

Official

Publication approval reference: C1254

COVID-19 vaccination programme: FAQs on second doses

Version 2 (changes to the previous version are highlighted) – 20 May 2021

LOCATION OF SECOND DOSE

Does second dose vaccination need to happen at the same place as the first dose?

- People using the National Booking Service (booking into a vaccination centre or designated community pharmacy) are given their closest available appointment locations. While we expect most people will book both appointments at the same location, there is an option for the second dose appointment to be booked at a different location.
- People who had their first dose through a GP service should be invited for their second dose through the same GP service.
- People who had their first dose at a Hospital Hub site should be invited or be able to book their second dose at the same location.
- There are other circumstances in which it may be appropriate for a patient to receive their second dose in a different location to their first dose, for example, discharged outpatients, students, doctors in training on rotation to hospitals, people who have become housebound or moved into a care home since their first dose, or patients who have moved to a new house to somewhere a long way away from where they had their first dose.
- Local systems should take a common-sense approach to these cases, e.g. trying to reduce extensive travel for elderly patients where possible.

SECOND DOSE INTERVAL PERIOD

What is the second dose interval period?

On 14 May 2021, the [JCVI recommended](#) that the second dose interval be brought forward from 12 to 8 weeks for people in priority cohorts 1-9 who have yet to receive their second dose. Operationally this means that second doses for cohorts 1-9 should take place at 56-63 days (8-9 weeks). The letter on accelerating second doses provides more information and can be found [here](#). PCN and Community Pharmacy-led sites should draw down on all available support to offer the extra capacity required of their sites, working with CCGs/commissioners, ICSs and their Lead Employer who can help sites access national workforce supply routes.

For people in cohorts 10 onwards, the agreed dose interval period remains as previously, at 77-84 days (11-12 weeks) [as outlined in the Chief Medical Officer's letter](#).

Vaccine has been supplied for second dose clinics to take place 11 weeks post first dose clinics, so that the 12-week time period between doses is achieved. However, revised second dose supply delivery schedules will be issued to take account of the JCVI advice of 14 May referred to above.

Can clinics be scheduled early to vaccinate outside of the interval period?

Clinics should schedule second dose appointments in line with the recommended dosage intervals – 8-9 weeks (56-63 days) for people in priority cohorts 1-9 and 77-84 days (11-12 weeks) for people in cohorts 10 onwards – unless there are exceptional circumstances.

If, and by exception, there is vaccine at the end of a clinic which may be wasted, sites may bring forward cohort 10 onwards second doses (as per the Green Book). This should be as close to 12 weeks as possible and as a minimum at least eight weeks after the first dose as recommended by JCVI.

Are there any other circumstances when individual patients can receive their second dose outside of the standard interval period?

Patients should be offered to receive their second dose in line with the recommended dosage intervals – 8-9 weeks (56-63 days) for people in priority cohorts 1-9 and 77-84 days (11-12 weeks) for people in cohorts 10 onwards. However, there are a small number of circumstances when the second dose can be given at a different time interval, for example:

Some patients with planned immunosuppressive therapy

- There are a small number of patients who are about to receive **planned immunosuppressive therapy and**, where clinically appropriate, should be considered for vaccination prior to commencing therapy (ideally at least two weeks before), when their immune system is better able to make a response.
- Where possible, it would also be preferable for the two-dose-schedule to be completed prior to commencing immunosuppression.
- This would entail offering the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression.

Homeless people and rough sleepers

- Given the vulnerabilities of **homeless people and rough sleepers**, local teams should exercise operational judgement and consider a universal offer, where those experiencing homelessness or rough sleeping are vaccinated alongside priority group 6 (as far as local teams consider appropriate).
- To maximise coverage in this group, JCVI also advise a first vaccine dose should be given, even if follow up for a second dose is likely to be uncertain, and that the dosing schedule can be compressed if that makes delivery of a second dose more certain.
- If an interval longer than the recommended interval is left between doses, the second dose should still be given. The course does not need to be restarted.

Can patients be vaccinated sooner than 77-84 days if it is operationally convenient?

Patients should be offered to receive their second dose in line with the recommended dosage intervals – 8-9 weeks (56-63 days) for people in priority cohorts 1-9 and 77-84 days (11-12 weeks) for people in cohorts 10 onwards. The clinical evidence for the COVID-19 AstraZeneca vaccine shows better efficacy following a 12-week gap, which is the basis of the JCVI recommendation. However local areas should agree a pragmatic approach to giving doses earlier than this following a clinical assessment and weighing up risks and benefits.

What if the second dose is given at less than the minimum recommended interval?

Further information is available from PHE [here \(see page 30\)](#).

SCHEDULING AND ADMINISTERING SECOND DOSES

Can different vaccines be used for first and second doses?

