



ICARS Newsletter

Issue 77: 25th February 2022

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. NEW: 5-11-year-old Vaccination Programme

1a) UPDATE: Updated JCVI advice for vaccinating 5 to 11-year-olds

The government has accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the vaccination of non at risk 5 to 11-year-olds.

The JCVI advises:

“a non-urgent offer of two 10 mcg doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) to children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between doses.”

A full copy of the JCVI advice can be found [here](#).

This letter sets out the actions we are now asking you to take to begin administering vaccinations to 5 – 11 year-olds from the beginning of April and highlights the latest advice for 12-year-old children who are still in year 7. In the meantime, assured sites should continue to prioritise the vaccination of 5 to 11-year-olds in a clinical risk group.

Vaccination of 12-year-olds in Year 7 with Comirnaty® 10 micrograms/dose vaccines

Advice on the vaccine has been updated so that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.

PCN groupings will also need to ensure that Comirnaty® 10 micrograms/dose is used if they are vaccinating 12-year-olds in a clinical risk group born after 31 August 2009.

The updated JCVI [advice](#) directs that use of the Comirnaty® 10 microgram/ dose paediatric formulation should be encouraged for 12-year-olds in year 7, including those who are at high risk. These changes will apply both for 12-year-olds in year 7 who have not already had a first dose, as well as for second doses for those who have received Comirnaty® 30 microgram for their first dose.

We are planning for the change to be implemented alongside the rollout to the non-at-risk 5-11 cohort at the start of April when the Comirnaty® 10 microgram/dose PGD will be available.

During February and March, if the Comirnaty® 10 microgram/dose is available on site and there is a prescriber available, it will be possible to vaccinate 12-year-olds in year 7 with this formulation under a PSD. If it is not, then it is appropriate to continue to follow Green Book guidance and administer the Comirnaty® 30 microgram/ dose for first and second doses to all 12-15-year olds, including those in year 7. Further guidance will be provided in due course.

Given this is not a schools'-based model, SAIS providers are advised to continue vaccinating 12-15-year olds in schools, as they have planned and in accordance with Green Book guidance.

ACTIONS NOW REQUIRED

Following updated government advice for the vaccination of 5 to 11-year-olds, systems are now asked to take the following actions:

Delivery models and assurance

Community pharmacy-led local vaccination services and vaccination centres should be the primary delivery models for this cohort. Sites need to be appropriately assured for vaccinating 5 to 11-year-olds using the [Children's Self-Assessment Check List](#). Sites will also need to undertake a pharmaceutical assurance process before they can use Comirnaty® 10 microgram/dose.

Only sites with staff trained to the appropriate standards with the relevant competencies will be able to vaccinate this group. PCN groupings are not expected to be the primary delivery model for this part of the programme given the need to reconfigure sites to create an age appropriate offer for 5 to 11-year-olds, current capacity in the programme, and the ongoing workload for general practice.

However, assured PCN groupings could be commissioned where there is an assessed need to ensure coverage and/or equity of access. In all situations, PCN groupings that deliver the offer must consider taking on additional appropriately trained staff to support this cohort and continue to maintain their core areas of work caring for their populations.

PCN groupings should be continuing to identify and vaccinate 5 to 11-year-olds who are at-risk or who are a household contact of someone who is immunosuppressed, in line with [previous advice](#).

Once vaccination for the non-at-risk group is live, families with 5 to 11-year-olds in a clinical risk group may want to have other 5 to 11-year-olds in their care vaccinated at the same time, and so systems should consider putting in place provision to allow this.

In addition, and where vaccine would otherwise be wasted, PCN groupings that have not been commissioned to vaccinate non-at-risk 5 to 11-year-olds may vaccinate this group, subject to all the usual rules around consent.

Calendars and appointments

All assured sites should have their calendars open on the National Booking System (NBS) from 31 March 2022 and the majority of appointments for this new cohort should be offered via NBS. Information about the offer will be issued to parents/ guardians of this cohort in line with the opening of the NBS.

There are not expected to be significant changes to the point-of-care systems beyond those that have taken place for the at risk 5 to 11-year-olds that are already being vaccinated.

Providers should make sure there is adequate time for families to have conversations about vaccine safety, including taking any opportunities to discuss other vaccinations and immunisations that children may require. The NBS will be updated to ensure that longer appointment times are enabled for this age group.

