



ICARS Newsletter

Issue 82: 1st April 2022

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. NEW: Spring Booster Updates

1a) NEW: Spring boosters update – Amendment to UKHSA ‘Guide to the spring booster for those aged 75 years and older residents in care homes’

A previously published version of [UKHSA’s](#) ‘A guide to the spring booster for those aged 75 years and older residents in care homes’ has been amended to clarify that those who were severely immunosuppressed (as defined by JCVI) when they received their 1st and 2nd vaccination dose, should receive a third primary dose before they receive a booster dose. Details of the full updated section are shown below:

If you have not had all your vaccinations

If you have not yet had either of your first two doses of the vaccine or third dose (for those with a weakened immune system) you should have them as soon as possible.

If you missed your first booster, you should have this spring booster as soon as possible. You may need another booster as well as your usual flu injection in the autumn.

We issued operational guidance on 21 March (click [here](#) to view on FutureNHS) to clinicians and vaccination teams with actions required, as well as a reminder of guidance on doses and eligibility for immunosuppressed and severely immunosuppressed people aged 12 years and above.

1b) REMINDER: Spring boosters update

Spring booster vaccinations commenced for eligible individuals from 21 March 2022. The National Booking System is now available for eligible citizens to book their appointments. Sites should note the below and ensure their teams are aware as part of their preparations:

Vaccination dose intervals

Chapter 14a Green Book:

“The JCVI recommends a spring booster should be given around 6 months after the last vaccine dose to:

- adults aged 75 years and over*
- residents in a care home for older adults, and*
- individuals aged 12 years and over who are immunosuppressed (defined as immunosuppressed in tables 3 or 4). Although vaccination should ideally be offered around six months from any previous dose operational flexibility may be used.”*

To operationalise this guidance, the following is in place:

- National communications will encourage people to book an appointment when contacted by the NHS
- National call and recall via text message and/or letter, will invite people to book an appointment at least 7 days before they reach 6 months from prior booster dose, starting 21 March. Sites using local booking systems should aim to follow the timeline set out for national call and recall
- To support the operational flexibility in the Green Book, the NBS will enable people to book from 91 days
- ***Eligible people should not be turned away if they arrive as either a walk-in or via a booked appointment providing they have reached the 91 days from prior booster dose***
- Individuals who have had a first and second dose but have yet to have a prior booster dose should continue offered a vaccination at 91 days.

Accessing supply for spring vaccination

There is sufficient COVID-19 vaccine supply to meet expected demand during the spring campaign. To minimise waste during the first 4 weeks, weekly site-level allocations will be made based on expected demand profiles with an additional buffer. This equates to additional supply being made available to cover at least 130% of the expected demand in the first week, on top of existing stock already available in the network. Only sites that have completed a stock check within the last 7 days will be able to place orders against their allocation.

Currently, all sites have the opportunity to request additional allocation via their system on submission of supporting evidence. Additional requests will be rejected if there is a risk of over supplying against expected demand. These can be submitted on a weekly basis to meet changes in demand.

Recording booster vaccinations – warning message

Not all Point of Care systems will be updated by 21 March and therefore when entering a patient record, warning messages may appear to say the individual is not eligible. Upon verification of eligibility of your patient, please record the vaccination event on your Point of Care system – your Point of Care system

provider will share when the change is due to take effect via usual communication channels.

1c) NEW: Spring booster eligibility and access to supply

Eligible people (adults aged 75 years and over, residents in a care home for older adults, and individuals aged 12 years and over who are immunosuppressed) should not be turned away if they arrive as either a walk-in or via a booked appointment at a vaccine site provided they have reached the 91 days from prior booster dose.

As per the Green Book, the preference is for vaccination at around six months to maximise efficacy, however, if an individual attends either as a walk-in or via an NBS booked appointment they should receive their vaccination if they have reached 91 days from their prior booster dose. They should not be turned away.

Accessing supply for spring vaccination

- There is sufficient COVID-19 vaccine supply to meet expected demand during the spring campaign. To minimise waste during the first 4 weeks, weekly site-level allocations will be made based on expected demand profiles with an additional buffer. This equates to additional supply being made available to cover at least 130% of the expected demand in the first week, on top of existing stock already available in the network. Only sites that have completed a stock check within the last 7 days will be able to place orders against their allocation.
- We need sites to support the increased usage of Spikevax® during the spring booster campaign with an ambition to deliver 50% of all booster events utilising Spikevax®. The Spikevax® stock held centrally expires in June and July, therefore usage during spring will minimise wastage.
- Currently, all sites have the opportunity to request additional allocation via their system on submission of supporting evidence. Additional requests will be rejected if there is a risk of over supplying against expected demand. These can be submitted on a weekly basis to meet changes in demand.

