Regional Clinical Advice Response Service 11/02/21

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

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Bubbles Reported in Vaccine Vials

If you wish to report the presence of bubbles (or any other defect) in a Covid-19 vaccine vial, please email the address below, being sure to include details of the product, the batch or lot number, and the quantity of products affected.

Please email:

Covid19PHEsupplies@phe.gov.uk

Vaccination of Individuals Awaiting planned Surgery

Following queries regarding vaccination of individuals awaiting planned surgery (including cancer surgery), we can confirm that (as per the Green Book) a hospital clinician or GP can add a patient to the CEV (clinically extremely vulnerable) list and therefore vaccinate this individual, based on their clinical judgement, because they consider them to be at very high risk of serious illness from COVID-19. It is suggested that a Covid-19 vaccine is given **at least 2 weeks before any planned surgery**, to allow the patient to build up an immune response. Please also refer to the Green Book **page 9**:

Greenbook chapter 14a_v6 (publishing.service.gov.uk)

Joint OTDT & BTS guidance on SARSCoV-2 vaccination in adult solid organ and islet transplant wait-listed patients and adult living donor transplant recipients.

The below guidance was published on 22nd January 2021 and gives clarity and context to letters that may have been received by practices from renal (and other relevant teams).

The full guidance can be read here:

https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/21654/dat3911.pdf

The updated (21st Jan 2021) JCVI guidance on SARS-CoV-2 vaccination priority order recommends adult patients who are about to receive planned immunosuppressive therapy should, where possible, be considered for vaccination prior to commencing such therapy. Further, the recommendation is, where possible, to complete a two-vaccine dose schedule (21-28 days apart depending on vaccine type) prior to commencing immunosuppressive therapy. Vaccination prior to commencement of immunosuppression is aimed at improving vaccine efficacy.

For the purposes of Solid Organ Transplantation (SOT) and islet transplantation, any one of routinely used medications including Ciclosporin, Tacrolimus, Mycophenolate Mofetil, Prednisolone (in doses of 20 mg/day or more for more than 30 days), ATG and Alemtuzumab are considered as immunosuppressive therapy according to JCVI guidance.
This guidance is aimed at adult patients only and is not applicable to Children and Young People being considered for solid organ or Islet transplantation.

Joint OTDT & BTS recommendations for adult patients wait-listed for a SOT or Islet transplantation or due to receive a living donor transplant are as follows:

1. Most patients on deceased donor transplant waiting lists (active or suspended) will already be prioritised to receive vaccination in JCVI group 4 and are expected to be offered their first vaccine dose by mid-February 2021. Clinical teams that normally care for the patients, working with their local vaccination delivery groups, should now aim to ensure that the same patients are prioritised to receive the second dose within 21-28 days (depending on vaccine type).
   Mandatory de-listing of patients prior to vaccination or for any minimum time period after the first or second vaccine dose is not recommended. Clinical multi-disciplinary teams are advised to make risk assessed, shared and individualised decisions with patients regarding remaining active on the waiting list before the first dose or between the first and second dose of the vaccine. Patients outside JCVI group 4 who are on deceased donor transplant waiting lists (e.g. patients listed for Islet transplant alone or pancreas transplant alone or small bowel transplant) must be offered vaccination along with those in JCVI group 4 above. Vaccination for the above groups of patients should be facilitated by the referring clinical unit that normally cares for the patient (e.g. non-transplanting renal unit) to enable the patient to receive the vaccine closest to their residence. In exceptional circumstance, the transplanting unit may take responsibility for ensuring vaccination.

2. Patients joining the deceased donor transplant waiting list for the first time or patients currently suspended for clinical reasons and expected to join the waiting list in the future, must be offered vaccination prior to activation on the waiting list. If clinically appropriate to do so (e.g. kidney alone or simultaneous pancreas & kidney transplant), patients must receive both doses

of vaccine and be activated on the waiting list two weeks after second dose. Clinical teams caring for the patient should prioritise the patients to receive the second dose of vaccine within 21-28 days (depending on vaccine type). Where it is clinically not appropriate to wait (e.g. super-urgent liver or super-urgent heart or urgent heart, lung or other time critical transplantation), the first dose of vaccine should be administered at the earliest opportunity after wait-listing and/or transplantation. Clinical multi-disciplinary teams are advised to make risk assessed, shared and individualised decisions with patients regarding remaining active on the waiting list between the first and second dose of the vaccine.
Vaccination for this group of patients should be facilitated by the referring clinical unit (e.g. non-transplanting renal unit) to enable the patient to receive the vaccine closest to their residence. In exceptional circumstances, the transplanting unit may take responsibility for ensuring vaccination prior to wait listing.

3. Where time permits it is recommended that living donor transplant recipients are offered a complete course of vaccination and wait for two weeks after second dose before proceeding to surgery. In circumstances where it is not feasible to complete the full course of vaccination, it is recommended that the recipient is offered at least first dose and wait for two weeks after vaccination before proceeding to surgery. The two-week wait between vaccination and surgery will also facilitate the 14-day self-isolation requirement after coming into contact with secondary care for the vaccination episode to ensure 'green pathway' status. In exceptional circumstances where it may not be possible to vaccinate prior to surgery (e.g. patients with scheduled date for surgery, clinical contraindications for delay, patient preference), risk assessed, shared and individualised decisions with patients may be taken to proceed with surgery prior to vaccination.
   Vaccination for this group of patients should be facilitated by the referring clinical unit (e.g. non-transplanting renal unit) to enable the patient to receive the vaccine closest to their residence. In exceptional circumstances, the transplanting unit may take responsibility for ensuring vaccination prior to surgery.
4. Patients who are deemed clinically suitable for solid organ or islet transplantation but decline the offer of SARS-CoV-2 vaccination (full course or second dose) or have contraindications to vaccination should still be considered for transplantation. Clinical multi-disciplinary teams must have detailed discussion of risks versus benefits with the patient, document the discussions and the patient decision before activation or remaining active on the waiting list or proceeding to living donor transplantation. This guidance will be kept under review and updated to ensure that it is aligned with latest government/JCVI guidance

Advice for Volunteer Drivers

Following queries regarding volunteers transporting vulnerable patients to vaccination centres who are unable or unwilling to transport themselves, we are pleased to highlight useful information and guidance that can be shared with these individuals. Please see the below links.

For guidance on risk assessments required and picking up passengers, please see:
https://www.gov.uk/guidance/coronavirus-covid-19-taxis-and-phvs#carrying-out-a-covid-19-risk-assessment--drivers

Enabling safe and effective volunteering during coronavirus (COVID-19) updated 04.02.2021:
: https://www.gov.uk/guidance/enabling-safe-and-effective-volunteering-during-coronavirus-covid-19

Coronavirus (COVID-19): safer travel guidance for passengers updated January 2021 : -
https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers

At this link, you can find extensive guidance for passengers, including information on private cars and other vehicles, public transport, taxis and private hire vehicles. There is also advice on appropriate PPE and social distancing.

Enhanced surveillance of COVID-19 cases in vaccinated individuals

Apologies, last week's bulletin contained incorrect links related to the enhanced surveillance of Covid-19 in vaccinated individuals. Please see below for correct links to:

The strategy document:
COVID-19: vaccine surveillance strategy - GOV.UK (www.gov.uk)

Reporting information and guidance:
Reporting to the enhanced surveillance of COVID-19 cases in vaccinated individuals - GOV.UK (www.gov.uk)

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