Queuing time should be kept to a minimum for both booked and walk-in appointments. Operational support to avoid queues is available [here](#). At walk-in sites, families may arrive with siblings of different ages and where possible, eligible family members should be supported to safely receive a dose of the appropriate vaccine.

Site preparation

Sites should be as child friendly as possible. Careful consideration needs to be given to child safety and infection prevention and control. A workforce pod model has been developed specifically for this group and should be adopted. Further guidance can be found [here](#).

Vaccinations should be provided out of normal school operating hours and accessible to 5 to 11-year-olds. Community pharmacy-led sites and vaccination centres should explore satellite sites where current coverage cannot offer sufficient suitable or accessible capacity for younger children. Satellite sites must comply with the [Children's Self-Assessment Checklist](#), assurance criteria and staff training requirements.

Consent and parental presence

National pre-consenting materials, including a copy of the UKHSA Parent Leaflet, will be made available online in the usual way and will also be issued via national call/recall. All leaflets and supporting materials will be made available in due course.

All sites vaccinating this group need to ensure that electronic recording and storage of consent is in place and a registered healthcare professional is available on-site. Consenting is the responsibility of each provider and consent processes should follow best practice outlined in the [Green Book](#).

Vaccine supply

Supply of Comirnaty® 10 micrograms/dose formulation will be allocated in the same way as other vaccine types and assured providers will be able to order in the usual way. Comirnaty® 10 micrograms/dose can be ordered with a minimum quantity of 100 doses for delivery on fixed days for each site.

Contracts

We will be confirming the contractual arrangements for vaccinating this cohort shortly.

Next Steps

UKHSA is now working to update the PGDs and national protocols which will be published ahead of the planned delivery date. Further operational guidance will be released shortly, which will include further detail on the assurance process.

Building on your experience and continued work with local partners, especially local authority and community partners, we encourage you to do everything possible to improve access and minimise inequalities in vaccine uptake for this group.

Thank you for your continued support and flexibility in responding to updated scientific advice.

1b) NEW: Vaccinations for all 5-11 year-olds

On 16 February, the Government accepted advice from the [JCVI to make a non-urgent offer of COVID-19 vaccines to all children aged five to 11 in England](#), in order to increase protection against potential future waves of COVID-19. We will prepare to extend this offer to all children during April 2022. Vaccinations have already been offered to at-risk children and those who live with immunosuppressed people in this age group. Guidance will be shared in due course.

1c) NEW: Vaccinations of at risk 5-11 year-old children

PCN Groupings are asked to continue to prioritise the vaccination of children aged 5 to 11 years in a clinical risk group (as defined in the Green Book), or who are a household contact of someone who is immunosuppressed, in line with previous [guidance](#). It is important that this clinical risk group are encouraged and supported to book an appointment asap to protect them against COVID-19.

Thank you for running searches to identify eligible children and for writing to your severely immunosuppressed patients to advise them that any household contacts aged 5-11 years old can now have a vaccination. If a PCN Grouping has signed up to vaccinate this group and meets the assurance requirements, it is important they start vaccinating these children asap and by 25 February at the latest if they haven't already done so. Please escalate as soon as possible if you need any further support to vaccinate this group.

1d) NEW: Interval between positive test and COVID vaccination for 5-11-year olds

ICARS has recently received queries regarding the interval between a child testing positive for COVID-19 and their vaccination for the 5-11 year old programme. Please see the below advice:

Vaccine to give children and young people

Currently, the Pfizer BioNTech vaccines are the only vaccines recommended to be given to children and young people less than 18 years of age. Although the Moderna vaccine is also approved in children from 12 years, the Pfizer BioNTech vaccines are currently preferred due to a lower reported rate of myocarditis. The Pfizer BioNTech Comirnaty 30 micrograms/dose vaccine should be given to eligible children and young people from 12 years. The Pfizer BioNTech Comirnaty 10 micrograms/dose vaccine should be given to eligible children aged 5 to 11 years.

It is not recommended that the Comirnaty 30 micrograms/dose vaccine licensed for adults and adolescents from 12 years of age is used for children under 12 years other than in exceptional circumstances – for example where the Comirnaty 10 micrograms/dose vaccine is not available when protection is required rapidly. In this situation, 10 micrograms (0.1ml) of the Comirnaty 30 micrograms/dose vaccine may be used as an alternative. However, the use of a fractional dose of the Comirnaty 30 micrograms/dose vaccine would be off-label and healthcare providers need to have the necessary skills to deliver such fractional doses, with appropriate guidance, training and systems in place to support vaccine delivery. An appropriate legal mechanism would also need to be in place as a fractional dose could not be given using a Patient Group Direction or National Protocol.

