#). Sites require a dedicated safeguarding professional and clinical lead and are advised to engage with the local safeguarding team when developing the local process.
- All sites must have the following processes in place at arrival and brief all staff, including front-of-house volunteers and site security on these requirements:
 - to identify 16 to 17-year olds immediately at check-in and ensure they are routed to be seen by appropriately trained staff.

- to identify at-risk 16 to 17-year olds in cohorts 1, 2, 4 or 6 who are eligible for a second dose **8 weeks** after administration of their first dose and ensure they are vaccinated or scheduled.
- to turn-away those aged 16 to 17 who are not at-risk and request their second dose before the JCVI advised 12 weeks interval after administration of their first dose. The exception to this are those individuals aged 17.75 years who already have a second dose appointment booked with an 8 week interval.
- sites must consider practical solutions to separate the vaccination of young people from adults. Local risk assessments should be completed to ensure pathways between young people and adults are separated.
- For disabled young people it is essential that reasonable adjustments are considered with individuals/families and recorded ahead of the vaccination appointment and provided to all members of the Immunising Team involved in the care of the young person involved.
- Comirnaty®/Pfizer BioNTech is the preferred vaccine type for this age group. However, the [Green Book](#) advises second doses should ideally be of the same vaccine type. Where an alternative vaccine type was administered for the first dose, the young person may receive the same vaccine for their second dose under a Patient Specific Direction (PSD) or prescriber administration if clinically appropriate.
- Regional teams and systems must monitor available capacity and support sites with assurance and local operational intelligence to make vaccinations available to 16 to 17 year olds through a combination of walk-in clinics and pre-booked appointments.

ACTIONS REQUIRED

Community Pharmacy (CP) contractors

- As required in paragraph 4.2 and 8.2 of the [Community Pharmacy local enhanced service COVID-19 vaccination programme: Phase 3 2021/ 22](#) LES, Community Pharmacy-led sites must meet the requirements outlined in this (published) guidance, then commence vaccination of 16 and 17 year olds for first and second doses. This guidance is published at https://future.nhs.uk/connect.ti/P_C_N/view?objectId=27363824, and will be accessible to all site leads. Additional access to the published document can be requested through the web link or by e-mail to england.pccovidvaccine@nhs.net
- Community Pharmacy-led sites are asked to increase capacity as much as possible to support the opening of boosters for cohort 10 and second doses for 16 to 17 year olds not at risk **from 22 November**. Vaccine should be requested using the usual process.

Vaccination Centres and Hospital Hubs+

- Booster vaccination of cohort 10 and second doses for 16 to 17 year olds not at risk are covered under the existing agreements of the Service Specification. Second doses can be delivered from 22 November 2021.
- Vaccination Centres and Hospital Hubs+ are asked to increase capacity as much as possible to support the opening of cohort 10 on **22 November**. Vaccine should be requested using the usual process.

PCN-Grouping led vaccination sites

- A small amend has been made to the Phase 3 COVID-19 vaccination enhanced service specification to enable PCN Groupings to administer second doses to eligible 16-17 year olds not in cohorts 1,2,4,6 available at [C1377-Enhanced-Service-Specifications-COVID-19-vaccination-programme - phase-3-2021-22 16092021.pdf](https://www.england.nhs.uk/coronavirus/publication/enhanced-service-specification-phase-3-coronavirus-vaccination/) (england.nhs.uk)
- PCN Groupings with Local Booking Systems (LBS) should start inviting eligible 16 to 17 year olds to book their 2nd dose appointments. Second doses for those not in cohorts 1, 2, 4 or 6 can be administered from 22 November 2021.
- We recognise that general practice is under significant pressure and that some PCN Groupings may not have capacity to support the delivery of booster vaccinations to further cohorts alongside the provisions of core primary medical services and winter pressures. We are therefore inviting PCN Groupings to **opt in** to deliver booster vaccinations to cohort 10 (and any further cohorts subsequently added to the booster programme subject to Commissioner (NHSE) agreement) by **22 November** if they have sufficient capacity to do so. PCN Groupings should inform their local commissioner (CCG) whether they wish to opt in by **22 November**.
- **For PCN Groupings onboarded onto NBS please let your local commissioner know by 17 November (interim view) and 18 November (final view) if you are likely to opt out as your NBS calendar will need to be locked if you opt out (see below).**
- The **General Practice Phase 3 COVID-19 vaccination enhanced service (ES)** has been updated to reflect this : <https://www.england.nhs.uk/coronavirus/publication/enhanced-service-specification-phase-3-coronavirus-vaccination/>
- PCN Groupings are reminded of the workforce offer available to support them to deliver the programme. Please contact your lead employer if you require further support.
- As this is an extension to the existing ES specification, the same practices which signed up to the ES initially (and which make up the PCN Grouping) must all make the same decision as to whether to opt in.

