


# COVID-19 vaccination programme

## JCVI Cohort 6 - adult household contacts of adults with severe immunosuppression – Operational Guide

31 March 2021

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# Introduction (1/2)

- We have produced a guide to support mobilising vaccination for adult household contacts of severe immunosuppressed adults (over 16 years of age) to maximise uptake of the vaccine for this group of people and to ensure that immunosuppressed individuals are as protected as possible from COVID-19.
- The JCVI have been regularly monitoring data on vaccine effectiveness and impact from the vaccine roll out to date. Early data indicates lower protection in vaccinated adults who are immunosuppressed. Those with severe immunosuppression are therefore more likely to suffer poor outcomes following infection and are less likely to benefit from the vaccines offered.  This is why they have been prioritised to receive the vaccine
- The JCVI notes that there is now data indicating the potential for a reduction in transmission in those vaccinated. On this basis they advise that [adult household contacts \(over 16 years of age\) of adults with severe immunosuppression](#) are offered the COVID-19 vaccination alongside priority group 6. The JCVI advise this will reduce the risk of infection in the immunosuppressed who may not be able to fully benefit from vaccination. [Chapter 14a of The Green Book](#)
- The advice covers individuals aged 16 years or over only. Children are excluded. Given that there is still no data on the safety, reactogenicity or efficacy of COVID-19 vaccines in children and that children are much less likely to have poor outcomes from COVID-19, the JCVI is not currently advising vaccination of household contacts of immunosuppressed children, or household contacts of immunosuppressed adults who are themselves children.



# Introduction (2/2)



- The JCVI letter suggests it would be reasonable to use the same principles in defining adult household contacts as used in [Chapter 19 of The Green Book](#): Influenza *“individuals who expect to share living accommodation on most days ..... and therefore for whom continuing close contact is unavoidable”*.
- We do not propose the definition distinguishes between what is permitted or not permitted under current COVID-19 arrangements as the aim is to minimise risk of transmission whether or not the living arrangements are compliant with current regulations or guidance. This is particularly important for when restrictions and guidance change in the future.
- Members of ‘bubbles’ that do not live with an immunosuppressed person for the majority of the week (frequent visitors and other non-carers who might visit the house often but not for the majority of the week, including overnight stays) are excluded from the definition.
- Those living in long-stay residential care homes or other long-stay care facilities will already be eligible for a vaccine in priority cohorts 1 and 6, in line with JCVI recommendation. As with the influenza vaccine, this does not include prisons, young offender institutions, university halls of residence etc.
- GP practices will be able to identify individuals that are severely immunosuppressed on their registered patient list. SNOMED codes will capture a proportion of this group. However, it’s noted that the total from SNOMED is likely to be an under-estimate as some individuals will have been added to the CEV list by other routes including through secondary care. A significant number of household contacts, particularly where the immunosuppressed individual is older, will already be included in Phase 1 prioritisation on their own merits – for example through age or a role as an unpaid carer. But there will also be households where key household members are as yet unvaccinated.

## Severely Immunosuppressed:

- The JCVI proposed definition of severely immunosuppressed individuals is those currently included in either [priority group 4 and 6](#) using the definition set out in the section in the [Greenbook Chapter 14A Table 3 'Clinical risk groups 16 years of age and over who should receive COVID-19 immunisation'](#) headed [Immunosuppression](#).
- Most of the more severely immunosuppressed individuals in this category should already be flagged as CEV. Existing SNOMED codes will capture a proportion, but not all of this group, as some individuals will have been added to the CEV list via others routes, including through secondary care.
- The terms immunocompromised and immunosuppressed are often used interchangeably and the patient's GP will be best placed to identify those individuals that fit within this definition.
  - An Immunocompromised patient is one in whom any aspect of host defence is deficient
  - An Immunosuppressed patient is one whose immune defences are specifically impaired.