Children aged 5 to 11 years who are given a fractional dose of the 30 micrograms/dose vaccine may complete their primary course with the 10 micrograms/dose vaccine formulation or vice versa.

Children aged 5 to 11 years who commence immunisation with the 10 microgram dose of the Pfizer BioNTech Comirnaty vaccine and then turn 12 years of age should complete vaccination with the 10 microgram dose. The 30 microgram adult or adolescent dose is an acceptable alternative if this is the only vaccine available.

Young people aged 16 and 17 years who have already received a first dose of AstraZeneca vaccine can complete with the same vaccine or with an mRNA vaccine (provided there are no contraindications to either).

Vaccination of children and young people who have recently had SARS-CoV-2 infection

In children and young people under 18 years who are not in high risk groups, it is recommended that vaccination is deferred for 12 weeks from onset (or sample date) of SARS-CoV-2 infection. This is because, in this age group, protection from serious complications of COVID-19 infection is

likely to be high for a period of months. Limited evidence suggests that countries with longer intervals between primary doses (8 to 12 weeks) may have a lower rate of myocarditis after the second dose. Based on extrapolation from this limited evidence, JCVI have taken a precautionary approach to mitigate the very rare risk of post-vaccine myocarditis.

This 12 week recommendation includes children and young people who developed Paediatric multisystem inflammatory syndrome temporally associated with SARS-CoV-2 infection (PIMS-TS) – see section on Vaccination of individuals with a current or previous history of COVID-19 disease above.

It also applies to second doses for any individuals aged between 12 and 17 years not in an at-risk group who develop proven SARS-CoV-2 infection in the period between their first and second dose. For these individuals, the second dose of vaccine should be given 12 weeks following SARS-CoV-2 infection, or 12 weeks following the first vaccine dose, whichever is later.

This interval may be reduced to 8 weeks in healthy under 18 year olds during periods of high incidence or where there is concern about vaccine effectiveness (for example a new variant). Vaccinators will be informed when or if this interval should be reduced.

This 12 week recommendation does not apply to those aged 5 to 17 years in at-risk groups. These individuals should be offered COVID-19 vaccine if there has been a 4 week period following their positive test. This is because their individual risk of severe outcomes from COVID-19 is higher and so outweighs any potential benefit of delaying to 12 weeks. It also does not apply to those who are household contacts of immunosuppressed individuals or health and social care workers. Young people in these groups should also receive any vaccine doses due at a minimum interval of 4 weeks after a confirmed SARS-CoV-2 infection.

Please contact england.swicars@nhs.net if you have any further queries.

1e) NEW: Anti-vaccination misinformation leaflet regarding child vaccinations

Please see attached the leaflet, first identified on 17 February 2022 in the Met Police Crime Reference Number 6029679/21 Telegram channel. This leaflet has been identified as being part of a wider coordinated campaign by the Children's Covid Advisory Group (CCVAG) aimed at halting the vaccinations of children. The campaign is focused on obtaining signatures of medical professionals in support of this aim, to be highlighted to The Joint Committee on Vaccination and Immunisation (JCVI) as reason to stop the vaccination programme. The leaflet is

directing people to the website of the group Children's Union. Part of the coordination in this campaign is to ask activists to download a letter template from the website, to record the signatures of medical professionals on it in support of the campaign.

Recommendations:

1. NHS Staff involved in the vaccination programme are encouraged not to



sign any letters handed to them by activists.

2. NHS Staff should not engage in verbal disputes with activists and police should be contacted at the earliest stage should any disturbances arise.
3. NHS Staff involved in the vaccination programme should not engage with any e-petitions linked to this campaign.
4. NHS Staff should report any incidents involving literature linked to this campaign through the usual SBAR process.

1f) BRIEFING NOTE: Consent when parents do not agree

Consent guidance is contained within [The Green Book Chapter 2](#), however we have been asked to clarify the programme position when there is disagreement between parents.

Consent of one person with parental responsibility is usually sufficient, however where parents are required to consent on behalf of the incompetent or incapacitated child, the vaccine should be declined where there is a **known or discovered disagreement** between parents until they have reached a resolution. The full briefing is available [here](#).

2. NEW: Vaccine Updates

2a) UPDATE: Moderna (Spikevax) Vaccine Expiry Extensions - Further Update

In February 2022 Moderna and the MHRA advised that the post thaw expiry date of **specific batch (lot)** numbers of Moderna (Spikevax) COVID-19 vaccine may be extended by 30 days. i.e. to a maximum of 60 days from the date of removal from frozen storage.