Where all practices in a PCN Groupings opt in:

- Booster vaccines can be administered to eligible people in cohort 10 from **22 November** via local bookings, NBS bookings and walk ins (including Grab a Jab clinics).
- Once a PCN Grouping has opted in, they can invite eligible people to book an appointment via their local booking system.
- Any additional vaccine required should be requested using the usual process.
- The LVS SOP will shortly be updated to reflect the announcement of booster doses for cohort 10 (40-49year olds), second doses for those aged 16 and above, and some other recent changes on the programme. The updated SOP will be available here [Coronavirus » Standard operating procedure: Phases 1, 2 and 3 including vaccination of eligible children and young people \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/article/standard-operating-procedure-phases-1-2-and-3-including-vaccination-of-eligible-children-and-young-people/).

Where practices in a PCN Grouping do not opt in

- The PCN Grouping should continue to deliver boosters to Cohorts 1 - 9 and the evergreen offer under the phase 3 enhanced service. PCN Groupings have a critical role to play in the vaccination of vulnerable cohorts and should continue to prioritise the vaccination of care home residents, those with severe immunosuppression, and patients who are housebound and/or have other conditions which put them at higher risk of COVID-19.
- **Please note, if a PCN Grouping opts out of delivering booster vaccines to cohort 10 and is onboarded onto the National Booking Service (NBS), any existing calendars on NBS will be disabled and removed from visibility to the public.** Any existing bookings made prior to this date will be maintained however if an existing booking is subsequently amended by the citizen they will not be able to re-book with the site. In addition, any patient wanting to book a first, or second dose or from an earlier cohort will no longer be able to view availability at the site from the date cohort 10 are able to access the National Booking Service. This is because it is currently not possible to prevent cohort 10 from booking an appointment via an open calendar on NBS. We are working with system developers to identify options that will enable this in the future. In the meantime, please use your local booking systems to arrange any future clinics.
- PCN Groupings will also need to ensure any walk-in provision is restricted for any cohort 10 patients wishing to receive their booster vaccination.
- If the site is also providing vaccination services for 12-15 year olds under a separate contractual agreement and are using NBS to advertise these appointments via a separate calendar, these specific appointments will not be affected by the above.
- In exceptional circumstances, should a PCN Grouping wish to “opt in” to deliver boosters to Cohort 10 after 22 November please liaise with your NHS England and NHS Improvement regional team.

The latest leaflets have now been published:

- Booster for over 40's leaflet - <https://www.gov.uk/government/publications/covid-19-vaccination-booster-dose-resources>
- Second dose for 16 to 17 years leaflet - <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>

6. COVID-19 vaccination programme FAQs 44 short explainer videos now available to view, download and share

The National Immunisation Network (NIN) have re-circulated the below links and the attached. Please note there is an additional video aimed at pregnant women.

Mary Ramsay <https://youtu.be/Rlj0ZGgRIS4>

COVID-19 vaccinations for pregnant women – All pregnant women need 2 doses of COVID-19 vaccinations and should be encouraged to come forward.

