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Dear Colleague(s)

COVID-19 VACCINATION PROGRAMME:

- **SPRING DOSE PROGRAMME**
- **UNIVERSAL OFFER FOR 5 TO 11 YEAR OLDS**

KEY OBJECTIVES

1. To provide an update and clarify operational guidance on the JCVI advice regarding:
 - Spring dose vaccinations
 - Universal offer of COVID-19 vaccinations for children aged 5 to 11 years old.
[JCVI statement on vaccination of children aged 5 to 11 years old - GOV.UK \(www.gov.uk\)](#)

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 as provided by the JCVI.
4. The Scottish Government remains fully committed to ensuring that everyone who is eligible has access to a COVID-19 vaccine.

SPRING DOSE

5. In its advice of [21 February 2022](#), the JCVI advised that the primary aim of the COVID-19 vaccination programme continues to be the prevention of severe disease, hospitalisation and mortality arising from COVID-19.

From the Chief Medical Officer Chief Pharmaceutical Officer

Professor Sir Gregor Smith
Professor Alison Strath

28 February 2022

SGHD/CMO(2022)6

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,
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Chief Executive, Public Health
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6. Many of the oldest adults, and therefore most vulnerable, will have received their most recent COVID-19 vaccine dose in autumn 2021. Therefore, as a precautionary strategy for 2022, the JCVI has advised a COVID-19 spring dose for these individuals, around 6 months after their last vaccine dose.
7. This will be offered 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, as defined in tables 3 and 4 of the [Green Book](#).
8. These individuals are at a higher risk of severe COVID-19, and with the lapse of time, their immunity derived from vaccination may wane substantially before autumn this year.
9. Eligible persons aged 18 years and over may be offered booster vaccination with Pfizer-BioNTech COVID-19 (Comirnaty[®]) 30mcg vaccine or Moderna (Spikevax[®]) 50mcg vaccine.
10. Eligible persons aged between 12 and 18 years may be offered booster vaccination with Pfizer-BioNTech COVID-19 (Comirnaty[®]) 30mcg vaccine.
11. Cohorts will become eligible for a spring dose at 24 weeks (6 months) since their previous vaccine dose. There are, however, circumstances where this gap can be reduced to 3 months as detailed in the updated Green Book chapter.
12. The Green Book states that someone in an eligible group who has received a full course of primary vaccination (two or three doses depending upon eligibility group) but has not received their first booster by March 2022, may be given the spring dose in the campaign provided there is at least three months from the previous dose. An additional dose is not then recommended before the autumn. The vaccines offered should follow the age-appropriate advice as for other reinforcing doses.

UNIVERSAL OFFER FOR CHILDREN AGED 5-11 YEARS OLD

13. In its advice of [16 February 2022](#), the JCVI advised that a non-urgent offer of two doses of the Pfizer-BioNTech COVID-19 (Comirnaty[®]) 10mcg vaccine be offered to children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between doses.
14. When considering the deployment of its advice, the JCVI noted that:
 - The offer of COVID-19 vaccination to 5 to 11 year olds who are not in a clinical risk group should not displace the delivery of other paediatric non-COVID-19 or COVID-19 immunisation programmes;
 - Delivery of paediatric non-COVID-19 immunisation programmes across all ages should receive due attention, particularly where vaccine coverage has fallen behind due to the COVID-19 pandemic and where there is evidence of health inequalities;
 - Use of the Pfizer-BioNTech COVID-19 (Comirnaty[®]) 10mcg paediatric formulation vaccine should be encouraged for all pupils in the relevant academic year for children aged 11/12 years to reduce complexity in programme delivery and expected reactogenic events for individuals.

15. This advice on the offer of vaccination to 5 to 11 year olds, who are not in a clinical risk group, is considered by the JCVI as a one-off pandemic response programme. This one-off programme applies to those currently aged 5 to 11 years, including those who will turn 5 years of age by the end of August 2022.
16. As the COVID-19 pandemic moves further towards endemicity in the UK, the JCVI will review whether, in the longer term, an offer of vaccination to this, and other paediatric age groups, continues to be advised.
17. The total cohort size for children in Scotland aged 5 to 11 years is estimated to be approximately 419,000. Of this, approximately 32,000 are considered to be in a clinical risk group or a household contact of someone who is immunosuppressed and are already eligible for vaccination under the [JCVI's previous advice](#) of 22 December 2021.
18. This leaves an estimated cohort size of approximately 387,000 children aged 5 to 11 years old who will be eligible for vaccination under this universal offer.

