



E: vaccinationsdelivery@gov.scot

Dear Colleague(s)

COVID-19 VACCINATION PROGRAMME: B.1.1.529 VARIANT (OMICRON)

This letter provides a further update on the delivery of the COVID-19 vaccination programme and the subsequent Green Book changes.

KEY OBJECTIVES

1. To provide an update and clarify operational guidance following the Joint Committee on Vaccination and Immunisations (JCVI) advice published on 29 November 2021 relating to the role of vaccine deployment in relation to the B.1.1.529 (Omicron) variant.
[JCVI advice on the UK vaccine response to the Omicron variant - GOV.UK \(www.gov.uk\)](https://www.gov.uk/jcvi-advice-on-the-uk-vaccine-response-to-the-omicron-variant)

Background

2. The JCVI continues to advise on the COVID-19 vaccination programme.
3. The Scottish Government is guided by the clinical and scientific advice on vaccination provided by the JCVI.
4. Following variant B.1.1.529, otherwise known as the Omicron variant, being designated a variant of concern by the World Health Organisation (WHO), the JCVI has expedited their advice on the extension of the UK vaccination programme.
5. Optimising individual protection ahead of a potential wave of infection will provide the largest benefit in terms of reducing the impact of the Omicron variant on the UK population. Additional data regarding the Omicron variant will take some time to accrue. Waiting for such data before taking some actions risks a suboptimal response.

From the Chief Medical Officer
Dr Gregor Smith

1 December 2021

SGHD-CMO(2021)34

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
NHS 24

Further Enquiries

Policy Issues
COVID Vaccination Policy
TeamVaccinationsDelivery@gov.scot

Medical Issues
Dr Syed Ahmed
Syed.ahmed@gov.scot

Pharmaceutical and Vaccine Supply Issues
NHS NSS National Procurement:
NSS.fluvaccineenquiries@nhs.scot



JCVI Advice

6. In its statement on 29 November 2021, the JCVI emphasised that the extent of protection that the current MHRA approved COVID-19 vaccines will provide against the new variant is not yet known. Protection against infection and against serious disease can be different, and such information is crucial to the development of an optimal vaccination programme. The JCVI note that it is possible that the higher levels of antibody induced by vaccines directed at the original 'wild type' variant will provide better protection, as seen with some other variants to date, but studies are underway to explore this.
7. The JCVI advises the following immediate measures within the COVID-19 vaccination programmes:
 - Booster vaccination eligibility should be expanded to include all adults aged 18 years to 39 years.
 - Booster vaccination should be offered in order of descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group. Booster vaccination should not be given within 3 months of completion of the primary course.
 - Severely immunosuppressed individuals who have completed their primary course (3 doses) should be offered a booster dose with a minimum of 3 months between the third primary and booster dose. Those who have not yet received their third dose may be given the third dose now to avoid further delay as long as there is a gap of 8 weeks since their second primary dose. A further booster dose can be given in 3 months, in line with the clinical advice on optimal timing.
 - Both the Moderna half dose (50 microgram) and Pfizer-BioNTech (30 microgram) vaccines should be used with equal preference in the COVID-19 booster programme. Both vaccines have been shown to substantially increase antibody levels when offered as a booster dose.
8. In addition, JCVI advises the following secondary measure, subject to appropriate consideration by deployment teams regarding feasibility:
 - All children and young people aged 12 to 15 years should be offered a second dose (30 micrograms) of the Pfizer-BioNTech COVID-19 vaccine at a minimum of 12 weeks from the first dose. The interval between vaccines may be reduced to at least 8 weeks between doses if the emerging epidemiological data supports this (and those aged 16 to 17 may also be offered their second dose with an interval of at least 8 weeks). This advice relates to those 12 to 15 year olds not in at-risk groups. Those in at-risk groups should still be offered a second dose at an interval of 8 weeks.
9. The overall intention of the measures set out by the JCVI is to accelerate the deployment of vaccination before the peak of any impending Omicron wave.
10. There is currently no data to indicate that Omicron infection is associated with a change in the pattern of susceptibility to serious COVID-19 (hospitalisation and

death). Persons of older age, or who are in COVID-19 at-risk groups are likely to remain at higher risk from serious COVID-19; therefore, vaccination should be prioritised accordingly. Continued efforts should be made to offer COVID-19 vaccination (first, second and booster doses) to adults who have yet to receive any COVID-19 vaccinations.

11. The Green Book has been updated to reflect all the recommendations made by the JCVI as detailed above.

[Greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/94422/greenbook-chapter-14a.pdf)

OPERATIONAL DEPLOYMENT

12. The Scottish Government remains fully committed to ensuring that everyone has access to a COVID-19 vaccine. The vaccination programme continues to follow JCVI advice and is calling forward priority groups to ensure the most vulnerable are offered flu and booster vaccines first.

13. Currently 50 to 59 year olds and 40 to 49 year olds are able to book a booster Autumn/Winter appointment via the online Portal or National Helpline. This was advised to be at an interval of 6 months (24 weeks) from the second COVID-19 dose. In light of the Omicron variant, the JCVI has revised this scheduling and has now advised that a booster dose should not be given within 3 months of completion of the primary course; Patient Group Directions (PGD), National Protocols, NHS Inform and the online portal will be updated accordingly to accommodate this.

14. Vaccination of the highest priority groups remains the priority so Boards should ensure maximum uptake in the highest JCVI groups, and continue to vaccinate 50 to 59 year olds and 40 to 49 year olds as quickly as possible.

15. To support this, a range of communication activities are taking place: text messaging, emails and blue letter reminders are being sent to unvaccinated individuals in each group. There will also be extensive national and local communication activities to ensure individuals in these groups are aware of the need to come forward and book an appointment on the online portal or via the helpline.

16. The timing and approach to opening the offer of vaccination for under 40s will be communicated in due course once national modelling has enabled options to be suitably evaluated.

COMMUNICATIONS

17. All Health Boards will be provided with materials and messaging to communicate via their local channels and networks. Some interim messaging has already been shared to address potential public confusion following the JCVI announcement. Further updates and materials will be provided as appropriate and NHS Inform is being updated.

ACTION

18. Health Boards are asked to note and enact the JCVI advice on the UK vaccine response to the Omicron variant.

19. Health Boards should work with national planning leads to agree a deployment plan ensuring the most vulnerable groups continue to be offered protection first and that the approach to vaccination remains inclusive.
20. Moderna (50 microgram) and Pfizer-BioNTech (30 microgram) vaccines should be used as booster doses in equal preference.

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