

E: vaccineoperationaloversight@gov.scot

Dear Colleague(s)

COVID-19 VACCINATION PROGRAMME: FURTHER VACCINATION OF CHILDREN AND YOUNG PEOPLE

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION (JCVI) ADVICE:

- **BOOSTER VACCINATIONS FOR 16 TO 17 YEAR OLDS – UNIVERSAL**
- **BOOSTER VACCINATION OF AT RISK 12 TO 15 YEAR OLDS**
- **PRIMARY VACCINATION OF AT RISK FIVE TO 11 YEAR OLDS**

GREEN BOOK ADVICE:

- **THIRD PRIMARY DOSE FOR FIVE TO 11 YEAR OLDS WHO ARE SEVERELY IMMUNOSUPPRESSED (SIS)**

This letter provides details of the JCVI advice, published on 22 December 2021, and subsequent updates to the Green Book Chapter 14a, on the expansion of the COVID-19 vaccination programme for children and young people.

KEY OBJECTIVES

1. To provide an update and clarify operational guidance on the JCVI advice and the Green Book updates in relation to:
 - Booster vaccination of 16 to 17 year olds;
 - Booster vaccinations for 12 to 15 year olds who are in a clinically at risk group, severely immunosuppressed or a household contact of someone who is immunosuppressed;
 - Third primary doses for children aged five to 11 years who are severely immunosuppressed (SIS);
 - Primary vaccination of children aged five to 11 years in a clinical risk group or who are a household contact of someone who is immunosuppressed.

From the Chief Medical Officer Chief Pharmaceutical Officer

Professor Sir Gregor Smith
Professor Alison Strath

18th January 2022

SGHD/CMO/2022 (3)

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
vaccineoperationaloversight@gov.scot

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

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

[COVID-19 Green book chapter 14a \(publishing.service.gov.uk\)](https://publishing.service.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 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.
5. In line with previous advice, booster vaccinations are being offered in order of priority and descending age cohorts to ensure the most vulnerable and at risk are protected first.
6. Prioritisation of booster vaccination within eligible cohorts should generally be in the order of descending age groups or clinical risk.

BOOSTER VACCINATION OF 16 TO 17 YEAR OLDS – UNIVERSAL OFFER

7. The JCVI has advised that booster vaccinations should be offered to all 16 and 17 year olds, including those who are severely immunosuppressed and who have had a third primary dose.
8. This cohort should be offered a booster dose of 30 micrograms Pfizer-BioNTech COVID-19 vaccine no sooner than 3 months after completion of their primary course.

BOOSTER VACCINATION OF 12 TO 15 YEAR OLDS

9. The JCVI has also advised in light of the Omicron variant, booster vaccinations should be offered to children and young people aged 12 to 15 years who:
 - are in a clinical risk group or who are a household contact of someone who is immunosuppressed; and/or

- are severely immunocompromised and who have had a third primary dose.
10. Those children and young people aged 12 to 15 years who are clinically at risk or a household contact are now eligible for booster vaccinations and should be offered a booster dose of 30 micrograms Pfizer-BioNTech COVID-19 vaccine no sooner than 3 months after completion of their primary course.
 11. Children who are 12 to 15 years old and were severely immunosuppressed in proximity of their first or second COVID-19 vaccine doses in the primary schedule, should have a third primary vaccination, and then have their booster which would equate to their 4th dose.

PRIMARY VACCINATION OF AT RISK FIVE TO 11 YEAR OLDS

12. In its [advice of 22 December 2021](#), the JCVI recommended that two doses of COVID-19 vaccine should now be offered to children aged five to 11 years in a clinical risk group (as defined in the [Green Book](#)), and to those who are a household contact of someone who is immunosuppressed (as defined in the [Green Book](#)).
13. In addition, the Green Book advises that a further third primary dose should be offered to children aged five to 11 who at the time of their first or second primary dose were severely immunosuppressed, as detailed in the Green Book.
14. For children aged five to 11 years, a 10-microgram dose of Pfizer-BioNTech vaccine for all primary doses, is considered appropriate. The JCVI advises that this can be either as a paediatric formulated dose (10-microgram) or a fractional adult dose (one third of the adult 30 microgram dose). However, a fractional adult dose would constitute 'off label' usage and this is not the Chief Pharmaceutical Officer's preference. The Medicines and Healthcare products Regulatory Agency (MHRA) [announced on 22 December 2021](#) the authorisation of the Pfizer Paediatric vaccine. The paediatric formulation is the preferred method of vaccination for this age cohort.
15. An interval of eight weeks between the first and second doses is advised. Those requiring a 3rd primary dose should ideally receive it eight weeks after the 2nd dose, with special attention paid to current or planned immunosuppressive therapies. The minimum interval between any vaccine dose and recent COVID-19 infection amongst this cohort should be four weeks.
16. In line with [previous guidance](#) issued, the post vaccination observation period will continue to be five minutes.