INFORMED CONSENT

19. In all instances, the offer of vaccination must be accompanied by appropriate information to enable children (where appropriate), and those with parental responsibility, to provide informed consent prior to vaccination. Teams responsible for the implementation and deployment of COVID-19 vaccination for persons aged 5 to 11 years should be appropriately trained and confident regarding the information relevant to the vaccination of these persons.
20. We already have a suite of resources relating to COVID-19 vaccines available that enable children and young people and those with parental responsibility to give informed consent, and dedicated leaflets including easy-read versions of these resources have been developed. In addition, training resources for vaccinators have been updated to enable them to provide information in a child-appropriate manner during vaccination visits.
21. Vaccinators will be required to undertake knowledge acquisition and achieve clinical competency sign off prior to administering the paediatric formulation to this age cohort. Specific education materials have been prepared by NHS Education Scotland (NES) and Public Health Scotland (PHS).

OPERATIONAL DEPLOYMENT

22. Health Boards are asked to ensure that their planning, operational, scheduling and clinical teams are fully apprised of the recent JCVI advice regarding this phase of vaccine delivery, the national delivery plan and the timescales.
23. Annexes A and B are attached and illustrate a tabular oversight of the spring expectations. Annex 2 is designed to be a simple guide clearly explaining the vaccine dose for each individual, how and where it will be offered and the interval between doses.

Older adult care home residents

24. Care home residents (older adults) who received their booster in September 2021 as part of the Autumn/Winter Vaccination Programme will have been amongst the earliest individuals to receive their booster vaccination. To ensure that these individuals receive

their next dose as close to 24 weeks as possible, Health Boards are asked to schedule these as a priority from the week commencing 7 March 2022 at the earliest.

25. Some operational flexibility around the timing of the spring dose in relation to the last vaccine dose is considered acceptable as detailed in the Green Book. For example, individuals in care homes may be offered the spring dose alongside other residents providing there is at least 3 months from the previous dose. In addition, if the care home is for older people and there is a small number of individuals aged under 65 years in this setting, then they can also be vaccinated as part of this offer.

Individuals aged 75 years and over and Individuals aged 12 years and over who are immunosuppressed

26. Individuals who are 75 years and over will generally be scheduled by Health Boards through the National Vaccine Scheduling System (NVSS) as they become eligible and will receive an appointment inviting them to attend; this is likely to be from the 2nd or 3rd week in March onwards. These individuals will be invited to community clinics (unless a home visit is required) for their vaccinations. If they should need to reschedule they can use the online portal or the National Contact Centre (NCC) by telephone and schedule a more suitable time.
27. The aim is to vaccinate these citizens at 24 weeks, and no later than 28 weeks, from their last booster dose (the latter week limit is an operational aim for the national programme and local delivery).
28. The Green Book again supports some operational flexibility; for example, if a domiciliary visit is taking place to an elderly couple they may be offered their vaccinations at the same time providing there is at least 3 months from their previous dose.
29. The cohort for the general 75 years and over population will be extracted by Public Health Scotland (PHS) and placed on the SEER platform for Health Boards to extract and organise their files for sending for rescheduling. As this is a specific spring offer this extract will contain people who are or who turn 75 years up to 30th June 2022.
30. Individuals aged 12 years and over who are immunosuppressed will also be invited for a spring dose. This file is being planned at present and will be extracted from the same variety of sources as previously for the programme, that is to say an Albasoft extract. This file will also be uploaded onto the SEER platform for Health Boards to review and organise scheduling.

Children aged 5 to 11 years

31. We will continue to prioritise 5 to 11 year olds who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed as they (or their household contacts) have higher risk factors for COVID-19 related ill-health. At present we have seen only an 18% uptake for first doses from children aged 5 to 11 years old with at risk medical conditions. All parents were contacted previously (either by a national letter inviting them to call to book an appointment, a local letter or local phone call) and Health Boards will now also be asked to de-duplicate and proactively schedule the remaining children. This will allow this group another opportunity to be vaccinated ahead of their universal age-matched peers.