Mary Ramsay:

<https://youtube.com/playlist?list=PLLDaQ3SAWJh0nhlaX4q53qhSbUsNwqTZw>

Kevin Brown:

<https://youtube.com/playlist?list=PLLDaQ3SAWJh3tD8wS7ir7iBrU9ahDjuUT>

Gayatri Amirthalingam:

<https://youtube.com/playlist?list=PLLDaQ3SAWJh14Eha8es7pUVU1rCU1E5yU>

Shriti Pattani:

https://youtube.com/playlist?list=PLLDaQ3SAWJh35KZHAG5tB60K_R9M68RW6

Anthony Harnden:

<https://youtube.com/playlist?list=PLLDaQ3SAWJh2wqoofkJcWDIriAfdKb5n6>

Julie Yates:

<https://youtube.com/playlist?list=PLLDaQ3SAWJh2UPfzA8B4Jw43LNaDq-tGj>

Wei Shen Lim:

<https://youtube.com/playlist?list=PLLDaQ3SAWJh1yUljy2wp6zT5lZYnBJtMJ>

7. Pod Definition update for Phase 3

The Vaccination Centres Pod definition document has been updated in line with Phase 3 requirements.

The updated document is available on FutureNHS here: [Phase 3 Pod Definition Details - Vaccination Centres - Covid-19 Vaccination Centres space - FutureNHS Collaboration Platform](#)

The document provides an end-to-end overview of the user journey at a vaccination centre, including minimum estate requirements across each stage and optimal workforce requirements.

Changes to the document include updates to the Pod concept design principles and core administration principles for COVID-19 vaccines in line with Phase 3 and with the principles for the COVID-19 vaccination of children and young people. Changes to the document are highlighted in yellow.

Vaccination site leads please read the document and brief all staff about changes.

8. Operational guidance: NBS bookings for boosters to be given earlier than 182 days

In our ops note on 28 October 2021 we informed you about the National Booking System (NBS) advanced booking function for booster appointments. This is now live. Service users can book their booster 30 days in advance of the date from which they can get the booster, which should be 182 days after the date of their second COVID-19 vaccination.

- We are aware that some people attending for their booster vaccination before reaching 182 days (6 months) are being turned away. We believe this is because Point of Care (POC) systems display a warning if the interval since the last dose is less than 182 days. All Point of Care systems have had/ will have this warning updated by 11 November at the latest.
- We are also aware that some people have been able to book a booster appointment to take place less than 182 days after their second dose. This is due to a technical issue which has now been fixed.
- Until POC systems are updated, people should NOT be turned away if they attend for a booster dose a few days early. The Green Book allows for some operational flexibility and these doses can be given under a Patient Group Direction (PGD) if appropriate.

IMMEDIATE ACTION

All vaccination site leads are required to ensure that they have read this operational guidance and have taken the following actions:

- Brief all members of the vaccination team including front-of-house volunteers that they are able to give boosters to patients who have booked to receive one on the NBS around 182 days.
- Although the POC systems display a warning if a booster is being given earlier than 182 days, the system will not stop the event being recorded.
- To ensure sufficient booster booking capacity, please monitor supply levels and add additional calendars or clinic slots to maintain availability for a rolling 6 week period.

9. Supporting second dose uptake

JCVI guidance remains that where possible, the first two doses of the primary course of immunisation should be of the same vaccine.

However, following appropriate counselling and consent and in accordance with MHRA and JCVI requirements an alternative authorised vaccine may be offered to complete a course of vaccination when it is considered that there might otherwise be a delay in accessing a second dose (for either patient or operational reasons, including where a patient refuses a particular vaccine or where a site does not have the same vaccine as the first dose available).

Patients should be made aware that this may lead to a higher risk of short-term side effects.

10. Grab a Jab – Developments

Last week the SharePoint site was updated to include 'Booster Dose Availability' as an extra column which is also visible on the Grab a Jab site finder page. It's really important to note that **Booster Dose Availability is set by default to "Yes"**. ***This means that sites which are vaccinating 12-15s only will be required to check that booster dose availability has been set to "No"***.

There is also a further column for '**3rd Dose for Immunosuppressed Availability**' which has been set as default to "No". This column can be viewed and completed on SharePoint, but the information will not yet be visible on the Grab a Jab site finder. Further communications will be issued prior to this becoming a live feature.

11. Royal Voluntary Service (RVS) Steward Volunteers – now available in your area

We are pleased to inform you the recent RVS steward volunteer recruiting, including reaching out to corporate and sports bodies, students and other volunteer groups etc, has resulted in an increase in steward volunteer availability along with shift fulfilment. Please contact your [lead employer](#) to see how you can access available RVS Steward Volunteers in your area and refer to the short [RVS webinar](#) on volunteer experience, which gives sites some handy top-tips on how they can best support their volunteers.