The advice specifically refers to vials which are from the specific batch (lot) numbers listed by Moderna (See attached) that have been stored in accordance with the conditions stated by the manufacturer in the product SPC, these include:

- Storage at the correct temperature (2 to 8°C). Vaccines previously subjected to a temperature excursion must not have their expiry dates extended
- Exposure to light. The vaccine packaging / container must protect the vial from exposure to light.

The NHS Specialist Pharmacy Service has developed a Standard Operating Procedure (SOP) which NHS vaccine administration sites are expected to follow. Updates to this SOP will be made available [here](#) (for Hospital Hubs and Vaccination Centres) and [here](#) (for PCN designated sites).

For vials produced within the **batches listed in the attached letter ONLY**:

- Specialist Pharmacy Logistics (SPLs) are not extending the Moderna expiry themselves, to avoid risk. **Receiving sites can extend on receipt.**
- The newly thawed Moderna vaccine will arrive with the original 30 day expiry, sites receiving it will need to extend the expiry to 60 days.
- The Moderna thaw label has a space for the thaw date to be recorded so it should be easy to identify if 30 or 60 days has been applied at the point of thaw.

2b) UPDATE: AstraZeneca vaccine PGD and National Protocol

The AstraZeneca vaccine [Patient Group Direction](#) (PGD) and [National Protocol](#) have been revised. They have been updated to incorporate a changes that have been made to previous revisions of the [Green Book Chapter 14a](#).

Details of the amendments are summarised in the Change History sections of the documents. Vaccinating teams using this vaccine must familiarise themselves with all the revisions throughout the documents and ensure that they are authorised and working to the most up to date and current version of these legal documents.

2c) NEW: Point of Care systems technical fix for Spikevax (Moderna) vaccine

We are aware of an issue in some Point of Care systems resulting in Spikevax (Moderna) presenting as a suggested vaccine type for under 18s. Spikevax (Moderna) is only recommended in exceptional circumstance in this group and should be individually assessed in accordance with the Patient Group Direction (PGD) and National Protocol. The Pinnacle Point of Care system is being updated to enable the correct recording of Comirnaty 10mcg use by date of 70 days, which is expected to take effect in the week commencing 21 February. Pinnacle will issue direct guidance information to their users.

3. UPDATE: Overseas Vaccine Record Validation Service - Updates to Service

The NHS is encouraging people registered with a GP practice in England to check that their vaccination records are up to date, and to contact the Vaccination Data Resolution Service (VDRS) or the Overseas Vaccines Validation Service if their record isn't showing correctly.

It's important that records are accurate so the NHS can invite the right people at the right time if vaccinations are due. It might also mean a hassle-free journey for those planning to use an NHS COVID Pass to travel abroad.

Everyone over 12 who has had a COVID-19 vaccination in England can view their record using the [NHS COVID Pass](#) web pages or, for those over 13, through the NHS App.

If a member of the public had their vaccinations in England but there is an error on their record, or they have a missing or incomplete record, they should call 119 and ask to be referred to the VDRS. The VDRS will then aim to contact them within 5 working days. Please note they need to be registered with an English GP practice to use this service.

People over 16 who have had one or more COVID-19 vaccinations abroad that are [approved for use in the UK](#) can [book an appointment](#) at a vaccination site via the NHS website to show evidence of their vaccinations and request an update to their record.

Anyone intending to use their [NHS COVID Pass](#) for travel purposes is encouraged to check their COVID pass status before booking. If their record isn't showing correctly, they should call 119.

An NHS COVID Pass cannot be gained through the VDRS or the Overseas Vaccines Validation Service but instead needs to be accessed via the NHS COVID Pass web pages or via the NHS app.

Please note: Any queries relating to incorrect personal information on a patient record (e.g. name, address) will still need to be resolved by their GP practice.

If you do have queries in relation to this, please email england.overseas@nhs.net.

Vaccination Data Resolution Service and Overseas Vaccines Validation Service

NHSE and NHSD are launching a campaign encouraging people registered with a GP in England to check that their vaccination records are up to date, and to contact the Vaccination Data Resolution Service (VDRS) or the Overseas Vaccines Validation Service if their record isn't showing correctly.

Everyone over 12 who has had a COVID-19 vaccination in England can view their record using the [NHS COVID Pass](#) web pages or, for those over 13, through the **NHS App**.