32. Appointments will be scheduled via NVSS for the universal offer of vaccination of children aged 5 to 11 years. This is a non-urgent offer as per the JCVI's advice, and therefore the amount of scheduling per month will be at a proportionate level alongside the higher priority adult and 12-plus spring dose programme. This may be approximately a 2:1 ratio of appointments (adult spring dose/higher risk children spring dose: universal 5 to 11 year olds).
33. Health Boards will be asked to accommodate family appointments where possible for siblings and family members attending together, so the numbers of families requiring multiple visits are minimised.
34. Whilst spring booster doses should take priority over the universal offer for 5 to 11 year olds, there is still a need to pragmatically maximise uptake potential by using capacity for appointments for the 5 to 11 year old cohort during evenings, weekends and the Easter holidays. Therefore, a parallel offer is expected, with options like spring doses Monday to Friday with 5 to 11 year olds at evenings and weekends considered in local planning.
35. Boards are asked to implement a range of community clinic locations that can accommodate spring dose needs and child friendly sections for the 5 to 11 year olds. PHS and the National COVID Vaccination Team have been working on a range of branding and child friendly material that can support Health Boards in their local planning to make sections of clinics welcoming to children and their families. This will be supplemented by materials for those with parental responsibility via leaflets, videos and material on NHS Inform. Health Boards need to ensure sufficient access in suitable locations and settings to ensure maximum uptake in both the spring doses and the 5 to 11 universal offer.
36. Scheduled appointments in blue envelopes will be sent to those who have parental responsibility for 5 to 11 year olds. The online booking portal is not set up to rebook children's appointments, so the NCC will be used instead to reschedule any unsuitable appointments. It is proposed that scheduling will permit appointments to commence from 19th March 2022. This will enable first and second doses to largely be offered prior to schools returning in August 2022 after the summer holidays.

COMMUNICATIONS

37. Some interim messaging has already been shared with Health Boards to clarify the recent JCVI announcements. Further updates and materials will be provided to Health Boards to communicate via their local channels and networks in due course. We are also working with stakeholders to deploy appropriate messages via their channels and networks. NHS Inform has been updated. The ongoing analysis of experience and evidence will continue to inform our approach to communications and engagement – this is particularly important for children and their parents.

ACTIONS

38. Health Boards are asked to note and operationalise the JCVI advice regarding:
 - the spring dose programmes for those eligible;
 - the universal offer of COVID-19 vaccination for children aged 5 to 11 years.

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

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith

Chief Medical Officer

Alison Strath

Professor Alison Strath

Chief Pharmaceutical Officer

Annex A

SUMMARY OF ONGOING AND NEW FVCV: MARCH – AUGUST 2022 (2 pages)

