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Dear Colleague(s)

## COVID-19 VACCINATION PROGRAMME:

### JOINT COMMITTEE ON VACCINATION AND IMMUNISATION (JCVI):

- UPDATED ADVICE ON BOOSTER VACCINATIONS FOR ADULTS AGED 40 TO 49 YEARS
- ADVICE ON 2<sup>ND</sup> DOSE VACCINATIONS FOR 16 TO 17 YEAR OLDS

### GREEN BOOK UPDATE:

- FOR BOOSTERS AND HOUSEBOUND PATIENTS
- DOSING SCHEDULE FOR CHILDREN AND YOUNG PEOPLE UNDER 18 YEARS

## ROLLING PROGRAMME VACCINATION OFFER

This letter provides a further update on the delivery of the COVID-19 vaccination programme.

### KEY OBJECTIVES

- 1) To provide an update and clarify operational guidance on the JCVI advice, published 15 November 2021, in relation to:
  - a) Booster vaccinations for adults aged 40 to 49 years.  
[Update to JCVI advice on booster vaccination in adults, 15 November 2021 - GOV.UK \(www.gov.uk\)](#), and;
  - b) Second doses of COVID-19 vaccination for 16 and 17 year olds  
[COVID-19 vaccination in children and young people aged 16 to 17 years: JCVI statement, November 2021 - GOV.UK \(www.gov.uk\)](#)
- 2) To provide an update and clarify operational guidance on the recent changes to the [Green Book, chapter 14a](#):
  - a) Booster vaccinations for housebound patients, and;
  - b) Dosing schedules for children and young people under 18 years

### From the Chief Medical Officer

Dr Gregor Smith

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#### Addresses

##### For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery, NHS Boards  
Chief Officers of Integration Authorities  
Chief Executives, Local Authorities  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
Practice Nurses  
Immunisation Co-ordinators  
Operational Leads

##### For information

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Chief Executive, Public Health Scotland  
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#### Further Enquiries

Policy Issues  
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- 3) To update and clarify operational guidance on the recently approved national policy to provide a rolling offer of vaccinations to those newly eligible, and to those who have not yet taken up the offer of a vaccination, for both the initial and the booster programme.
- 4) The Scottish Government is guided by the clinical and scientific advice on vaccination provided by the Joint Committee on Vaccination and Immunisation (JCVI).

### **Programme Acceleration**

- 5) The Scottish Government remains fully committed to ensuring that everyone has access to a COVID-19 vaccine. The vaccine programme continues to follow JCVI advice and call forward priority groups to ensure the most vulnerable are offered flu and booster vaccines first.
- 6) With evidence on waning immunity following the primary course, it is essential that individuals are offered a further vaccine dose to boost immunity at the earliest point in line with JCVI advice. At present the recommended timing of this booster dose is 6 months and for the purposes of this programme this is being interpreted as 24 weeks for a person coming for a single administration appointment of Covid-19 booster. Following a recent [change to the Green Book](#) there is operational flexibility to provide this at 5 months. Examples of circumstances where this is possible include where a care home is being visited or where a person is coming for another purpose such as flu vaccine and these can be co-administered at that earlier point or at 4 months when someone is due a booster soon but will be starting treatment that will cause immunosuppression before it is due.
- 7) I am grateful for the exceptional support of everyone who has participated in the vaccination programme to date. It is the most complicated, and largest, vaccination programme ever undertaken by NHS Scotland. So far, more than 1.3m boosters and third doses have been delivered and it is important to keep moving at pace.
- 8) Given the knowledge of vaccine effect waning, and the current state of the epidemic in Scotland, it is important that as many people are vaccinated as quickly as possible, Health Boards should therefore accelerate activity in order to vaccinate as many eligible people as possible for COVID-19 primary, boosters and seasonal flu vaccines. Further communications will be issued to support this.