The campaign communications will inform people who have had their vaccinations in England but have an **error** on their record or they have a missing or incomplete record, **to call 119** and ask to be referred to the VDRS. The VDRS will then aim to contact them within 5 working days. It's important to note that people will need to be registered with a GP practice before the VDRS Team can help them.

People over 16 years who have had one or more **COVID-19 vaccinations abroad** that are [approved for use in the UK](#), can [book an appointment](#) at a vaccination site via the NHS website to show evidence of their vaccinations and request an update to their vaccination record. A process for under 16 year olds will be available from mid March.

Anyone intending to use their [NHS COVID Pass](#) for travel purposes will be encouraged to confirm their Covid-19 data is correct and up to date in their Covid Pass prior to booking, and if their record isn't showing correctly, they should **call 119**. A correct record in NIMS will not always result in an NHS COVID Pass, for example, a positive test result will remove a Covid Pass.

Any queries relating to **incorrect personal information** on a patient record (e.g. name, address) will still need to be resolved by their **GP practice**.

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Any queries relating to **incorrect personal information** on a patient record (e.g. name, address) will still need to be resolved by their **GP practice**.

Update on Layer Four Vaccines

During February 2022 the UK Health Security Agency and the Department of Health and Social Care have continued to add to the [approved list of vaccines](#) and countries. As a result of this work, the overseas service can accept registration of the following four additional vaccine products: Sinopharm Beijing (BIBP), Sinovac – Coronavac, Covishield and Covaxin for recording in the National Immunisation Management System.

It is important to note that we cannot record Sinopharm Wuhan (WIBP) as the vaccine is not approved by the Technical Advisory Group (TAG) and World Health Organization Emergency Use Authorisation (WHO EUA).

The latest draft [Standard Operating Procedures version 22](#) on FutureNHS has been updated to reflect these changes. NBS has also been updated [here](#)

For people who require continuing care and additional vaccine doses, patients can still access subsequent doses for which they are eligible, either through attending a walk-in clinic (if they already know which vaccine type they require, and the interval period), or through seeking advice from a healthcare provider about which subsequent vaccine(s) they need.

Health practitioners should continue to follow the UKHSA clinical guidance [COVID-19 vaccination: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](#) on giving subsequent doses for people who have had one or more non-MHRA approved vaccine doses abroad. This guidance sets out which types,

and how many doses, are appropriate, dependent on what vaccine(s) the patient has had previously. A shortened version of the guidance can be found [here](#).

Next version of the Overseas Vaccination Event Data Template

As a result of the additional vaccine products the [Overseas Vaccination Event Data Template - COVID-19 Vaccination Programme - FutureNHS Collaboration Platform](#) has now been updated to Version 6.

ACTION: Site Managers are required to remove Version 5 and replace it with Version 6 in their Outlook overseas site inboxes. The new version can be found in the above link. It is important that the format of the template is not changed. Only original Version 6 templates will be accepted by the VDRS.

Data Template Submission

As part of the template submission process to the VDRS using the secure overseas site inbox, it is imperative that the NHS number of the individual is detailed in the subject line of the email. This enables a quick search, should there be a subsequent query received from the individual, and reduces the possibility of delays in a resolution.

ACTION: Site Managers are required to notify staff and train staff in this process.

VDRS Mailbox for Overseas Templates

All completed overseas templates must be sent to scwcsu.recall.vdrsquery@nhs.net. As the templates contain service user information it is important the templates are sent to the correct inbox.

ACTION: Site Managers are required to notify staff and train staff in this process. Sites should ensure that any electronic address systems are updated accordingly and the address is checked prior to sending an email to the VDRS team.

Amendments to the Standard Operating Procedure (SOP)

There have been several updates to the [Overseas Vaccines Validation Service SOP](#).

1. Inclusion of service process maps to identify specific roles and responsibilities
2. Revisions made to the list of approved TAG vaccine products. (Not to be confused with the MRHA list of approved vaccines for use in England)
3. Guidance on the difference between two Sinopharm products; Sinopharm (BIBP) only is accepted

4. Change in age eligibility, to 16 years and above
5. Links to the UKHSA 'Overseas' top-up guidance

ACTION: Site Managers are asked to ensure all staff who work in the overseas validation service are familiar with the amendments.