Who	Vaccine & Gap Period	When in Delivery Year	How - Invite	Where
• Adults 18+ (universal) (Autumn/Winter Booster 1 mop up)	• Covid-19 vaccine mRNA booster (>12 weeks gap since primary course and 4 weeks post infection)	• Ongoing through Jan - March – to reach people not yet boosted in the pre New Year period	• All remaining adults had a reminder and new appointment issued. • Only remaining route (for people that did not take up any booster offer to date) is via self book or drop in. • Hesitant audience national media campaign currently running	• Local vaccination clinics • Some bespoke pregnancy clinics
• Autumn/Winter Flu mop up offer to: any remaining 16-64 at risk groups, 65+; pregnant	• Flu vaccine only	• Ongoing Jan - March	• Any remaining high risk Flu people that have not taken up offer to date can have a flu vaccine via their HB route up to end of march and then flu vaccination season closes for the past Autumn/Winter period	• If pregnant, via your midwife. • A local vaccination centre
• 16/17 year olds (universal) Covid • 16/17 at risk were part of initial JCVI 1-9 as part of CEV or underlying health conditions for tranche 1 and also for initial booster 1 – so should be ahead of their age peer group for primary and booster dosing)	• 2 nd primary dose Pfizer 30 wgs - 12 weeks from 1 st dose or 12 weeks from confirmed positive Covid infection (whatever comes last) • Booster Pfizer dose 30 wgs (12 weeks post primary course or 12 weeks post infection)	• Early November onwards. Many of this group are outstanding for 2 nd dose (over 42% currently) • Early February onwards (for those with prompt primary courses)	• All were initially asked to self book or self book and have subsequently been contacted via drop in letters/texts to remind them of outstanding second doses. o HGA should continue to do local promotions of the need to complete primary course and be boosted also (linking this into positive needs for vaccination such as summer vacations) • People can attend drop ins; phone and book via NCC ; book via portal o HGA should use national comms and local comms to promote self booking or drop in for 16/17 boosters o HGA can submit cohort files for NVSS invite for people they know to be eligible (but need to co-ordinate this with the number of files they are sending in via the national team and NSS)	• A local vaccination clinic
• 12-15 year olds (clinically at risk; and household contacts of immunosuppressed) Continued Mop Up/completion Phase	• 3 rd dose for those who are themselves SIS – Pfizer 30 wgs - (8 weeks after last dose; or 4 weeks post infection) • Booster Doses Pfizer 30 wgs - Pfizer 30 wgs - (12 weeks after primary course completion; or 4 weeks post infection)	• offered early December 2021 onwards • offered early December 2021 onwards (at risk but non SIS) OR; early Feb onwards if SIS 4 th /booster dose	• NVSS scheduling o HGA should check that they are complete on all their scheduling of these 3 rd dose and booster offers	• A local vaccination clinic
• 12-15 year (Universal)	• 1 st doses Pfizer 30 wgs • 2 nd doses Pfizer 30 wgs - (12 weeks post 1 st dose or 12 weeks post infection)	• 1 st scheduled offer was late Sept 21 onwards via lettered appointment • 2 nd dose offers commenced from 3 rd January onwards (12 weeks from 2 nd dose) via drop ins and appointments through January 22	• All outstanding 1 st and 2 nd dose people were lettered as mop up advising to phone book or drop in to complete primary course. Currently at 70% 1 st dose uptake and 41% at 2 nd dose uptake o HGA should continue to promote uptake via drop ins and also explore mop ups in various settings (e.g. if in schools doing other childhood programmes)	• A local vaccination clinic
• 5-11 year olds – at risk (clinically at risk; and household contacts if IS)	• 1 st Dose – Paediatric Pfizer 10 wgs (and 4 weeks post infection if recently infected) • 2 nd Dose – Paediatric Pfizer 10 wgs (8 weeks after 1 st dose; or 4 weeks post infection) • 3 rd Dose (ONLY for those with SIS) – Paediatric Pfizer 10 wgs - (8 weeks after 2 nd dose; or 4 weeks post infection)	• From around 27 th January onwards • From late March onwards (at least 8 weeks after 1 st dose) • From late May onwards (at least 8 weeks after 2 nd dose)	• All were lettered or locally phoned asking them to either self book via NCC or offered locally • From the National cohort created for those with specific medical conditions – uptake currently at 18% o HGA should drop in and looks at ways to engage further with these families to encourage uptake prior to the wider universal offer o HGA should consider a wider range of locations for parent to come with their child now that 5-11 universals are also commencing o National and local child friendly branding and spaces should be created (e.g. sections for main centres) • For second appointments 8 weeks later (unless the child has Covid infection and subject to the 12 week wait gap): o HGA need to organise the 2 nd appointment for individuals via their chosen route – local appointing or NVSS • For children who are SIS and requiring a 3 rd dose o HGA need to organise the 3 rd appointment for individuals via their chosen route – local appointing or NVSS	• A local vaccination clinic (set clinic area with Paed Pfizer and suitably trained staff)
• 5-11 – Non urgent Universal Offer (up to those who turn 5 up to 31 st August – offer won't extend for any child turning 5 after this – BUT to note – children CANNOT have until they ARE 5 – so we will vaccinate this group into Sept)	• 1 st Dose – Paediatric Pfizer 10 wgs (12 weeks post infection) • 2 nd Dose – Paediatric Pfizer 10 wgs (12 weeks after 1 st dose, or 12 weeks post infection)	• From Mid-March onwards • From Mid-June onwards	• NVSS appointment – o PHS will do file creation and load to SEER for HGA to do files for appointments and send into NSS o NVSS appointment – HGA send in files for appointing	• A local vaccination clinic (set clinic area with Paed Pfizer and suitably trained staff)

Key: National co-ordinated actions (National team = SG/NHS National Team)
HB actions

SUMMARY OF ONGOING AND NEW FVCV: MARCH – AUGUST 2022 (2 pages)

Who	Vaccine & Gap Period	When in Delivery Year	How - Invite	Where
<ul style="list-style-type: none"> • Spring Booster – Adults 75 years plus 	<ul style="list-style-type: none"> • Covid-19 vaccine mRNA booster (>24 weeks since last dose and/or 4 weeks post infection). • Aim not later than 28 weeks for operational target • Green book offers operational flexibility – e.g. in housebound if visiting a couple and one under the 24 weeks – as long as 3 months gap – they can have at same time 	<ul style="list-style-type: none"> • From Mid-March onwards 	<ul style="list-style-type: none"> • NVSS appointment – <ul style="list-style-type: none"> ◦ PHS will do file creation and load to SEER for HBs to do files for appointments and send into NSS 	<ul style="list-style-type: none"> • Local vaccination clinics • Domiciliary visits
<ul style="list-style-type: none"> • Spring booster – residents older adult care homes (assumption of 65 years plus) 	<ul style="list-style-type: none"> • Covid-19 vaccine mRNA booster (>24 weeks since last dose and/or 4 weeks post infection). • Aim not later than 28 weeks for operational target • Green book offers operational flexibility – e.g. for care homes – as long as 3 months gap – the residents can be done in a collective visit, even if some under 24 weeks. As long as they have a 3 month gap. 	<ul style="list-style-type: none"> • From w/c 7th March onwards 	<ul style="list-style-type: none"> • Via care home visits organised by HB 	<ul style="list-style-type: none"> • Care home/ setting
<ul style="list-style-type: none"> • Spring Booster – people age 12+ who are immunosuppressed 	<ul style="list-style-type: none"> • Covid-19 vaccine mRNA booster (>24 weeks since last dose and/or 4 weeks post infection). • Aim not later than 28 weeks for operational target • Green book offers operational flexibility – Severely immunosuppressed individuals who have received an additional primary dose may have received the booster (fourth) dose more recently and should also be offered the booster during the spring campaign providing there is at least three months from the previous dose. 	<ul style="list-style-type: none"> • From Mid-March onwards as individuals become eligible 	<ul style="list-style-type: none"> • NVSS appointment – <ul style="list-style-type: none"> ◦ PHS will do file creation and load to SEER for HBs to do files for appointments and send into NSS 	<ul style="list-style-type: none"> • A local vaccination clinic • Domiciliary visits

