



ICARS Newsletter

Issue 58: 8th October 2021

Immunisation Clinical Advice Response Service

About this bulletin:

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

**PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE
VACCINATION PROGRAMME**

Please note that ICARS operates from 9am - 5pm Monday to Friday.

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1. Clarification: Timing of booster vaccination after primary course

Following queries we are clarifying the advice issued in last week's bulletin regarding the timing of booster vaccinations following the primary course. The recommendation below was issued to support teams with planning and to support vaccinating as soon as possible after the 6 months' time interval. Individuals who present after the 238 days should still be offered a booster dose; clinically there is no maximum time period that would exclude anyone eligible from receiving a booster vaccination. The proposal below was based on the JCVI recommendation of 6 months.

*'JCVI guidance states that a booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, as per the [guidance issued on 14th September](#). We are aware that 6 months can be calculated in different ways. For consistency, we recommend that the interval is always calculated in days. Therefore, the booster vaccine should be given at least **182 days** after the last dose and no later than **238 days** after the last dose.'*

2. Third primary dose versus booster (third) dose

Some individuals will be receiving a third dose of a COVID-19 vaccine. It is important to differentiate the reasons for this third dose to avoid confusion, both for staff and for individuals.

The [JCVI](#) recommend that a **third primary dose** is "offered to those individuals aged 12 years and over with severe immunosuppression in proximity of their first or second COVID-19 vaccine doses in the primary schedule". This is to support those that may not have mounted a full immune response to the primary COVID-19 vaccination following two doses. More information, including vaccine choice and dose, is available [here](#).

The [JCVI](#) also recommend that individuals in priority groups 1-9, who received their primary course of COVID-19 vaccination as part of Phase 1, "should be offered a third COVID-19 booster vaccine" no earlier than six months (182 days) after completion of their primary course. This is a **booster dose** to reinforce immunisation. More information, including vaccine choice and dose, can be found [here](#). Please note that vaccination with a Moderna booster dose should be using 0.25ml rather than the primary course dose of 0.5ml.

The [Green Book Chapter 14a](#) offers further details on the **third primary dose** and the reinforcing **booster dose**.

3. COVID-19 vaccinations – Assuring implementation of JCVI guidance for vaccinating immunosuppressed individuals with a third primary dose

On 1 September the Joint Committee on Vaccination and Immunisation (JCVI) published guidance on third doses of COVID-19 vaccinations for individuals aged 12 years and over with severe immunosuppression.

We wrote to you on 2 September setting out the immediate actions required. A copy of the letter can be found [here](#).

Eligibility for, and timing of, a third dose vaccination are based on an individual with severe immunosuppression's clinical needs, informed by the timing of their specific therapeutic interventions and personal care plan. The JCVI guidance states:

“The specialist involved should advise on whether the patient fulfils the eligibility criteria and on the timing of any third primary dose. In general, vaccines administered during periods of minimum immunosuppression (where possible) are more likely to generate better immune responses. The third primary dose should ideally be given at least 8 weeks after the second dose, with special attention paid to current or planned immunosuppressive therapies guided by the following principles:

- where possible, the third primary dose should be delayed until two weeks after the period of immunosuppression, in addition to the time period for clearance of the therapeutic agent*
- if not possible, consideration should be given to vaccination during a treatment ‘holiday’ or at a nadir of immunosuppression between doses of treatment”*

IMMEDIATE ACTION REQUIRED

To ensure all patients who fall within scope of the JCVI guidance for severe immunosuppression (see Annex A) are offered a third dose vaccination, all NHS trusts now need to confirm the following action has been taken:

- Consultants have verified all patients identified as eligible for a third primary dose within their care.
- All eligible patients have been contacted and the optimal timing for administering a third dose has been provided, and where appropriate discussed.
- All eligible patients have been offered a vaccination by the NHS trust. These events should be recorded as a booster dose in the point of care system while the point of care system is updated centrally.
- In the unlikely event trusts are unable to offer vaccination on site, or where a patient has requested alternative access, a consultant letter has been sent to the patient and copied to their GP, to support vaccination elsewhere.

You will be asked by your regional team to confirm in writing that the above actions have been taken by 11 October.

4. Co-administration of COVID-19 Vaccines with Influenza Vaccine

Clinical information on co-administration can be found in the [JCVI recommendation](#) which states that: *‘Data from the ComFluCOV trial indicate that coadministration of influenza and COVID-19 vaccines is generally well tolerated with no diminution of vaccine-induced immune responses to either vaccine’*

Further information is available in the [Green Book](#).

To note this applies to all patient cohorts and to COVID-19 vaccine booster doses or a primary course dose.

Vaccinators will need to meet the training requirements for all COVID-19 vaccines and Influenza vaccine in order to be able to co-administer.

5. Vaccine Data Resolution Service (VDRS)

The Vaccine Data Resolution Service (VDRS) aims to resolve missing or incorrect vaccination records for people vaccinated in England who have a current NHS number and are registered with a GP practice in England.

A pilot of outbound calls was launched on 3 August to patients identified as having a second dose but where no first dose is showing on the national immunisation database (NIMS). This service continues to operate.

An inbound service has now been launched, and referrals to the VDRS can be made via any of the services accessed via 119.

Please note: 119 and VDRS call agents will not provide clinical advice and **cannot assist** at this time with queries related to vaccinations received overseas. If the query relates to personal information that is incorrect on the patient record (e.g. name, address), these will still need to be resolved by their GP practice.

If a member of the public believes they have missing or incorrect COVID-19 vaccination data, please advise them to call 119 and ask the call agent to make a referral to the VDRS team on their behalf. The VDRS team will then call the person back within 5 working days

6. Mutual aid policy – updates

Sites are encouraged to familiarise themselves with the updated mutual aid policy, published on Thursday 30th September. In general, there should be no routine mutual aid between any organisations. Organisations will be expected to use the supplies made available and delivered directly to them to vaccinate their patients.

7. Case studies

The COVID 19 Vaccination Programme [Improvement Hub](#) has published a number of [case studies](#) to share learning and improvement work across the programme.

A case study is available sharing the learning from a participant of the Mass Open Online Course (MOOC) for LEAN Fundamentals where they focused on

managing and reducing vaccine waste [link](#). Do have a read and share the improvement nuggets with your teams.

[Using LEAN Fundamentals to manage and reduce vaccine wastage](#) Lincolnshire CCG.

8. COVID vaccination boosters in the housebound

Please be reminded that individuals who are housebound requiring a booster vaccination should be offered a Pfizer vaccine or half dose of Moderna. AstraZeneca should only be offered for clinical reasons where an mRNA vaccine is not suitable (eg previous anaphylactic reaction) to individuals who had a primary course of AZ, as per the [Green Book, p23](#):

'Based on consideration of both immunogenicity and reactogenicity in those primed with different vaccines, the committee expressed a preference for the Pfizer-BioNTech vaccine as a booster dose irrespective of the vaccine used for the primary course. As an alternative, individuals may be offered a half dose (50µg) of the Moderna COVID-19 vaccine. The latter appears to give very good immune responses and is expected to be less reactogenic than a full dose (Choi et al, 2021). Where mRNA vaccines are not suitable, vaccination with AstraZeneca vaccine may be considered in those who were primed with the same vaccine.'

The suitability of the vaccine needs to be a clinical decision rather than for practical reasons. Individuals who are vaccinated at home with an mRNA vaccine (Pfizer or Moderna) must also be observed for 15 minutes to ensure that no immediate adverse reactions occur.