Guidance on how to record vaccine products in IT systems

[Guidance](#) is now available on how to record vaccine products in IT systems correctly, for those individuals vaccinated outside of England/UK with a primary course or maintenance dose

ACTION: Site Managers are asked to ensure all staff who work in the overseas validation service, or those administering and recording subsequent doses for people who have had one or more non-MHRA approved vaccine doses abroad, are familiar with the guidance.

Overseas Vaccine Records Validation Service Webinars

The next Service Webinar on 'OVRVS Pathway, from arrival to leaving the Vaccination Centre' presented by Dr Jonathan Leech will take place at 3pm on Wednesday 2 March. Regional Leads will receive the invite by 23rd February to cascade.

The webinar is intended for Regional Vaccination Centre and Hospital Hub Plus Leads, and Site Managers only. The webinar will not cover other delivery models or vaccination sites, or the service journey for healthcare support workers.

Two further webinars are planned and booking details will be shared in due course

- 9th March 2022: The NHS COVID Pass and the list of approved vaccine products
- 23rd March 2022: The National Booking Service and Qflow

ACTION: Site Managers are invited to submit ideas for future Webinar topics or sharing best practice via england.overseas@nhs.net. Links to past [Webinars](#) are available on FutureNHS.

Notification of Deactivation of Unused Kiosk Devices

Following a security directive, an initiative has been commenced to deactivate any kiosk devices that have not been utilised or connected to a network in the six months prior to 20th February 2022.

The devices that will be deactivated will follow the scenarios below:

- Devices that were delivered to a site but have never been installed (may be in storage at a site)
- Devices that were delivered and installed at a site but have not been connected to a network or used in the last 180 days
- Devices that were delivered to a site but have been rebuilt using a locally provided image. These devices no longer have the kiosk software installed and so deactivating will not affect their operation

As part of this deactivation, the software licenses from Windows desktops, Windows laptops and iPads that have not been connected to the device management system will be removed. Once removed from the device management system the device will not be accessible the end site user.

If you do have queries in relation to this cascade please email england.overseas@nhs.net.

4. NEW: Workforce Updates

4a) REMINDER: COVID-19 Vaccination for 12-15-year olds – National Booking System (NBS) calendar capacity and National Walk-In Site Finder capacity

As we approach the February half term, we are asking all providers assured to vaccinate eligible children and young people aged 12 to 15-years old to increase National Booking System (NBS) calendar capacity and National Walk-in Site Finder capacity to support uptake in this cohort. Sites opting in to provide 12-15s coverage without open NBS calendars should be requested to open NBS calendars. Regions are responsible for ensuring sites deliver minimum contractual requirements.

Current Joint Committee of Vaccination and Immunisation (JCVI) advice for children and young people aged 12 to 15 years old is:

Cohort Description	Recommended Doses	Recommended interval from preceding dose	NBS booking option
12 – 15 years in a risk group (either clinical risk OR household contacts of immunocompromised)	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	8 weeks	Yes but from 12 weeks
	Booster dose	91 days	No
12 – 15 years and severely immunosuppressed at time of 1st or 2nd dose	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	8 weeks	Yes but from 12 weeks
	Primary Course Dose 3	8 weeks	No
	Booster dose	91 days	No
12 – 15 years not in a risk group	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	12 weeks	Yes

Current NBS functionality does not support booster bookings for all recommended cohorts at recommended intervals. Please ensure site level capacity allows for walk-ins for those presenting with a letter of eligibility.

4b) UPDATE: Cohort eligibility and operational status

[This resource](#) has been reviewed and contains small updates this week. Although the [JCVI](#) have provided advice on a non-urgent offer of vaccination for 5 to 11 year olds not in a risk group, this is not yet live in the programme and therefore has not yet been incorporated in the resource. We recommend that teams avoid printing the document as it will rapidly become out of date. You are advised to save the [hyperlink](#) where the revised version will be uploaded weekly.

We have also updated our poster showing main information about who is eligible, which is saved on the workspace [here](#). This will be updated regularly in the folder for public-facing [Communications Resources](#).

4c) REMINDER: Vaccination Operational Support Teams (VOST) are available to support vaccinations (COVID-19 and Flu) and 12–17-year-olds

See below for teams that are currently available for deployment, along with areas where teams can be deployed for the week commencing 21st February 2022. Please contact your [lead employer](#) for the latest deployment details and availability within your area.