Key: National co-ordinated actions (National team = SG/NHS National Team)
HB actions



Annex B

	Primary Course Doses			Booster Doses		Interval Between Doses* (There is a minimum time you need to wait after a Covid Infection to have a vaccine, even if you are due another dose)	How & When
	1 st	2 nd	3 rd	1 st	2 nd		
Over 75	✓	✓	✗	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose; 24 weeks between booster doses; (4 weeks from first symptoms or positive test)	Invited by NHS – Spring (booster 2) invite will come out via post from mid-March onwards
Elderly Care Home Residents	✓	✓	✗	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose; 24 weeks between booster doses with flexibility; (4 weeks from first symptoms or positive test)	Delivered through care home - Spring (booster 2) will be offered from mid-march onwards
Over 18: Except those who are immunosuppressed	✓	✓	✗	✓	✗	8 weeks between primary doses; 12 weeks from primary course to booster dose; (4 weeks from first symptoms or positive test)	If not completed the primary course or had booster 1 yet - Book by phone or online or attend a drop in.
Over 12: Severely immunosuppressed	✓	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose 12 weeks between booster doses (4 weeks from first symptoms or positive test)	Invited by NHS – Spring (booster 2) invite will come out via post from mid-March onwards
Over 12: Immunosuppressed (but not severely immunosuppressed)	✓	✓	✗	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose; 24 weeks between booster doses; (4 weeks from first symptoms or positive test)	Invited by NHS – Spring (booster 2) invite will come out via post from mid-March onwards
16/17: no additional risk factors	✓	✓	✗	✓	✗	12 weeks between all doses ; (12 weeks from first symptoms or positive test)	Book by phone or online or attend drop-in
16/17: At risk for specific medical conditions (not those immunosuppressed)	✓	✓	✗	✓	✗	8 weeks between primary doses; 12 weeks from primary course to booster; (4 weeks from first symptoms or positive test)	Book by phone or online or attend drop-in
12 to 15: No additional risk factors	✓	✓	✗	✗	✗	12 weeks between primary doses; (12 weeks from first symptoms or positive test)	Invited by NHS - can attend a drop-in or book if overdue
12 to 15: Specific medical conditions or household contacts of a person with immunosuppression	✓	✓	✗	✓	✗	8 weeks between primary doses; 12 weeks from primary course to booster; (4 weeks from first symptoms or positive test)	Invited by NHS - can attend a drop-in or book if overdue
5 to 11: No additional risk factors	✓	✓	✗	✗	✗	12 weeks between primary doses; (12 weeks from first symptoms or positive test)	Invited by NHS and can reschedule using helpline (From mid-March 2022)
5 to 11: Specific medical conditions or household contact of a person with immunosuppression	✓	✓	✗	✗	✗	8 weeks between primary doses; (4 weeks from first symptoms or positive test)	Invited by NHS - can book or reschedule using helpline
5 to 11: Severely immunosuppressed	✓	✓	✓	✗	✗	8 weeks between primary doses; (4 weeks from first symptoms or positive test)	Invited by NHS - can book or reschedule using helpline

*To support operational delivery, the [Green Book](#) sets out additional flexibility for this time to be reduced in some instances – e.g. the time between the first and Spring booster can be reduced from 24 weeks, to a minimum of 12 weeks, where people are co-residents in older adult care homes, living together and having a domiciliary visit, or where an immunosuppressed individual has had an additional primary dose followed by booster 1 at a later date.