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Dear Colleagues

COVID-19 VACCINATION PROGRAMME: B.1.617.2 VARIANT

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

Key Objectives

- 1. To provide guidance following the Joint Committee on Vaccination and Immunisation (JCVI) meeting on the role of vaccine deployment in relation to the B.1.617.2 variant. The latest advice is set out in the Public Health England statement here: <u>JCVI advice to mitigate impact of B1.617.2 variant GOV.UK (www.gov.uk)</u>
- 2. Rapid vaccine deployment remains a critical part of the response to the virus. However this must be as part of the wider system response including Test and Protect, continued use of non-pharmaceutical interventions and other behavioural interventions to control the spread of the B.1.617.2 variant. The B.1.617.2 variant may be more transmissible than the UK variant strain and possibly significantly more transmissible. The optimal efficacy following the first dose of vaccine is 3 weeks, therefore it remains critical that everyone continues to demonstrate caution in their volume of contacts and to follow FACTS.

Vaccine deployment for B.1.617.2 variant

- 3. Following an increase in prevalence of the B.1.617.2 variant across the UK, the JCVI convened on the evening of 13 May 2021 to consider the implications on vaccine deployment as mitigation for the potential enhanced impact of the variant of concern.
- 4. The Committee agreed the need to accelerate and promote vaccine uptake, especially first doses, in those who remain unvaccinated within priority cohorts 1-9 as a matter of urgency as individuals in these groups remain at the highest risk of severe outcomes from COVID-19. The latest published data shows an uptake of 99% in those aged over 50 for Health Boards in Scotland. However there is considerable

From Chief Medical Officer Chief Nursing Officer Interim Chief Pharmaceutical Officer

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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
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variation in uptake across geographical areas and within particular groups.

- 5. Secondly, the JCVI advises, where vaccine supply allows, that second doses of all vaccines should be brought forward from 12 to 8 weeks for all priority groups, with priority given to those areas where the B.1.617.2 variant is of the highest threat. This is because that emerging evidence suggests that a first dose of the vaccine may not offer the same protection against this variant as against some of the earlier strains of the virus. Offering second doses more quickly may therefore maximise protection.
- 6. The third priority is to ensure the vaccine programme is rolled out as quickly as possible, including:
 - through maximising the capacity of vaccination centres to ensure rapid rollout and,
 - where necessary, offering the AstraZeneca vaccine to those 30 39 years of age, within the scope of existing JCVI advice of a vaccine preference in this age group conditional on adequate control of COVID-19 infection in the UK. Please see my letter dated 7 May 2021: COVID-19 vaccination programme (scot.nhs.uk).

Action

- 7. Health Boards are asked to note and implement the advice outlined above. The FVCV programme delivery team will work with Health Boards in the coming days to support this.
- 8. It is crucial that individuals continue to come forward for vaccination when invited to do so. I am grateful for Health Boards' continued efforts to offer information, support and encouragement to those invited for vaccination so that public confidence in this critical programme remains high.

Yours sincerely,

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