WC 21/02/2022	Not deployed and are available		Deployed VOST teams	
	Lead Employer	Location	Lead Employer	Location
North West			St Helens and Knowsley (Cheshire and Merseyside)	The Oval
South West			Somerset Devon	Gateway Torbay / Barnstable
Midlands	Coventry and Warwickshire	Various Bedworth		
East of England			Cambridge Community Services	TBC

VOST teams are trained and ready to support COVID-19 and flu vaccinations, including 12-17-year olds and can often be deployed at pace. They are made up of an equal number of Registered Healthcare Professionals and Unregistered Vaccinators as outlined below:

Team of 6 -1 x Clinical Supervisor, 2 x Registered Healthcare Professionals & 3 x unregistered Vaccinators

5. NEW: Operational Updates

5a) NEW: Data latency

All sites providing COVID-19 vaccinations are expected to record details of each event electronically, on an authorised Point of Care (PoC) system, **in real time** by default, except in exceptional circumstances. **This is essential for safe & effective delivery.**

Data latency (the delay between an event occurring and a record being created) is currently **a risk** in the COVID-19 vaccination programme because it creates both clinical safety and operational risks.

Support to enable real time data entry: resources are available [here](#).

Operational risks include:

- Delays to updating the National Booking Service (NBS); allows subsequent doses too early or at inappropriate clinics; delays to call/recall
 - Extra workload for the Vaccine Data Recovery Service correcting errors in the original record
 - Mismatch between supply and demand because information of available vaccine is inaccurate
 - Increased risk of fraudulent activity Clinical risks include:
 - Lack of real time alerts & safeguards increases the risk that the wrong vaccine is given to the wrong person at the wrong time
 - Transcription errors when entering data from other systems or pen and paper into PoC systems Ensuring consistent real-time data entry is one of the top priorities for the national COVID-19 vaccination programme and a comprehensive series of actions have been implemented to improve the position in practice.
- A. Weekly reports to regional colleagues to identify performance at every site and agree how to resolve any challenges or barriers preventing real-time data entry.
 - B. A clear escalation plan to ensure that, where problems persist, extra support can be employed, including site visits from clinical and technical colleagues.
 - C. Work with SAIS providers to identify SAIS-specific challenges & solutions.
 - D. Re-examine PoC system functionality to identify any further improvements to enable more rapid data entry.

5b) UPDATE: Infection Prevention Control (IPC) update - Infection control measures in vaccination centres

Although England has now returned to Plan A, the current [infection prevention control guidelines](#) remain in place across all healthcare settings. This includes the need for universal use of face masks for staff and face masks or coverings for all patients and visitors (unless exempt) and physical distancing to be in place.

The following guidance may also be of assistance:

Guidance for Health and Social care staff on COVID-19 symptoms, test results and the requirement to complete a period of self-isolation can be found [here](#). The guidance was updated 14 February and reiterates the guidance to be followed if a member of staff receives a positive LFD or PCR test result.

The National Guidance for the management of staff in Health and Social care settings can be found [here](#). This guidance remains unaltered.

Guidance in regards to IPC regarding Toys and Equipment can be found [here](#).

5c) NEW: Effective management of COVID-19 vaccines cold chain

All staff involved in handling COVID-19 vaccines, from supply logistics to vaccine administration, have a responsibility to ensure that cold chain processes are maintained. This is to safeguard the quality and efficacy of vaccines as well as to minimise the risk of vaccine wastage and secondary effects such as the need to re-vaccinate patients.

One of the factors leading to incidents involving cold chain breaches are power cuts, which on occasion have not been identified and dealt with in a timely manner. It is important that sites review their business continuity plans, ensuring robust plans to deal with power cuts and the impact on cold chain management.

Vaccination sites can access useful guidance from the Specialist Pharmacy Service to support [Cold chain management for covid-19 vaccines](#). The [Green Book \(Chapter 3\)](#) also provides detailed guidance for maintaining the vaccine cold chain. This [self-audit tool](#) is available to help sites assess current practice and identify the improvements that may be required to meet the essential standards for effective cold chain management processes.

5d) NEW: Transportation of COVID-19 vaccines

As part of clinical governance and medicines management requirements to maintain the integrity of vaccines, all staff in NHS vaccination sites should ensure that any movement of COVID-19 vaccines between sites is performed in accordance with the relevant policies, standard operating procedures and guidance. Where movement of COVID-19 vaccines is required, systems should have local medicines management reporting mechanisms which capture transfer episodes and include the necessary details required for a robust audit trail.

