

Regional Clinical Advice Response Service 24/12/20

For any COVID-19 vaccination related queries or to escalate an incident please contact: england.swcovid19-voc@nhs.net

COVID-19 Vaccination Updated Advice

Anaphylaxis Kits

The **guidance surrounding post vaccination anaphylaxis has changed** and practices should ensure they are aware of this up to date advice. Please see link below.

<https://www.bsaci.org/wp-content/uploads/2020/12/Anaphylaxis-REACTIVE.pdf>

Although the national anaphylaxis guidance has changed and antihistamines and steroids should no longer be administered, the full kits provided during the initial period may still contain them. However, please ensure that the most up to date guidance (at link above) is followed and they are not used. In the future, anaphylaxis kits will not contain chlorpheniramine and hydrocortisone. Please also note that the current products within the kits **do not contain PEG, a potential allergen identified in the PfizerBioNTech vaccine**.

Clarification Regarding Roving Operations and Transportation to Care Homes

At this time, care homes should be being visited one at a time for COVID-19 vaccinations to be delivered. Please note the following:

- The '15 vial / 75' dose pack may be taken to a care home to vaccinate residents; any remaining vaccine may be used to vaccinate care home staff **in the care home**. If there are still any vials remaining these will need to be **disposed of appropriately** as they are **not** to be returned to the PCN site for use there
- The packs of 195 vials may also be used for vaccinating care home residents in accordance with the recently revised SOP. The SOP does not permit packing down of '15 vial / 75 dose' packs
- The SOP permits the required number of vials from a '195 vial pack' to be transported from the designated site refrigerator to the care home in a validated cool box. As detailed above, any remaining vaccine may be used to vaccinate care home staff in the care home; if there are still any vials remaining these will also need to be **disposed of appropriately** as they are **not** to be returned to the PCN site for use there
- If any of the '195 vial pack' within the fridge in the PCN designated site are not required for care home vaccinations, these may be used at that site to vaccinate other priority individuals (i.e. over 80s, care home workers visiting the fixed site, and remaining health and social care staff); these vials will clearly not have been moved outside that fridge.

Updated Pfizer-BioNTech vaccine protocol

Please note the protocol has been updated to include the correction of 30 mg to 30 micrograms in 'Dose and frequency of administration' section.

<https://www.gov.uk/government/publications/national-protocol-for-covid-19-mrna-vaccine-bnt162b2-pfizerbiontech>

Updated guidance Pfizer-BioNTech Covid vaccine sixth full dose for covid vaccination sites

Healthcare professionals must always use the correct volume of diluent, and after dilution must aim to secure five full 0.3ml doses of this Pfizer-BioNTech Covid vaccine in line with the manufacturer's instructions and as outlined in the Information for Healthcare Professionals.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943417/Information_for_healthcare_professionals.pdf

After that has been done, there may be potential for a sixth full dose with some vials due to variances in fill volume and the syringe /needle hold up volume combinations used. This should be subject to health care professional judgement on a case by case basis. The manufacturer has stressed care should be taken to ensure a full 0.3 mL dose will be administered to the patient from the same vial. Where a full 0.3 mL dose cannot be extracted the contents should be discarded. The vaccine does not contain a preservative, so it is best practice for all doses to be used as soon as possible after dilution, although all doses from a single prepared vial must be administered within 6 hours of the time of dilution. If further advice is required, in hospitals and vaccination centres please discuss with your Chief Pharmacist, and in local vaccination services, your Lead Responsible CCG Chief Pharmacist and Lead GP.

Future supplies of needles and syringes will be sufficient to accommodate 6 doses per vial. As an interim measure, and in accordance with manufacturer, PHE and MHRA guidance, a graduated 1ml syringe can be used with an appropriate 23 g needle. It is essential that the same needle and syringe are used BOTH for drawing up the 0.3ml dose AND administering the vaccination to the patient. The needle must NOT be changed given the risk of under dosing. In the event that a 6th dose is possible, this should be either under the legal authority of a prescription or a Patient Specific Direction. Both the [PGD](#) and [National Protocol](#) refer to 5 doses and any 6th dose should be under the legal authority of a prescriber.

Vaccinators and Up to Date Immunisations Including MMR and Hepatitis B

All healthcare workers should have documented evidence of receiving two doses of an MMR vaccination (or recorded serology for all components) as per the guidance in the Green Book as outlined below. There are not currently any published guidelines on whether the MMR vaccination is required prior to starting to administer COVID vaccinations, however, based on normal good practice we would recommend that the MMR is offered to any new starters if they do not have a documented history of 2 doses of MMR vaccination, as per your routine new starter policy. It is however important that their employment in the programme should not be delayed in order for them to receive this.

Volunteers who are recruited to support the vaccination effort should be encouraged to ensure that they are also up to date with their MMR and other appropriate vaccinations, however, again we would not want this to delay or prevent them from being able to join the vaccination workforce at this point.

There have been national discussions about ensuring that all vaccinators have had a hepatitis B vaccination - please see attached briefing which provides current recommendations (**see attached**).

Vaccinators are also eligible for the COVID-19 vaccination, and this may be the highest priority for these vaccinators following risk assessment.

If other immunisations, including MMR or Hep B, are required an appropriate vaccination schedule should be planned to ensure that any other vaccines are not given within 7 days of the COVID19 vaccination, in line the Green book guidance:

'Based on current information about the first COVID-19 vaccines being deployed, scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events.'

Please see link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943663/Greenbook_chapter_14a_v3.pdf

Temporary Residents and Registration

Temporary residents can and should be vaccinated as part of their eligible treatment whilst in area. If patients contact surgeries as temporary residents and are in an eligible cohort, they should be offered a vaccination and recalled for their second dose in 3 weeks' times as usual. If patients are no longer temporary residents and move out of area post first dose of the vaccination, they should contact their local GP to receive the second dose.

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