### **JCVI UPDATED ADVICE ON BOOSTER VACCINATIONS FOR ADULTS AGED 40-49 YEARS**

- 9) On 14 September 2021, the JCVI provided advice on a COVID-19 booster programme for winter 2021/22. In their advice, the JCVI recommended booster vaccinations for all adults aged 50 years and over, and those in a COVID-19 at-risk group.
- 10) The primary objective of the COVID-19 booster programme is to maintain protection against severe COVID-19 disease, specifically hospitalisation and deaths, over winter 2021/22 in order to maintain protection in those most vulnerable, and to protect the NHS.
- 11) On 15 November 2021 the JCVI extended this advice. At this time, the JCVI advises that all adults aged 40-49 years should also be offered a booster vaccination with an

mRNA COVID-19 vaccine, from six months after their second dose, irrespective of the vaccine types given for the first and second doses.

[JCVI statement 15 November 2021.](#)

- 12) 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.
- 13) The JCVI notes that there remains some uncertainties in data, relevant to considerations of extending booster vaccination to others, and they continue to review the situation

## **JCVI ADVICE ON 2<sup>ND</sup> DOSE VACCINATIONS FOR 16 TO 17 YEAR OLDS**

- 14) On 4 August 2021, the Joint Committee on Vaccination and Immunisation (JCVI) advised that all 16 to 17 year olds should be offered a single dose of the Pfizer Comirnaty vaccine. This was in addition to the existing offer of two vaccine doses for those 16 to 17 year olds deemed to be in 'at-risk' groups.
- 15) Following the latest review of data, the JCVI advises that young people aged 16 to 17 years who are not in an at-risk group should also be offered a second dose of Pfizer-BioNTech (Comirnaty) COVID-19 vaccine.  
[JCVI statement 15 November 2021](#)
- 16) The JCVI notes that the key benefits of a second dose of vaccine, compared to a single dose for 16 to 17 year olds, include: more durable protection against COVID-19; a further reduction in the risk of serious COVID-19 and; a further reduction in the risk of infection and symptomatic disease.
- 17) The JCVI has carefully considered reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart), following the use of Pfizer and Moderna vaccines in younger adults.
- 18) The JCVI states that the available data indicates that the clinical manifestations of myocarditis following vaccination are typically self-limiting and resolve within a short time.
- 19) Overall, the view of JCVI is that there is more certainty in the data regarding the benefits from vaccination compared to the data regarding the risks.
- 20) The Pfizer-BioNTech vaccine (BNT162b2/ Comirnaty) is the only vaccine currently recommended for use in persons aged 12 to 17 years in the UK

## **GREEN BOOK UPDATE FOR BOOSTERS AND HOUSEBOUND PATIENTS**

- 21) There have been changes to the Green Book regarding booster vaccinations and domiciliary vaccination for housebound patients.
- 22) MRNA vaccines remain the preferred vaccine type for the booster programme irrespective of the vaccine given for the primary doses. Updated information on the stability of the Pfizer vaccine along with local storage arrangements should mean that mRNA vaccination is possible in almost all settings.

- 23) The AstraZeneca vaccine may be considered for those who have received at least one dose of this vaccine previously. In exceptional circumstances, persons aged 40 years or over who received a mRNA COVID-19 vaccine previously may be offered a booster dose of AstraZeneca Vaxzevria vaccine following a decision by a health professional on a case-by case basis.

## **GREEN BOOK UPDATE: DOSING SCHEDULE FOR CHILDREN AND YOUNG PEOPLE UNDER 18 YEARS**

- 24) A change to the Green Book states that for 16 and 17 year olds who are not in a clinical risk group there should be a 12 week interval between doses following JCVI advice on second doses for 16 and 17 year olds outlined above.
- 25) Young people aged 16 to 17 years who are in a recognised clinical risk group and those who work in health and social care should receive two doses of vaccine at an interval of at least eight weeks.
- 26) Children and young people aged 12 to 15 years who are in recognised risk groups should receive two doses of Pfizer vaccine at an interval of at least eight weeks.
- 27) A further change to the Green Book states that children and young people aged under 18 years should not be vaccinated (with any dose) within 12 weeks after the onset of symptoms or a positive test result of a COVID-19 infection. Vaccination should be deferred until at least 12 weeks from the onset of infection in children and young people under 18 years who are not in clinical risk groups.
- 28) Messaging will be issued to Health Boards clearly stating to this age cohort not to attend for a vaccination after the onset of symptoms or a positive test result. If an appointment had already been arranged Health Boards will endeavour to rearrange this at a more suitable time.