Actions required

- Please ensure that all staff including volunteers and site marshals are aware of the following guidance:

Eligible people (adults aged 75 years and over, residents in a care home for older adults, and individuals aged 12 years and over who are immunosuppressed) should not be turned away if they arrive as either a walk-in or via a booked appointment at a vaccine site provided they have reached the 91 days from prior booster dose. As per the Green Book, the preference is for vaccination at around six months to maximise efficacy, however, if an individual attends either as a

walk-in or via an NBS booked appointment they should receive their vaccination if they have reached the 91 days prior to their booster dose. They should not be turned away.

2. NEW: Updated COVID vaccine PGDs and protocols

Further to the publication of updated copies of the Comirnaty 10microgram PGD and protocol on Friday, updated copies of the following documents have been published yesterday/today and are attached (to the ICARS Newsletter email).

- Spikevax PGD (v06.00, valid from 31.3.22)
- Spikevax protocol (v06.00 valid from 31.3.22)
- Comirnaty 30microgram PGD (v07.00 valid from 31.3.22)
- Comirnaty 30microgram protocol (v07.00 valid from 31.3.22)
- COVID-19 vaccine AstraZeneca PGD (v07.00 Expiry extension of V06.00, valid from 31.3.22)
- COVID-19 vaccine AstraZeneca protocol (v07.00 Expiry extension of V06.00, valid from 31.3.22)

The PGD & NP for this cohort is now available via the following link:

<https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/legal-mechanisms/>

3. COVID-19 vaccination – guide for parents of children aged 5 to 11

Leaflets for parents of children aged 5 to 11 are found here:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-aged-5-to-11-years>

- COVID-19 vaccination – guide for parents of children aged 5 to 11
- What to expect after your child's COVID-19 vaccination leaflet (to be given with record card to all parents)
- COVID-19 vaccination - guide for parents of children aged 5 to 11 in a risk group

All parents should receive either leaflet 1 or leaflet 3 with their invitation, and all should be given leaflet 2 with the record card. They are essential elements of the consent and after care process.

The main link to the COVID-19 vaccination programme collection

<https://www.gov.uk/government/collections/covid-19-vaccination-programme>

3a) COVID-19 vaccination - A guide for parents of children aged 5 to 11 years

This leaflet should be given to parents and carers of eligible children prior to the vaccination appointment.

Paper copies of this leaflet are available free to order or download in the following languages:

[English](#), [Albanian](#), [Arabic](#), [Bengali](#), [Bulgarian](#), [Chinese \(simplified\)](#), [Chinese \(traditional\)](#), [Cantonese](#), [Estonian](#), [Farsi](#), [French](#), [Greek](#), [Gujarati](#), [Hindi](#), [Latvian](#), [Lithuanian](#), [Panjabi](#), [Pashto](#), [Polish](#), [Portuguese](#), [Romanian](#), [Romany](#), [Russian](#), [Somali](#), [Spanish](#), [Tagalog](#), [Turkish](#), [Twi](#), [Ukrainian](#), [Urdu](#) and [Yiddish](#).

- An [English large print](#) version is available to order.
- A [British Sign Language video](#) of this leaflet is available to view and download.
- A [Braille version](#) of this leaflet is available to order.

3b) What to expect after your child's COVID-19 vaccination

This leaflet is for healthcare practitioners to give to parents and carers of eligible children after their vaccination. It provides information on what to expect after vaccination.

Paper copies of this leaflet are available free to order or download in the following languages:

[English](#), [Albanian](#), [Arabic](#), [Bengali](#), [Bulgarian](#), [Chinese \(simplified\)](#), [Chinese \(traditional\)](#), [Cantonese](#), [Estonian](#), [Farsi](#), [French](#), [Greek](#), [Gujarati](#), [Hindi](#), [Latvian](#), [Lithuanian](#), [Panjabi](#), [Pashto](#), [Polish](#), [Portuguese](#), [Romanian](#), [Romany](#), [Russian](#), [Somali](#), [Spanish](#), [Tagalog](#), [Turkish](#), [Twi](#), [Ukrainian](#), [Urdu](#) and [Yiddish](#).

