

Regional Clinical Advice Response Service 31/12/20

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

COVID-19 Vaccination Updated Advice

COVID-19 Status and Vaccination

- **Can those currently infected with COVID-19 (or acutely unwell with another illness) be vaccinated?**

No.

Minor illnesses **without fever or systemic upset** are not valid reasons to postpone immunisation, but if an individual is acutely unwell, immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness (including COVID-19) by wrongly attributing any signs or symptoms to the adverse effects of the vaccine.

Vaccination of individuals who may be infected or asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness. Vaccination should be deferred in those with confirmed infection to avoid confusing the differential diagnosis. As clinical deterioration can occur up to two weeks after infection, ideally vaccination should be deferred until clinical recovery and at least four weeks after onset of symptoms or four weeks from the first PCR positive specimen in those who are asymptomatic.

- **Can an individual previously infected with COVID-19 be vaccinated?**

There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody. Having prolonged COVID-19 symptoms is not a contraindication to receiving COVID-19 vaccine but if the patient is seriously debilitated, still under active investigation, or has evidence of recent deterioration, deferral of vaccination may be considered to avoid incorrect attribution of any change in the person's underlying condition to the vaccine.

Please see Green Book at below link for further guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/94366/3/Greenbook_chapter_14a_v3.pdf



Obtaining a Sixth Dose from a Vaccination Vial

Please read the following National guidance regarding obtaining a sixth dose from Vaccination Vials:

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 local vaccination services, your Lead Responsible CCG Chief Pharmacist and Lead GP should be contacted.

When deciding whether to use a 6th dose, the following may also be helpful:

- We are not yet clear whether all dilutions will result an overage, so whilst some overbooking is already advised, relying on there being 6 doses in every vial may cause problems.
- We also don't know what may change (in terms of syringes/needles) between this and second dose, and whether the same level of overage will occur.
- For sites going live over the next few days, it is worth considering using 5 doses for your first cohort, in order to get a better feel for the dilution process and level of overage within your site – particularly as there may not be enough consumables available.
- Pragmatically, you may not want to overbook clinics when your appointment lists are full in order not to disrupt flow - safety is key here. You may wish to call patients in only when you know you have extra doses.
- If you can get extra doses, then these could be used for staff/ care home staff/ vaccinators/ standby lists.
- Before using other consumables you already have, ensure they are the same as the original equipment e.g. same size/gauge needle for the 1ml syringe.

MHRA have approved this updated information for Healthcare Professionals to indicate that there may be sufficient vaccine remaining for a sixth dose. The PGD and protocol will be updated accordingly. Therefore, please use a PSD for the sixth dose administration of the vaccine. It can be found in Section 4.2 Method of administration, page 5;

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

COVID Vaccine provision for care homes

This is the corrected and updated information on COVID Vaccine Roving Operations and Transportation to Care Homes from last week's bulletin.

The standard operating procedure states that PCNs may access vaccines for use in care homes as follows: 75-dose pack(s) available for order and can be used for large care homes; and 5-dose vial(s) extracted from 975-dose vaccine pack(s) ordered primarily for PCN site-based vaccinations.

For small and medium sized care homes, if the full 15 vials (75 doses) are not required, then the appropriate number of vials can be taken to the care home and the remainder left in the refrigerator for use at the PCN site.

COVID vaccinations in care homes with COVID outbreaks

Vaccination is still possible in homes with outbreaks to residents and staff.

Individuals who have tested positive should not be vaccinated for 4 weeks after their positive test result. This may mean repeat visits being necessary to complete all vaccinations of eligible people but should not mean entire homes miss the opportunity to be vaccinated.

If there is a care home resident with confirmed COVID, to protect this highly vulnerable group, vaccination should not be deferred to individuals except for

- Individuals with confirmed COVID
- Individuals with new symptoms
- If a safe environment for undertaking vaccinations cannot be provided due to staffing or space restrictions
- A risk assessment would need to be carried out for those self-isolating and whether they can be vaccinated.
 - o As they may be incubating and so any symptoms that they develop may be mistaken for post vaccine symptoms.

Care home staff should not attend a vaccination clinic if:

- They or a member of their household have any symptoms of COVID-19 i.e. any new continuous cough, loss of taste or smell, or temperature
- They are waiting for the result of a COVID-19 test
- They are self-isolating for any reason

Queries regarding the immunisation of residents and staff who are self-isolating due to contact with a positive COVID case, have been brought to the national immunisation team. The exclusion of positive or self-isolating residents reduces risk in care home base sessions.

Individuals should not attend for immunisation if they or a member of their households has any COVID-19 symptoms, are waiting for the result of a COVID-19 test, are self-isolating or are less than 4 weeks since being tested positive.

If someone that has been vaccinated is later identified as a confirmed case, the immuniser may not be considered a contact provided IP&C precautions have been applied and the recommended PPE has been worn correctly without any breach – i.e. the FRSM mask has been

correctly worn and hand hygiene correctly applied. A risk assessment would take place, with support from the Health Protection team, in this situation.

Immunisers have been advised on the IP&C precautions and appropriate PPE for immunisation i.e. wear an FFRS mask on a sessional basis, risk assess the need for eye protection. Gloves and aprons not required unless there is an additional risk of exposure to blood or body fluid contamination / broken skin. Hand hygiene must be rigorously applied between each vaccination episode.

Updated JCVI Statement on Pfizer-BioNTech and AstraZeneca vaccines

Please read the newly published JCVI statement for the COVID Vaccination here;

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

The document contains updated advice on the Pfizer-BioNTech vaccine, the AstraZeneca vaccine and priority groups for the vaccination.

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