INFORMED CONSENT

17. In all instances, the offer of vaccination to children and young people must be accompanied by appropriate information to enable children and young people, and those with parental responsibility, to adequately appraise the potential harms and benefits of vaccination as part of the informed consent process prior to vaccination. This should include information on the risk of myocarditis.
18. There is [a suite of resources](#) including dedicated leaflets and easy-read versions relating to COVID-19 vaccines available which enable young people and those with parental responsibilities to give informed consent. In addition, training resources for vaccinators

have been updated to enable them to provide information in a child-appropriate manner during vaccination visits.

19. Many vaccinators will require to undertake knowledge acquisition and achieve clinical competency sign off prior to administering the paediatric formulation to this age cohort. The appropriate educational materials are being prepared by NHS National Education and Public Health Scotland.
20. It is important for children and young people and those who have parental responsibility discuss the offer of vaccination and come to a decision together. Informed consent differs between different age groups. Young people aged 16 and 17 years old are (where there are no other issues of capacity) able to self-consent, while those under 16 are able to consent to medical procedures if they are capable of understanding the information they are being given and the nature and possible consequences of the vaccination.

INTERVAL BETWEEN DOSES AND GAP PERIOD POST INFECTION

21. With the recent JCVI advice, and the programme moving into the delivery of COVID-19 vaccination to younger groups, the complexity for both vaccination teams and the public is increasing. There are a number of key differences to intervals between doses and the gap post infection. For simplification, the overarching rules at present based on the Green Book updates are:
 - 18 years and over: 8 weeks between doses and 4 weeks from infection onset
 - Under 18's who are healthy and not in at risk groups: 12 weeks between doses and 12 weeks from infection onset
 - Under 18's who are in a high risk group: 8 weeks between doses and 4 weeks from onset of infection
22. Booster doses should take place 3 months after the completion of the primary vaccination course.

OPERATIONAL DEPLOYMENT

23. Please see the tables in Annex A for details of the operational timings, methods of call up, and the expectations of Health Board Flu Vaccine COVID Vaccine (FVCV) Operational teams.
24. Health Boards are asked to ensure that their planning, operational, scheduling and clinical teams are fully apprised of the complexity of this phase of vaccine delivery. Should teams be unclear about any of the detail, they should discuss this with the National Team in one to one communication or in the Programme Delivery Group meetings.

COMMUNICATIONS

25. 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 clarify the various recent JCVI announcements. Further updates and materials will be provided as appropriate and NHS inform is being updated.

ACTION

26. Health Boards are asked to note and enact the JCVI advice and the Green Book updates on:

- Booster vaccinations for 16 to 17 year olds – universal;
- Booster vaccination of 12 to 15 year olds who are in a clinically at risk group, severely immunocompromised or a household contact of someone who is immunosuppressed;
- Third primary doses for children aged five to 11 years who are severely immunosuppressed (SIS); and
- Primary vaccination of children aged five to 11 years in a clinical risk group or who are a household contact of someone who is immunosuppressed.

27. Health Boards should use the Pfizer paediatric formulation as opposed to the fractional use of the current Pfizer-BioNTech vial for the five to 11 year old age group.

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

Yours sincerely

Gregor Smith

Alison Strath

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alison Strath
Chief Pharmaceutical Officer

ANNEX A

SUMMARY OF JANUARY TO MARCH (inclusive) COVID-19 & FLU PROGRAMME (& RECAP for Under 18 eligibility)