- An [English large print](#) version is available to order.
- A [British Sign Language video](#) of this leaflet is available to view or download.
- A [Braille version](#) of this leaflet is available to order.
- An [audio version](#) is available to download.

For parents and carers who need an Easy Read version of the leaflets above we have:

COVID-19 vaccination and Easy Read guide for parents of children aged 5 to 11 years. This is available to download.

<https://www.gov.uk/government/publications/covid-19-vaccination-easy-read-resources-for-children-and-young-people>

3c) COVID Vaccination record cards

All record cards can be ordered by vaccination centres via the Health Publications web shop <https://www.healthpublications.gov.uk/Home.html>

- First and second dose record card
[https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovidvacciner
ecordcard2doses](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovidvaccinerecordcard2doses)
- optional dose card (can be used for any dose combination including third dose and boosters)
[https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovid19vacci
nationrecordcardthirddoseandbooster](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovid19vaccinationrecordcardthirddoseandbooster)
- CO design record card (first and second dose)
[https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovid19vacci
nationrecordcard](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovid19vaccinationrecordcard)

4. NEW: Shelf-life extension at Ultra-Low- Temperature storage conditions (-90°C to -60°C) has been approved for Comirnaty® (10 microgram/dose vaccine concentrate) for Children 5-11 years old

Pfizer-BioNTech has approved a shelf-life extension for Comirnaty® (10 microgram/dose) vaccine when stored at Ultra-Low- Temperature conditions (-90 °C to -60 °C). Frozen vials of Comirnaty®10 microgram/dose vaccine manufactured after February 2022 can be stored for 9 months as opposed to 6 months.

The 3-month extension may also be applied retrospectively to 3 batches of Comirnaty® (10 microgram/dose) manufactured before 23 February 2022, when stored at (-90 °C to -60 °C).

These batches are:

- **FN4074**
- **FN4075**
- **FP0362**

Full details are in the letter from Pfizer-BioNTech a copy of which has been sent with this communication or can be viewed [here](#).

Comirnaty® (10 microgram/dose) vaccine is supplied thawed to all Covid-19 vaccination sites and if the extension is applicable, it will be applied by our Specialist Pharmaceutical Logistics (SPLs) Partners priority to delivery to sites.

Sites do not need to take any further action. The first deliveries with this extension applied will be made to sites on Wednesday 30 March.

As a result of the 3-month frozen shelf-life extension, sites may find that the thawed expiry date at 2°C to 8°C on the carton label is later than the expiry date printed on the vial of vaccine. ***Please be assured that the vaccine is safe to use until the expiry date on the carton label.***

For example: The thaw label on the carton could say Exp:03.06.2022, but the vial inside the carton might say Exp:04/2022

Sites are not permitted to extend the shelf-life of any Comirnaty® 10 microgram/dose vaccine already held on-site. The existing expiry date on the thaw label on the carton must be followed.

All vials and cartons labelled by Pfizer-BioNTech with an expiry date beyond May 2022 will already reflect the 9-month frozen shelf-life and no further action will need to be taken by the NHS or its partners.

5. NEW: Infection, Prevention and Control

As outlined in the letter to systems on [23 February](#) following the Prime Minister's announcement about Living with COVID-19, there remains a requirement for staff, patients and visitors to wear a mask/face covering in healthcare settings. It is important that all patients retain confidence that they are protected from catching COVID-19 when attending vaccination sites, so please support your teams and patients to continue to wear masks or face coverings where they are not exempt from doing so.

6. NEW: NBS calendar upload notification – 5 to 11 year olds

The National Booking Service has activated 5-11 calendars for all sites that were confirmed by regional leads as assured to vaccinate this cohort by 21st March.

With immediate effect, site managers are asked to upload their calendars onto Qflow in readiness for NBS booking portal go-live on 2nd April, and the start of vaccinations for this cohort on 4th April.

From Monday(28th March), a daily report will be sent to regions with sites which have not uploaded calendars and where coverage and capacity is low.

7. NEW: Cohort eligibility and operational status

[This resource](#) has been reviewed, with revisions to reflect the introduction of the Spring Booster doses and changes on NBS for vaccination appointment bookings

3rd primary and booster doses for those aged 12 and over who were severely immunosuppressed at the time of their first or second dose. We have also included a contents table to direct you to the relevant table.