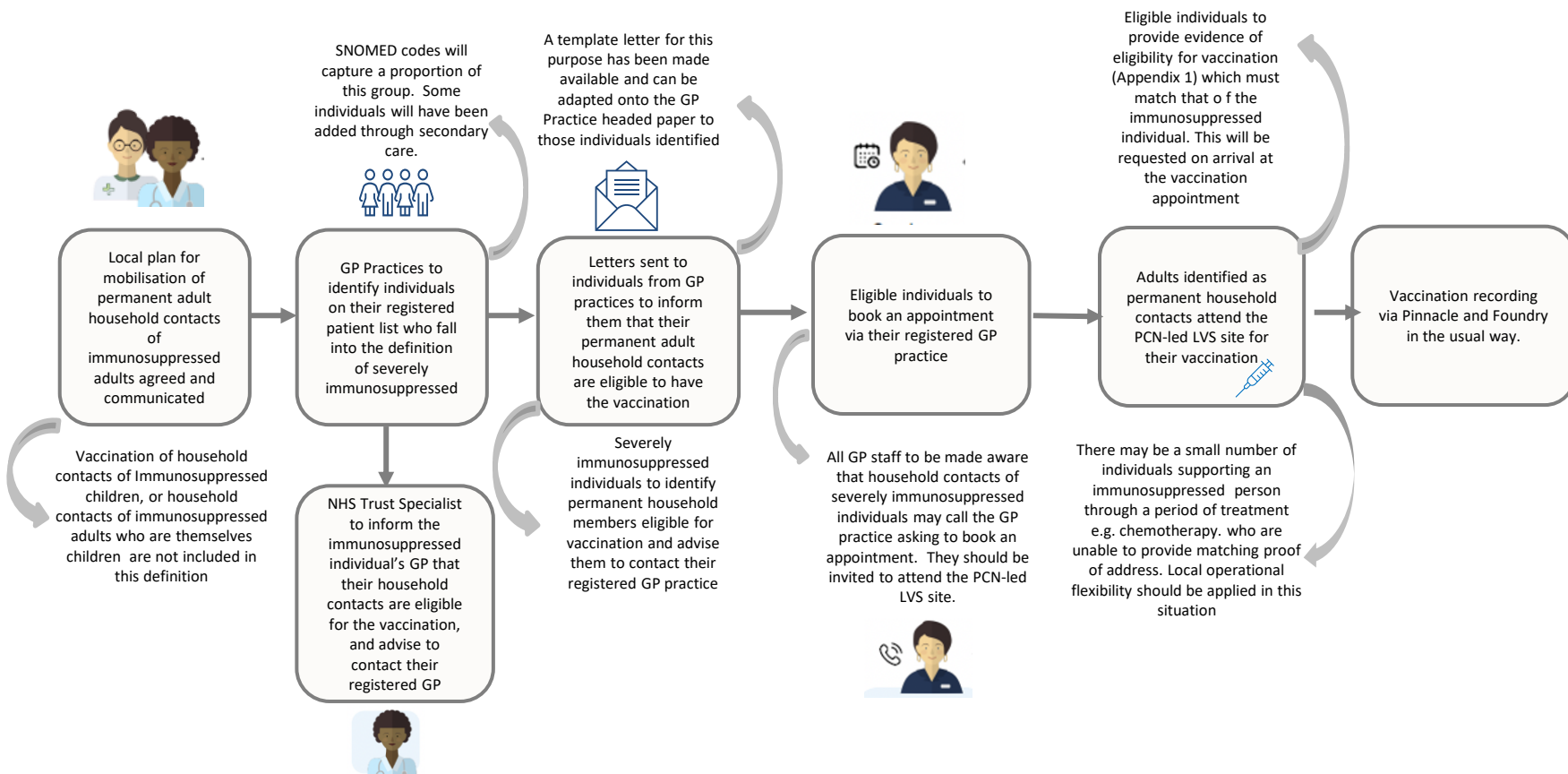
# Definition – Immunosuppressed Individuals (2/2)



## Severely Immunosuppressed:

- The definition of severely immunosuppressed individuals set out in the Greenbook includes:-
  - immunosuppression due to disease or treatment, including:-
    - ✓ patients undergoing chemotherapy leading to immunosuppression
    - ✓ patients undergoing radical radiotherapy
    - ✓ solid organ transplant recipients, bone marrow or stem cell transplant recipients
    - ✓ HIV infection at all stages
    - ✓ multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID).
    - ✓ Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab
    - ✓ Patients receiving protein kinase inhibitors or PARP inhibitors, and
    - ✓ Individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil.
  - Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults.
  - Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments

# Vaccine deployment next steps



# Appendix 1 – Formal Identification Requirements



## What is formal ID?:

This link on the government website outlines what is a valid proof of address: [Proof of identity checklist - GOV.UK](https://www.gov.uk/government/publications/proof-of-identity-checklist)  
([www.gov.uk](https://www.gov.uk))

To summarise:

- Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months
- Local authority council tax bill for the current council tax year
- Current UK driving licence (but only if not used for the name evidence)
- Bank, Building Society or Credit Union statement or passbook dated within the last three months
- Original mortgage statement from a recognised lender issued for the last full year
- Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address
- Council or housing association rent card or tenancy agreement for the current year
- Benefit book or original notification letter from Benefits Agency (but not if used as proof of name)
- HMRC self-assessment letters or tax demand dated within the current financial year
- Electoral Register entry or NHS Medical card or letter of confirmation from GP's practice of registration with the surgery