You can also read four case studies describing the benefits of utilising RVS Volunteers and how easy the referral process is <https://future.nhs.uk/CovidVaccinations/view?objectId=31387056>

Please send any queries to england.vaccinecentresgroupsupport@nhs.net.

12. Preparation for the Big Vaccination Weekend Event 26th, 27th and 28th November 2021.

The Big Vaccination Event is a nationwide initiative on the last weekend of November across all cohorts, from 12 years of age upwards that prompts people to get COVID-19 vaccinated (1st, 2nd doses and Boosters) before Christmas Day.

To reduce the admin burden on regions and support your planning activities:

- The baseline to be used for the ambition to achieve an increase in total capacity over the three days, should be a 20% uplift from the total ICS capacity provided on the 12th, 13th and 14th November. To keep this simple we are not currently planning to set daily targets for each ICS.
- We will not be sending out a capacity return to you, we will use Foundry and QFlow to do the modelling.

Supply chain of vaccine stock, equipment and consumables

In advance of the weekend event regardless of delivery model:

- Temporary pop-ups sites that will open for this event only, will share ODS and vaccine delivery points with their designated parent/host site
- All sites need to order non-vaccine consumables and equipment, in the usual way in time for the event. Where challenges exist regions and ICSs should implement mutual aid arrangements where appropriate
- Regional stock, equipment and consumable queries should be directed to the respective national EECL regional colleague

Operations

- If additional capacity is being created in established sites where vaccine type, age and cohort is already being offered, no additional assurance is required.
- **If an additional service is being offered in an established site or capacity is being created in a temporary pop-up site, the standard operational procedures and appropriate assurance activities should be followed for the relevant delivery model, cohort, dosage, vaccine type and age.** It is important to ensure that vaccination of individuals takes place in accordance with The Green Book <https://www.gov.uk/government/publications/covid-19-the-green-book> and national protocols and guidelines, which can be found on <https://future.nhs.uk/CovidVaccinations/grouphome>.
- ICSs should be assured via established regional governance processes that any temporary Pop-Up sites that open for the event, are operationally and clinically safe to open on **Friday 26th November**. And, that the appropriate measures are taken to close the site and return it to its normal use in line with landlord agreements. Standard operational procedures for opening and closing sites can be found on Foundry and FutureNHS.

- Regions, ICS and Site Managers should take account in their event plans of the change in the terrorism threat level, the increase in antivaccination sentiment, and an increased footfall in retail centers on the Black Friday Weekend. Site and staff safety guidelines, tools and resources are available on Foundry and FutureNHS.
- Any additional vaccination capacity opened on LBS, NBS or as walk-ins must take account **of equity in access and provision of vaccination offer for all eligible children and young people, especially in regards to any temporary capacity** offer which is subject to site compliance with the requirements in the [clinical redlines and workforce considerations](#), and a need to fulfill the criteria in the self-assessment readiness checklist available on FutureNHS.

Appointment Bookings

- ICSs will define and agree the service offering and appointment mix (LBS, NBS, walk-ins) at each site
- For those sites already operating and planning to increase capacity over the event weekend, **new appointment slots should be open on LBS and/or NBS by midday Sunday 21st November** to coincide with the national media campaign milestones. Regions should ensure the correct operating hours are represented on the **Grab a Jab website** through normal channels by **midnight Monday 22nd November**.
- New temporary Pop-Up sites will share existing POC accounts and ODS codes with their designated parent/host provider. No new ODS codes will be created for these sites.

Event communications

- On **Friday 19th November** a range of **campaign resources, tools and guidance** are expected from the national team and will be cascaded out to systems. Including materials for distribution across various communications channels explaining to different cohorts and ages, what they are eligible to receive and when, and how to book a vaccination. Regional Communications Leads will need to define and implement with ICS Leads appropriately targeted regional and local media, communication and engagement activities.
- **The national communications campaign will commence on Monday 22nd November – time to be agreed and coordinated.**