8. NEW: Living with COVID-19 – testing update letter.

Thank you for everything you and your teams have done over the last two years. Since the pandemic began, the NHS has treated 660,000 inpatients; and yet even at the height of the pandemic, there were at least two patients being treated for non-COVID-19-related reasons for every patient being treated for COVID-19.

With the pressure from COVID-19 continuing, we will be setting out in the coming weeks a way forward on a number of areas where guidance has evolved throughout the pandemic; adapting the way that the NHS operates with COVID-19 in general circulation and with the virus likely to remain endemic for some time to come. This first letter sets out our approach to delivering the UK Health Security Agency's (UKHSA) advice in relation to staff and patient testing. We will keep these arrangements under review along with our partners at UKHSA.

Patient testing

Although the general public will not be offered COVID-19 tests routinely if symptomatic, there may be some instances where a clinician will want to offer a COVID-19 test as part of a diagnostic pathway.

From 1 April, in line with UKHSA advice, NHS patient testing will operate as follows:

Inpatients in a healthcare setting

- All NHS patients in a hospital setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a polymerase chain reaction (PCR) test as part of their usual diagnostic pathway. **There is no change in testing protocol for this group of patients.**
- Testing for asymptomatic inpatients on day 3 and days 5-7 of their stay should now be undertaken by lateral flow device (LFD). Trusts can order a supply of LFDs for this use case from UKHSA via the trust's usual ordering route. **This is a change in testing technology for this group of patients.**
- Severely immunocompromised patients who move beds within a hospital setting should continue to be tested using PCR. **There is no change in testing protocol for this group of patients.**

- All patients on discharge to other care settings, including to care homes or hospices, should continue to be tested using PCR. **There is no change in testing protocol for this group of patients.**
- Outbreak testing should be undertaken using PCR, if advised by a local infection prevention and control (IPC) team or following local public health advice. **There is no change in testing protocol for this group of patients and/or staff.**
- There will be no variant of concern genotyping of positive samples in NHS laboratories. **This is a change in testing protocol.** However, full genome sequencing of positive samples will continue in UKHSA laboratories, and positive samples should continue to be sent for sequencing in line with current UKHSA guidance.
- Other than locally-determined specific use cases, visitors to hospital (including women and their birth partners attending for routine antenatal care, and end of life visitors) should not be tested. **This is a change in testing protocol.**

Patients on admission to a healthcare setting

- All asymptomatic patients requiring emergency/unplanned admission via emergency departments or via any other route (eg medical/surgical assessment units, GP direct admission) should be offered a PCR test to enable their appropriate patient placement. This may be a rapid PCR test, depending on local protocols. LFDs can continue to be used in emergency departments as part of the early decision assist test (EDAT) pathway. **There is no change in testing protocol for this group of patients.**
- Women admitted to a labour ward or setting should be tested as soon as is practical at the hospital site using PCR or rapid tests. Their birth partners will not be tested. **There is no change in testing protocol for this group of patients.**
- Asymptomatic patients requiring emergency admission to a mental health unit, and NHS patients in mental health and learning disability settings returning from a period of planned leave should be tested using LFDs. Trusts can order a supply of LFDs for this use case from UKHSA via the trust's usual ordering route, or should coordinate with their regional testing lead where direct ordering is not yet in place. **There is a change in supply of testing for this group of patients.**
- Planned elective admissions should be tested using LFDs, in advance of admission. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that they have a planned upcoming admission. Patients should inform their treating trust if they test positive, and should be asked to provide proof of testing (text or email from the gov.uk website) on admission. More information to support this use case will be made available. **This is a change in testing technology.**

Patients in the community

- High risk patients in the community identified for COVID-19 MAB/Antiviral treatment will continue to access tests from UKHSA. This will be communicated separately.
- All NHS patients in a community or primary care setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a lateral flow device (LFD) test as part of their usual diagnostic pathway. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that their clinician has requested this. **This is a change in testing technology for this group of patients.**

Staff testing

From 1 April, in line with UKHSA advice, NHS staff testing will operate as follows:

- NHS patient facing staff should continue to test twice weekly when asymptomatic. LAMP testing will no longer be available after 31 March. LFD tests will continue to be available through the gov.uk portal for NHS staff working in a patient-facing role. NHS England is working with UKHSA to determine how routine asymptomatic testing should be stepped down in line with any decrease in prevalence rates.
- Symptomatic NHS staff should test themselves using LFDs. LFD tests will continue to be available through the gov.uk portal for NHS staff in England with symptoms.
- Staff who test positive should continue to follow the current return to work guidance. LFDs to support this guidance will continue to be available through the gov.uk portal for NHS staff in England.
- Staff who are household contacts of a positive COVID-19 case will now be able to continue to work as normal if they remain asymptomatic and continue to test twice weekly. They will no longer be required to have a PCR test in order to return to work.
- Staff undertaking COVID-19 tests as part of a research study (eg SIREN) should follow the protocols of their study. Please contact your local study coordinator for further details.
- Staff should undertake COVID-19 tests on an ad hoc basis if instructed by their employer or director of public health in specific circumstances. Staff will be notified via their line management structure if this applies to them.

Thank you again for all your work in support of the COVID-19 response to date.

This letter will be uploaded onto the website shortly here <https://www.england.nhs.uk/coronavirus/testing/> and here <https://www.england.nhs.uk/coronavirus/secondary-care/testing/>

9. NEW/REMINDERS: Workforce Support and Tools

9a) REMINDER: SJA offers of support

St John Ambulance (SJA) are able to provide support for vaccination of all cohorts within the vaccination programme. You can find further details on the offer and workforce models used by SJA [here](#).

9b) REMINDER: Workforce helpline 0800 015 7707

To support the workforce challenges facing vaccination sites, a COVID-19 vaccination workforce helpline was established in January 2022 to assist sites and enable the resolution of workforce challenges, which are stopping sites being able to deliver vaccination.

All sites should have contacted their lead employer in the first instance to support with workforce prior to contacting the supply helpline. Lead employer details can be found [here](#)

If your lead employer is not able to support and there is a workforce gap preventing you to deliver vaccine then please call or email any workforce challenges to national.wfdeployment@nhs.net where we will work with the lead employer and national suppliers to help resolve workforce challenges.

9c) NEW: Community pharmacy toolkit

Community pharmacies continue to play an ever-increasing role in support of the delivery of the COVID-19 and flu vaccination programme. An [operational toolkit](#) is designed for community pharmacy leads to use as a practical guide that:

- supports the implementation of the national protocol as recommended legal mechanism of delivery, outlining the key benefits and how it can be maximised
- addresses common challenges around the operating model and provides alternative solutions to support optimisation of workforce and flow
- details the workforce support available from the lead employer
- provides guidance on how community pharmacies can access draw down from national workforce supply routes to access volunteers

10. NEW/REMINDERS: Training, Learning and Feedback

10a) NEW: Organisational Development (OD) Hub: Capture your learnings

As part of the workforce and training workstream on the Covid-19 vaccination programme we are developing an OD Transformation Hub, a central point for all OD learnings.

This hub brings the raw experiences of delivering a complex programme to life, including harnessing the experiences of delivering the mass COVID-19 vaccinations at pace. [Click here](#) to see the new site!

It contains:

- 'how-to' guides
- top tips
- mistakes to look out for
- Interviews

It is:

- Easy to use
- Practical
- Interactive
- More than a document repository

It is one place for all Health and Care OD professionals to learn from and immediately apply on their transformation programmes.

How can you contribute?

You have been working at scale & pace for a while now and have implemented NEW changes in the NHS. These successes, learnings and changes should be captured as part of the legacy of this programme.

Share your experiences: Case Studies, Best Practices, Innovation...

Have your say, be a part of the Legacy!

Get in Contact with us: Email: england.workforceandpmo@nhs.net – Subject Line: OD Hub

10b) REMINDER: Share feedback on the experience of the technology and systems used at your vaccination site

The NHS Vaccinations Programme is looking for site staff to take part in a survey to help us learn more about the technology and systems that you use day to day. We want to know about the challenges that you encounter, what works well and less well to help us find out how we can make improvements.

The survey takes approximately 5-10 minutes to complete, your help will help us to improve the service going forward. Interested in taking part? Please click on the following link for the [survey](#).

10c) REMINDER: Call to all Community Pharmacy-led vaccination sites

The NHS Vaccinations Programme is looking for feedback from providers and any staff involved in the COVID-19 vaccination programme to help us learn what worked well and what improvements can be made for the Autumn CP COVID-19 vaccination service specification. We want to know about the challenges that you encountered, what worked well and provide you with an opportunity to offer any suggestions.

The survey will take approximately 5-10 minutes to complete and can be accessed using the link below. Interested in taking part? Here is a link to the [survey](#).