The recommendation is that the same vaccine is given in the second dose as the first. If a different second vaccine is considered, a detailed informed consent process is to be followed. It may be appropriate to give a different second vaccine in the following situations, [following PHE guidance](#):

EXCEPTIONAL CIRCUMSTANCES:

1. The [Green Book](#) states that the same vaccine used for the first dose must be used for the second, except in very exceptional circumstances. These exceptional circumstances are:
 - If the first product received is unknown or if they received a brand that is not available in the UK (see 'Previous overseas vaccination' below for further information). In these circumstances every effort should be made to determine which vaccine the individual received for their first dose and to complete the two-dose course with the same vaccine.
 - If the patient initially had the Pfizer vaccine in an LVC or HH clinic and has since become housebound. In these circumstances as the COVID-19 vaccine AstraZeneca can be transported, a second dose with this vaccine can be given.
 - Those who experienced anaphylaxis reactions with the first dose of one brand of vaccine may be offered another vaccine if advised by an allergy specialist.
 - Following [MHRA guidance](#), patients who have experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine should not receive a second dose of COVID-19 Vaccine AstraZeneca.
2. **Vaccine supply not available locally:** Systems should develop plans to share vaccines across Local Vaccination Services and Vaccination Centres and offer mutual support for these situations, either through the vaccine [mutual aid policy](#), or by helping patients book an appointment at a different location.
3. **Previous overseas vaccination:** Advice on completing vaccination in these individuals is available from [Public Health England](#) (see pages 13 and 31). Any overseas vaccination should be recorded in the patient's GP care record. If the patient presents at a Hospital Hub or Vaccination Centre, they should be advised to inform their GP of their previous vaccination so that their own practice can add these details.

[The JCVI advises in its guidance issued on 7 May 2021](#) that, in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise

All those who have received a first dose of the AstraZeneca vaccine should continue to be offered a second dose of AstraZeneca vaccine, irrespective of age.

See [our letter](#) for next steps.

What is the second dose guidance for pregnant women?

[PHE's Green Book](#) advises that 'Pfizer and Moderna vaccines are the preferred vaccines for pregnant women of any age, because of more extensive experience of their use in pregnancy. Pregnant women who commenced vaccination with AstraZeneca, however, are advised to complete with the same vaccine'. 'If a woman finds out she is pregnant after she has started a course of vaccine, she may complete vaccination during pregnancy using the same vaccine product (unless contra-indicated). Alternatively, vaccination should be offered as soon as possible after pregnancy.'

CONSENT

Does consent need to be obtained for the second dose, in particular in the case of care home residents?

- [The Green Book \(chapter 2\)](#) states that *"the giving and obtaining of consent is viewed as a process, not a one-off event. Consent should still be sought on the occasion of each immunisation visit. Consent must be given voluntarily and freely"*. It is not necessary for care home staff to obtain a second consent form. The original consent forms include the second dose, as they describe consent for the full course. However, patients should have the opportunity to refuse the second dose – this may occur in the rare case of a side effect. Further details are available on NHS Futures web platform issued by the clinical workstream.
- If care home residents do not have capacity and the decision to vaccinate has been made on best interests or through an attorney, this would have been for the full course, so would not necessarily require a second process. However, at the time of the vaccination, there should be the opportunity for an individual or advocate to refuse consent. We expect this to be unlikely in most cases.

DATA AND RECORDING

How are first and second dose vaccination events recorded?

- First and second dose vaccinations are to be recorded in the points of care system in an accurate and timely manner in order to start the allocation calculations. This is important for Pfizer in particular, as its supply is finite.
- Outcomes4Health differentiates between first and second doses.
- Once a first dose event has been recorded on the system this will trigger a second dose allocation requirement 11 weeks later.
- It is important that doses are recorded onto the points of care system at the point of vaccination to ensure clinical safety, e.g. ensuring that a patient receives the correct second dose.

VACCINE SUPPLY

How do we manage any surplus doses?

- Where there is surplus vaccine following second dose clinics, this should be used for first doses in the prevailing priority cohorts, for those patients who have been vaccinated prior to starting immunosuppression and who need a shorter interval between doses.
- For LVS in particular, every effort is being made to right-size Pfizer supply with the use of pack down in order to minimise surplus. **For Hospital Hubs and Vaccination Centres, Pfizer will be supplied in full boxes of 1,170 doses.**

How will we separate first and second dose vaccines on site?

- Vaccine deliveries will not be separated into first and second doses. This will need to be done on site on arrival, informed by the vaccine supply planning process. Sites will receive their regular weekly vaccine supply information which will include first and second dose summaries in order to do this.
- Care must be taken to ensure that volume supplied for second dose activity is appropriately identified and directed to second dose clinics.
- HHs' and VCs' Immform accounts will show total vaccine supply per site – there is no differentiation between first and second dose on Immform.

When will second dose vaccine supply be available?

We are trying to provide visibility of four weeks' worth of second dose vaccine supply ahead of time, to be finalised about two weeks in advance of delivery to Local Vaccination Services, or availability to order in the case of Vaccination Centres or Hospital Hubs. Exact timelines will be communicated shortly through the usual cascade routes. For Local Vaccination Services and Pfizer vaccine we are making efforts to extend to more than four weeks' worth of vaccine supply ahead of time.

What if we don't have sufficient supplies to cover patients who didn't have their first dose at that site?

In the unlikely event that supply is insufficient please urgently escalate through the normal routes.

Who do I contact if I have a query around final second dose vaccine supply?

- If your query is related to final dose vaccine supply, it should follow the standard comms route, i.e. from SVOC, to RVOC, to NVOC which is then shared with the central team.
- Please do not bypass this process, to ensure your queries and requests are actioned as soon as possible.
- The role of Customer Services remains unchanged, same routes apply for second dose as those for first dose.