Who	Vaccine & Gap Period	When in Delivery Year	How - Invite	Where
• Adults 18+ (universal)	• Covid-19 vaccine mRNA booster (if >12 wk gap since primary course completion and 4 weeks from positive covid-19 infection)	• Ongoing through Jan - March – to reach people not yet boosted in the pre New Year period	• People can attend drop ins • Can phone and book via National Contact Centre (NCC) or book via portal • The FVCV national team will issue reminder blue letters or texts to younger decades later in January to remind any adults still outstanding for booster	• Local community clinics • Some bespoke pregnancy clinics for pregnant women who are now an at risk group
• Flu mop up offer to: any remaining 16-64 at risk groups; 65+; pregnant women	• Flu vaccine only	• Ongoing Jan - March	• Via midwifery care • Via drop in to clinics advertised as having flu stock on site • Each HB needs to ensure access (community pharmacy/community clinics) • Local HB comms on where people can come up to end of March 2022	• If pregnant, via your midwife • A local vaccination centre
• 16/17 year olds (universal)	• 2 nd primary dose Pfizer 30 mcgs - 12 weeks from 1 st dose or 12 weeks from confirmed positive Covid infection (whatever comes last) • Booster Pfizer dose 30 mcgs (12 weeks post primary course or 12 weeks post infection)	• Early November onwards. Many of this group are outstanding for 2 nd dose (over 50%) • Early February onwards (for those with prompt primary courses)	• Were previously self-registered for 1 st doses and only one dose initially under JCVI advice; now eligible for 2 primary dose and a booster dose • National team deduplicating records & all remaining eligible 16/17 year olds will receive a text and blue letter (1st or 2 nd doses) – to remind them to come to drop in OR book via NCC or portal • HBs should use national comms assets already shared to promote on local comms • National comms and local comms from early February to promote 16/17 boosters and for young people to mention in letters above: o People can attend drop ins o Can phone and book via NCC o Can book via portal	• A local vaccination clinic
• 12-15 year olds (clinically at risk; and household contacts of immunosuppressed)	• 1 st dose Pfizer 30 mcgs • 2 nd dose Pfizer 30 mcgs (8 weeks after last dose; or 4 weeks post infection) • 3 rd dose for those who are themselves SIS – Pfizer 30 mcgs - (8 weeks after last dose; or 4 weeks post infection) • Booster Doses Pfizer 30 mcgs - Pfizer 30 mcgs - (12 weeks after primary course completion; or 4 weeks post infection)	• offered early August 2021 onwards • offered early October 2021 onwards • offered early December 2021 onwards • offered early December 2021 onwards (at risk but non SIS) OR; earl Feb onwards if SIS 4 th /booster dose	• Via cohort invite letter on NVSS • Via cohort invite letter on NVSS • Via cohort invite letter on NVSS	• A local vaccination clinic
• 12-15 year (Universal)	• 1 st doses Pfizer 30 mcgs • 2 nd doses Pfizer 30 mcgs - (12 weeks post 1 st dose or 12 weeks post infection)	• The only new offers for January – is to reoffer to people to who did not take up the summer offer • 3 rd January onwards (12 weeks from 2 nd dose)	• National team will deduplicate and send a letter to these young people – with an offer to attend a drop in or to book via NCC • Invite letters issued but can bring forward via NCC or attend a drop in	• A local vaccination clinic
• 5-11 year olds – at risk (clinically at risk; and household contacts if IS)	• 1 st Dose – Paediatric Pfizer 10 mcgs • 2 nd Dose – Paediatric Pfizer 10 mcgs (8 weeks after 1 st dose; or 4 weeks post infection) • 3 rd Dose (ONLY for those with SIS) – Paediatric Pfizer 10 mcgs - (8 weeks after 2 nd dose; or 4 weeks post infection)	• From around 27 th January onwards (those on next day Movianto delivery may receive stock on 23 rd ; those on weekly/twice weekly may receive stock between 25 th - 26 th January) • From late March onwards (at least 8 weeks after 1 st dose) • From late May onwards (at least 8 weeks after 2 nd dose)	• National cohort created for those with designated medical conditions (as per table 4 green book) – These will be put on SEER for HBs to view. a) Some HBs doing local appointing by phone b) Some doing local appointment by local letter c) Some using nationally sent out letter (and advising national team of this) – advising parents that their child is in this cohort and thus being invited and to call NCC to make a clinic appointment • For second appointments 8 weeks later (unless the child has Covid infection and subject to the 12 week wait gap): o For Boards using local appointing (by phone or local letter) – those HBs need to organise the 2nd appointment for individuals o For Boards that used the national letter to prompt first booking – HB to send in NVSS cohort for inviting back to suitable clinic • For children who are SIS and requiring a 3rd dose – HB to send in NVSS cohort for inviting back to suitable clinic	• A local vaccination clinic (set bespoke time/place with Paed Pfizer and suitably trained staff)

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

MASTER V0.5.15th January 2022

	Primary vaccination			Booster	Interval Between Doses (To Note: there is a minimum gap you have to wait after a Covid infection to have a vaccine, even if you are due another dose)	How & When
	1st Dose	2nd Dose	3rd Dose			
Over 18: Except those who are severely immunosuppressed	✓	✓	✗	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose (4 weeks from positive test)	Book by phone or online or attend a drop-in
Over 18: Severely Immunosuppressed	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue (using your original invite letter)
16/17: no additional risk factors	✓	✓	✗	✓	12 weeks between all doses (12 weeks from positive test)	Book by phone or online or attend drop-in
16/17: At risk for specific medical conditions (not those severely immunosuppressed)	✓	✓	✗	✓	8 weeks between primary doses; 12 weeks from primary course to booster (4 weeks from positive test)	Book by phone or online or attend drop-in
16/17: Severely Immunosuppressed	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue (using your original invite letter)
12 to 15: No additional risk factors	✓	✓	✗	✗	12 weeks between primary doses (12 weeks from 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 positive test)	Invited by NHS - can attend a drop-in or book if overdue
12 to 15: Severely Immunosuppressed	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course and booster (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue (using your original invite letter)
5 -11: No additional risk factors	✗	✗	✗	✗	N/A	N/A
5 to 11: Specific medical conditions or household contact of a person with immunosuppression	✓	✓	✗	✗	8 weeks between primary doses (4 weeks from positive infection)	Invited by NHS (From late January 2022)
5-11: Severely Immunosuppressed	✓	✓	✓	✗	8 weeks between primary doses (4 weeks from positive infection)	Invited by NHS (From late January 2022)