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Dear Colleagues

COVID-19 BOOSTER VACCINE PROGRAMME

This letter provides an update following publication of the Joint Committee on Vaccination and Immunisation's (JCVI) advice on COVID-19 booster doses.

Key Objectives

1. To update on COVID-19 booster vaccine programme.
2. To clarify operational guidance on delivering COVID-19 booster vaccines.

Background

3. On 14 September 2021, the JCVI published guidance regarding the recommendation of a COVID-19 booster programme. The primary objective of a 2021 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. The full JCVI statement is available here: [JCVI statement regarding a COVID-19 booster vaccine programme for winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statements/jcvi-statement-regarding-a-covid-19-booster-vaccine-programme-for-winter-2021-to-2022).
4. Not enough time has passed to clearly understand protection levels six months after completion of the primary vaccine course in all persons, therefore the JCVI has taken a precautionary position, advising that it is preferable to ensure protection is maintained at a high level throughout winter months in adults who are more vulnerable to severe COVID-19. It is not yet established whether recurrent boosters will be required in the long term therefore this programme relates only to winter 2021/22.

JCVI Advice

5. The JCVI has advised a COVID-19 booster vaccination programme to begin in September 2021, as soon as is operationally practicable.

**From Chief Medical Officer
Dr Gregor Smith**

16 September 2021

SGHD(2021)25

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
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Further Enquiries

Policy Issues

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Medical Issues

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Pharmaceutical and Vaccine Supply Issues

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6. The advice is clear that the COVID-19 booster advice is distinct from, and does not supersede, the recent JCVI advice regarding a third primary vaccine dose for those who were severely immunocompromised at the time of their first or second dose. A separate CMO letter has been issued in relation to this. At a later date the JCVI will review whether such persons require a further booster dose following completion of their three-dose primary vaccine course.
7. The JCVI has advised that groups 1-9, prioritised in Phase 1 of the COVID-19 vaccination programme should be offered a booster dose of COVID-19 vaccine. This includes:
 - Those living in residential care homes for older adults
 - All adults aged 50 years or over
 - Frontline health and social care workers
 - All those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the [Green Book](#)), and adult carers
 - Adult household contacts of immunosuppressed individuals

COVID-19 boosters should be deployed to groups 1-9 in the same order as they were delivered in Phase 1, with operational flexibility to be exercised where appropriate to maximise delivery.

8. The JCVI will provide further advice at an appropriate time as they continue to review emerging data on booster vaccination relating to the following groups:
 - younger adult age groups;
 - children aged 12 -16 years with underlying health conditions; and
 - pregnant women not included in Phase 1 priority groups.

Timing

9. The JCVI advice states that a COVID-19 booster vaccine dose should be offered no earlier than six months after completion of the primary vaccine course (two doses). From an operational perspective, Health Boards are advised that a COVID-19 booster vaccine can be given at a minimum interval of 24 weeks between the second dose and the booster dose. The 24 week interval between completing the primary course and booster dose will drive the timeline for delivery.
10. The JCVI is also clear in its advice that the booster programme is not intended to disrupt the deployment of the seasonal influenza programme. Therefore the booster programme must be managed to enable Health Boards to achieve the overall aim of the majority of influenza vaccinations being completed by mid-December, utilising co-administration where operationally practical. Further detail of co-administration of the COVID-19 vaccines with other vaccines can be found in the Green Book: [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](#)

Vaccine

11. The JCVI advises a preference for the Pfizer-BioNTech for a third booster dose, irrespective of which vaccine was given in the primary schedule. There is good evidence that the Pfizer-BioNTech vaccine is well tolerated as a third dose and will provide a strong booster response. Alternatively, a half dose (50µg) of the Moderna vaccine, which should be well tolerated and is also likely to provide a strong booster response, may be

offered. In cases where mRNA vaccines cannot be offered e.g. due to contraindication, vaccination with the AstraZeneca vaccine may be considered for those who received AstraZeneca vaccine in the primary course. PGDs and Protocols have been updated accordingly.

Delivery

12. Starting next week (20th September), residents in care homes for older people, housebound patients and other priority groups not requiring to be appointed at a mass clinic will be offered flu and COVID-19 booster vaccination.
13. Frontline health and social care workers will be able to book their appointment online at NHS Inform from 20th September.
14. Adults aged 70 years or over and adults aged 16 years and over who are on the highest risk list (previously known as the shielding list) will be contacted based on local plans, either by letter or by their GP.
15. People on the highest risk list who were severely immunosuppressed at the time of their last COVID-19 vaccination will be offered a third primary dose at this stage. The JCVI will review whether this group requires a further booster at a later date, following completion of their 3-dose primary course.
16. Other eligible groups, including all those aged 16 to 49 years with underlying health conditions, adult carers, unpaid and young carers, adult household contacts of immunosuppressed individuals and all adults over 50 years will be able to book online from October. Please see **Annex A** for a table showing how cohorts will be invited.

