Legal Mechanisms & Vaccine Deployment

Thank you to all colleagues supporting the acceleration of the COVID 19 and Influenza vaccinations for our South West population from 11th September. Starting with adult care home residents and those most at risk to receive vaccines first. <u>Flu and COVID autumn vaccine programmes brought</u> <u>forward - GOV.UK (www.gov.uk)</u>

We appreciate bringing forward local timelines has been challenging. To support some of the clinical questions raised recently, we wanted to share a few of the key messages.

An updated operational mobilisation blueprint note was released on the 28th September, <u>here</u>.

The Cross Programme bulletin released 28th September includes key updates on the new timelines for children and adults (as defined in the Green Book <u>here</u>).

Key dates for vaccine deployment:

•18 September: Delivery to sites of Comirnaty 30 XBB.1.5

•2 October: Go live for 12 years and over with Comirnaty 30 XBB.1.5

- •4 October: Delivery to sites of Comirnaty 10 XBB.1.5
- •5 October: Go live for 5-to 11-year-olds with Comirnaty 10 XBB.1.5

•w/c 9 October: Delivery to sites of Comirnaty 3 XBB.1.5

•w/c 12 October: Delivery to sites with Spikevax XBB.1.5

•16 October: Go live for 6-month-to 4-year-olds with Comirnaty 3 XBB.1.5

•16 October: Go live for 18 years and over with Spikevax XBB.1.5

Legal mechanisms for vaccination:

Adults: The National Protocol (NP) and Patient Group Direction (PGD) are now available on the NHSE website <u>here</u>.

Children / Adolescents (aged 5 to 17 year olds): The updated PGD and NP for the AW23/4, seasonal campaign was published 10th October. Version 3 includes the age specific XBB vaccines and reccomended interval of 3 months (at least 91 days) between doses. Availability of the comirnaty XBB1.5 10 micrograms vaccine into supply chain started last week (w/c 9th October).

For the seasonal campaign all clinical risk groups are listed in table 3 and 4 of the Green Book. Severely immunosuppressed individuals in this age cohort can still be vaccinated at clinical discretion via a pateint specific direction (PSD) or prescription. Please refer to box 1 and box 2 of the <u>Greenbook chapter 14a (publishing.service.gov.uk)</u> alongside the supporting information in the additional dose section. Some individuals will be eligible for an additional dose or subsequent sesaonal dose of vaccine if at least 91 days has ellapsed since their last dose. Clinicians should review the JCVI reccomendations and supporting information about the targeted monovalent XBB.1.5 vaccine choice for children under 12 years of age based on the original pirmary schedule in this group. The optimal timing for vaccination should be on a case by case basis.

Infant /children (aged 6 months to 4 years olds): the pirmary courses of vaccination is via PSD following individual patient assessment. The preferred vaccine choice in this age group for second pirmary doses and any additional subsequent dose is the XBB.1.5 3 micrograms vaccine.

UKHSA supported a statement to healthcare professionals regarding delaying appointments to support deployment of this product [see ICARS Newsletter, 141 issued 29th September] An extract of this statement is below:

From the UKHSA Immunisation Team [22nd September]:

We shared with you on Friday afternoon, 22nd September, information about the recommendation that children aged 6 months to 4 years, requiring their second primary dose of vaccine should wait until Comirnaty 3 (Three) XBB.1.5 is available. It is important that this information is carefully conveyed to providers – and hence to the public – so that it is not misconstrued.

In practice, there are very few children to whom this will apply. Children who received their first dose soon after the programme started on 12th June will already have passed the date (@12th August) after which their 2nd dose should have been administered – and have hopefully therefore received it – because the recommended interval between the 2 primary doses was at that time 8 weeks.

The JCVI recommended interval between all primary doses has since been changed to 3 months (at least 91 days), starting at the same time as the autumn programme commenced. Children who received a second dose of Comirnaty 3 (Three) Original before 15th September will be eligible to receive a dose of Comirnaty 3 (Three) XBB.1.5 after three months and still during the autumn programme. This will provide additional protection throughout the winter against the current circulating strains. Children who have not yet received their second dose are recommended to defer until XBB vaccine becomes available. This may mean that a tiny number of children who have become due their 2nd dose (at a 3-month interval) may need to the wait a maximum of 3 weeks longer than scheduled to receive their second dose (as vaccination with Comirnaty 3 (Three) XBB.1.5 will commence on 9th October).

The rationale for this very short additional wait is that they will then receive a dose of vaccine that matches existing strains. This is particularly important for children as the only current vaccine does not contain an Omicron strain. If they were to receive Comirnaty 3 (Three) Original now they would then have to wait 3 months for a further dose, by which time the autumn campaign will be over. (The only exception to that wait for the next campaign in which they are eligible would be for severely immunosuppressed: a severely immunosuppressed child who receives their second primary dose before or during the autumn 2023 campaign, may receive an additional dose from three months after that dose of vaccine, regardless of the time of year).

In summary, there is a clear rationale for the very short additional wait which will affect a tiny number of children and it is important that this information is carefully conveyed to providers – and hence to the public – so that it is not misconstrued.

Additional information:

The vaccine SOPs and vaccine characteristics information provided by Specialist Pharmacy Service can be found <u>here</u>.

Please do get in touch if we can support with anything further.

SW C19 Clinical Steering Group