## **ROLLING PROGRAMME VACCINATION OFFER**

- 29) As part of the current COVID-19 vaccination programme, Scottish Ministers recently decided on a national policy to provide a real time rolling programme offer of COVID-19 vaccinations to those newly eligible, or those who have not yet taken up the offer of a vaccine, for both the initial programme and the booster programme.
- 30) Some individuals may be eligible for vaccinations under a cohort that differs from when they were vaccinated previously; for example, an individual newly diagnosed with a health condition.
- 31) The following potential scenarios where the rolling programme offer is particularly important have also been identified:
- those 11 year olds turning 12 who will be eligible for 1 dose of the vaccine;
  - those 15 year olds turning 16 who will be eligible for a 2<sup>nd</sup> dose of the vaccine;
  - those 39 year olds turning 40 who will be eligible for a booster vaccination;
  - any eligible person who has not yet taken up the offer of a vaccine;
  - people returning or moving from overseas who have either not been vaccinated or require further vaccination to complete a dosing schedule.

- 32) In addition to the potential scenarios outlined above, there may be instances where a 12 to 15 year old, who is currently only eligible for one dose, develops a condition which puts them at risk from COVID-19, or becomes a household contact of an immunosuppressed individual, meaning they become eligible for a second dose.
- 33) Scotland's vaccination programme is designed to reach everyone who is eligible and ensure no-one is left behind. Therefore, initial doses of the vaccine, and boosters, should continue to be offered to those newly eligible as noted above.
- 34) A front door open access model has been supporting the rolling programme offer and each board has been adopting a workable system that is appropriate for them. This "core local offer" approach ensures that for those who may have been hesitant coming forward for vaccination, there is a rapid way to attend for vaccination rather than directing people via the national contact centre.

## **OPERATIONAL DEPLOYMENT**

- 35) Consideration of how and when these groups would be invited has taken place. For the 40-49 year olds there are 390,000 nationally due a booster, with 200,000 of these people turning 24 weeks before or in December, with the remainder in January. This is a de-duplicated number, as approximately 26% of this age group have already been done under a prioritised cohort.
- 36) You are aware that the majority of the Boards are using the NVSS system for self booking via the National portal and Contact Centre. The system has been primed ready for the 40-49 year olds booking mechanism to be activated, to allow people in all Boards (with the exception of Highland and Islands who will run local call forward systems). This will be activated most likely during the week of the 22<sup>nd</sup> to allow booking for the 3 larger clinic activity weeks from the 29<sup>th</sup> of November onwards.
- 37) A mechanism is in place to enable booking for 16 and 17 year olds within the online portal at NHS Inform which will be activated in a similar timeframe. Health Boards have the flexibility to deliver via schools if this best suits their local circumstances. However, it should be noted that not all young people of this age are in school and therefore it will still be important that for them to be able to self-book for community clinics.

## **COMMUNICATIONS**

- 38) All Health Boards will be provided with information to communicate via their local channels and networks. Further updates and materials will be provided as appropriate.
- 39) There will also be engagement with Education officials to ensure that where relevant, appropriate messaging is issued to local authorities, schools and key stakeholders – including parents' and pupil representative organisations.

## **ACTION**

- 40) Health Boards are asked to note and enact the JCVI advice regarding second doses for 16 and 17 year olds and the JCVI advice regarding COVID-19 booster vaccinations for 40 to 49 year olds.

- 41) Health Boards are asked to note and enact the Green Book advice on booster vaccinations for housebound patients and the Green Book changes regarding dosage schedule for children and young people under 18 years.
- 42) Health Boards should work with national planning leads to agree a deployment plan ensuring the most vulnerable groups are offered protection first and to agree the parameters for offering boosters to the 40 to 49 year age group and second doses for the 16 to 17 year age group.

I remain very grateful for your continued support and ongoing efforts in relation to the national COVID-19 vaccination programme.

Yours sincerely

*Gregor Smith*

Dr Gregor Smith  
**Chief Medical Officer**