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| **Director Covid 19 Vaccine (Operational)**  Karen Duffy |  |
| To: General Practitioners and Paediatricians | Policy Enquiries:  VaccinationsDelivery@gov.scot |

19 January 2022

Dear Colleagues

**COVID-19 PRIMARY VACCINATIONS FOR AT RISK 5 to 11 YEAR OLDS.**

This letter is to provide you with some background of the approach taken to identify the ‘at risk’ children in the 5 –11 age group referenced in the CMO letter from 18 January 2022 <https://www.sehd.scot.nhs.uk/cmo/CMO(2022)03.pdf>

The criteria for ‘at risk’ 5 – 11 year olds is based on the JCVI [advice of 22 December 2021](https://www.gov.uk/government/publications/jcvi-update-on-advice-for-covid-19-vaccination-of-children-and-young-people/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-22-december-2021), the JCVI recommended that two doses of COVID-19 vaccine should now be offered to children aged 5 to 11 years in a clinical risk group and to those who are a household contact of someone who is immunosuppressed (as defined in the [Green Book](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1040677/Greenbook-chapter-14a-14Dec21.pdf)). The Green book chapter for Covid-19 vaccination was updated on 24/12/2021 and again on 12/01/2022 to reflect the new JCVI guidance.

Those who should be vaccinated as part of this cohort have been identified via centralised searches of clinical datasets and letters are being sent to these families with details of how this will be arranged.

Most of the children being identified have been through an extraction of GP data, performed by Albasoft, in the same way as previously done for adult immunisation. Many of the disease codesets are similar to those used to identify adult and older children for Covid and Flu vaccination. However, there are some differences, further notes on the search criteria can be found in Annex B. This GP data identification process has been augmented by:

* Data from the Homecare and HEPMA (Hospital Electronic Prescribing and Medicines Administration) systems. These contain information on secondary care prescribing, particularly relating to medications that may cause immunosuppression, such as Biologics. The data from Homecare / HEPMA will be incomplete and some people on these medications will not be identified. Homecare data has coverage of ~90% of Scotland’s home delivery of medicines from Secondary care. HEPMA is currently utilised in NHS Ayrshire and Arran, Dumfries and Galloway, Forth Valley and Lanarkshire and may be partially utilised by NHS Greater Glasgow and Clyde and NHS Lothian.
* Scottish Morbidity Data detailing an admission to hospital because of Asthma within the last two years.

Details of children who are currently undergoing radiotherapy or chemotherapy are not available to the national programme. We have asked Health Boards to identify this group of patients.

It is worth noting that children with autism are included in this at risk category for the first time.

The number of children identified as being in an ‘at-risk’ group is relatively small. However, I anticipate there may be queries to GPs and Paediatricians from parents and carers, particularly if their child was not on an at risk list previously.

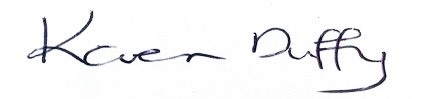
The JCVI criteria for children aged 5 – 11 also includes those who are household contacts of people who are immunosuppressed. The definition being *‘Individuals aged 5* – *11 years who expect to share living accommodation on most days (and therefore for whom continuing close contact is unavoidable) with individuals of any age who are immunosuppressed (defined in tables 3 and 4 of The Green Book)’.* Centralised searches for people who are immunosuppressed of any age, are being utilised to enable letters to be sent to these households with the offer of vaccination for any children living with them in this age group.

Although there is no formal role for GPs and Paediatricians in identifying this group of eligible children who are ‘at-risk’ or household contacts, there are likely to be some cases which have not been captured by the national programme, for example those who have a recent diagnosis, who should now be considered part of the at risk group. In particular, the JCVI criteria state that ‘Children who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy’.

If you are made aware of a patient who should now be included in the at risk 5 to 11 year old cohort, but whom have not received a letter, please contact the relevant health board immunisation co-ordinator providing the child’s name and CHI number. A list of co-ordinators is included at Annex A.

The NHS Inform page contains information for the public and you may find it helpful to direct people here: [Vaccinating children aged 5 to 11 years | The coronavirus (COVID-19) vaccine (nhsinform.scot)](https://www.nhsinform.scot/covid-19-vaccine/the-vaccines/vaccinating-children-aged-5-to-11-years/)

Yours Sincerely



Karen Duffy

Delivery Director

National Covid Vaccination Team

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**Annex A**

**Annex B Children aged 5-11 at risk for Covid Vaccination - Search notes - January 2022**

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|  | **Source of Data** | **Notes on Criteria** |
| **Chronic respiratory disease** | General Practice and Scottish Morbidity data (for asthma admissions) | Have asthma that has required an inhaler in the last year AND received two courses of oral steroid withinin the previous two years |
| Have had an asthma admission in the last two years (from GP and hospital data) |
| Other chronic Respiratory conditions including cystic fibrosis |
| **Chronic heart conditions** | General Practice data | Includes congenital and acquired heart conditions or abnormalities, transplants. |
| **Chronic conditions of the kidney, liver or digestive system** | General Practice data | Renal conditions include CKD 3-5, renal failure / dialysis, neoplasms, transplants |
| Liver disease includes transplants, liver failure, chronic infections causing hepatitis, congenital disorders |
| Digestive System Diseases - Gastro-oesophageal Reflux (coded in the previous 3 years) and Inflammatory Bowel Disorders |
| **Chronic neurological disease** | General Practice data | Wide range of Neurological Diseases, including Cerebral Palsy, muscular dystrophies, neoplasms, other genetic / hereditary disorders |
| Learning Disabilities |
| Epilepsy (excluding those coded as 'Epilepsy resolved') |
| Autism |
| Down's Syndrome |
| **Endocrine disorders** | General Practice data | Including Diabetes Mellitus (excluding those coded as 'Diabetes Resolved'), Addison’s and Hypopituitary syndrome |

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|  | **Source of Data** | **Notes on Criteria** |
| **Immunosuppression** | General Practice data | Wide codeset for diseases that may indicate immunodeficiency, including haematological malignancies (ever). Also includes those with a diagnosis of Rheumatoid Arthritis or SLE due to likelihood of requiring treatment |
| Possible immuosuppressant medications prescribed since 01/07/2021 |
| Prednisolone at a dose of 20mg (or equivalent other corticosteroid) for 4 weeks or more in the last 3 months. (Complex calculation so may be some misidentifications) |
| Solid Transplant recipients - includes heart, lung, renal, liver, spleen |
| Bone Marrow or Stem cell transplant recipients |
| Homecare / HEPMA data | For secondary care prescribed medications including Biologics. Will not be complete across all Health Boards |
| **Asplenia / dysfunction of the Spleen** | General Practice data | includes splenectomy, sickle cell, thalassaemia |
| **Serious Genetic Conditions** | General Practice data | Some coding in search but complex to determine dataset so may not identify all |