At risk - 16 to 49 years with underlying health conditions

17. This group is in line with the definition used in the first phase of the programme. The Green Book had been redrafted in the summer to better align at-risk groupings for flu and COVID-19, to increase scope to co-vaccinate. The final advice states that only those at higher risk of severe COVID-19 (as set out in the [Green Book](#)) should be offered the booster.

Pregnancy

18. Pregnancy is an “at risk” condition for flu vaccination but not for COVID-19. The JCVI will offer further advice at the appropriate time on booster vaccinations for women who are pregnant without any risk factors. In the current COVID-19 vaccination programme, women who are pregnant should be offered the vaccination at the same time as non-pregnant women based on their age and clinical risk group. If a pregnant woman received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9), they should be offered a booster dose of COVID-19 vaccine. If they have not had either first or second dose, then she should be offered them.

Adult carers aged 16 years and over (including young and unpaid carers)

19. The JCVI advice includes adult carers in its list of those who should be included in the booster programme. Unpaid carers aged 16 years and over in receipt of carers' benefits or identified by their GP were invited to be vaccinated in group 6 of the current COVID-19 vaccination programme. Other unpaid carers were invited to self-register for vaccination

in the same group. In Scotland, the definition of an unpaid carer for the purposes of vaccination is in line with our legislative and policy approach (“those who provide face-to-face care (without payment) for someone else due to a disability, ill-health, frailty or addiction issues”). Health Boards should continue with this approach for the COVID-19 booster programme.

Adult household contacts of immunosuppressed individuals

20. Adult household contacts of immunosuppressed individuals will be offered a booster vaccination. When we write to those who were severely immunosuppressed at the time of their first or second dose, and who are being offered a third primary dose at this stage and to the rest of the Highest Risk list who are eligible for a booster dose, we will explain how adult household members can access a booster vaccination.

People experiencing homelessness

21. Health Boards are encouraged to use their local judgement, in line with the Green Book, to vaccinate people experiencing homeless in temporary accommodation, rough sleeping as well as people experiencing drug and alcohol addiction. It is likely that a significant proportion of these people will have underlying chronic medical conditions and are at high risk of flu and COVID-19 related complications. Health Boards have the support of the Scottish Government in doing so. For the first time this year all prisoners are to be offered a flu vaccine. Health boards should exercise operational flexibility to offer co-administration of COVID-19 booster vaccines to eligible prisoners (in cohorts 1-9), at a minimal interval of 24 weeks from receiving their second dose, at the same time as receiving their flu vaccine.

Inclusion

22. Our inclusive approach to the programme will run alongside the main programme. We will continue to get advice from and share learning through the Vaccination Inclusive Steering Group and this will be implemented through the programme. Engagement with stakeholders will focus on those groups who have been most hesitant or experienced barriers in order to build relationships and trust and remove barriers or find other delivery methods. Health Boards will be asked for inclusive plans and will be supported by the national programme to deliver these.

Communications

23. All Health Boards have been provided with information to communicate via their local channels and networks and further updates and materials will be provided as appropriate.

Actions

24. Health Boards are asked to note the JCVI advice regarding the COVID-19 booster programme and agree that delivery will begin in some settings from week commencing 20th September.

25. Health Boards are asked to note the suggested handling of cohorts.

I remain grateful for your continued support in delivering these vital vaccinations across Scotland.

Yours sincerely,

Gregor Smith

Dr Gregor Smith
Chief Medical Officer

HOW COHORTS WILL BE INVITED

The following table sets out how the groups from Phase 1 will be invited. It should be noted that JCVI advises that the booster programme should be deployed in the same order as during Phase 1, with operational flexibility exercised where appropriate to maximise delivery.

| Priority group | Risk group | Invites – how |
|----------------|--|---|
| 1 | Residents in a care home for older adults Staff working in care homes for older adults | HB direct arrangement with care home. As before, staff will be offered vaccination on site. Mop-up vaccination available via booking on portal from 20 th September for any workers who miss vaccination on site. |
| 2 | All those 80 years of age and over Frontline health and social care workers | Letter or GP contact <u>from</u> w/b 27 th September offering covaccination for COVID-19 and flu Workplace and national tailored communication; book via online portal from 20 th September |
| 3 | All those 75 years of age and over | Letter or GP contact from w/b 27 th September offering covaccination for COVID-19 and flu. |
| 4 | All those 70 years of age and over Clinically extremely vulnerable individuals (not including those under 16 years of age) | Letter or GP contact (offering covaccination for COVID-19 and flu) from w/b 27 th September Letter or GP contact from w/b 27 th September offering covaccination for COVID-19 and flu. |
| 5 | All those 65 years of age and over | Online booking portal opens in October to allow generic booking (offering covaccination for COVID-19 and flu if 6 months have elapsed, or flu, then COVID-19 booster at a later date). Follow up letters will be sent to anyone who has not booked an appointment after a period of time. |
| 6 | Adults aged 16 to 65 years in an at-risk group (underlying conditions set out in the Green Book plus adult household contacts of people with immunosuppression and unpaid carers). | As above |
| 7 | All those 60 years of age and over | As above |
| 8 | All those 55 years of age and over | As above |

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| 9 | All those 50 years of age and over | As above. |
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