All staff handling vaccines should be aware of the relevant storage and handling requirements to ensure the highest standard of care is adhered to. To assist designated staff members involved in the packaging, delivery or receipt of COVID-19 vaccines at vaccination sites, this [Vaccine Transportation Checklist](#) is available, which outlines the essential steps to be taken to safeguard the end to end process of delivery and receipt of vaccines.

5e) NEW: Evaluation of the Improvement activities Phase 1 and 2

We are pleased to share a review of key findings, highlights and recommendations from the impact evaluation of the nationally led improvement activities in phase 1 and 2 (January – September 2021) of the vaccination programme. The evaluation details the successes, challenges and recommendations from vaccination sites across the country, as well as approaches towards equitable access to the vaccine and improving processes through lean practices and a learning community.

We would like to thank you for your continued dedication to ensure that continuous quality improvement is at the forefront of our work. The summary of the review can be accessed [here](#).

5f) NEW: Help improve the Point Of Care system(s)

The NHS vaccines programme needs your help to improve the Point of Care system(s). We'd like to talk with vaccinators, sites leads and those who are responsible for managing point of care systems/ responsible for making decisions when it comes to Point of Care.

We're looking to conduct interviews over the coming weeks. **Interested in taking part?** Please complete this [survey](#) and we will get in touch to arrange a convenient time.

5g) REMINDER: FutureNHS page for raising IT issues

The Vaccination Service Desk have a [page on FutureNHS](#) designed to support front-line staff and members report tech and data issues for:

- Pinnacle
- Vaccination records
- National Immunisation Vaccination System (NIVS)
- Foundry
- National Booking System or Q-Flow
- MYS
- Other tech and data queries.

Please encourage staff to visit this page and select the nature of their query to view the information required by the Vaccination Service Desk team. Send this to us via email at vaccineservicedesk@england.nhs.uk

5h) REMINDER: Useful Links

General queries email: england.pccovidvaccine@nhs.net

LVS and Roving SOP Publications:

Standard Operating Procedure for mobile and roving models (updated 7 October 2021) [here](#)

Standard Operating Procedure for Local Vaccination Services (updated 8 October 2021) [here](#)

Phase 3 FAQs:

[Phase 3 FAQs for GPs / PCN-led sites](#)

[FAQs Pharmacy-led Phase 3 LVS](#)

Press notice: [Press notice: JCVI issues advice on third vaccination for severely immunosuppressed](#)

JCVI full advice: [JCVI advice on third dose for severely immunosuppressed](#)

Clinical updates: you can find all clinical updates [here](#)

[Coronavirus vaccinations](#): NHS Digital helps you access up-to-date information, training and onboarding guides related to the tech and data solutions that are supporting the COVID-19 and seasonal flu vaccination programmes.

[COVID-19 Vaccination Programme workspace](#) provides members with access to key documents, resources, webinar recordings, case studies and past copies of the LVS Updates. There is also a discussion forum for members. If you are not already a member, please email: P_C_N-manager@future.nhs.uk

[COVID-19 Vaccine Equalities Connect and Exchange Hub](#) is a community of practices on the Future NHS platform. NHS, local authority, public and voluntary sector staff working to increase vaccine uptake, share ideas, evidence, resources, case studies and blueprints to increase uptake of the COVID19 vaccine within all communities. Members also have access to peer-to-peer support and a programme of regular lunch and learn webinars and live discussion forums. To join, please [register for an account](#) and once registered you can [join the Hub](#).

[Supply and Delivery Hub](#) helps you access key information in a timely way and help support you to deliver your local vaccination service. Here you will find the latest delivery information (vaccine and vaccine consumables as well as non-vaccine consumables, equipment and PPE), alongside the latest supply chain and customer service FAQs and other helpful information.

National Workforce Support Offer – more details:

- [National Workforce Support Offer Toolkit](#) provides more detail about the National Workforce Support Offer and is a practical guide for local vaccination service leads.
- Contact your [Lead Employer](#) to access the National Offer and additional staff and vaccinators, as well as support with your workforce needs.
- For more details, please see our Futures NHS pages [LVS Workforce](#) and [case studies/FAQs](#) and recently guidance for [PCN groupings](#) and [community pharmacy](#)

- Contact the national workforce team direct via PCNCP.workforceescalation@nhs.net
[COVID-19 Vaccination Improvement Hub](#)

6. NEW/REMINDERS: Training and Learning Resources

6a) CASE STUDY: Central and West Warrington PCN – using the national protocol

Central and West Warrington PCN, which is made up of six GP practices, joined the vaccination programme during the first wave in December 2020 and later began to deliver vaccinations to vulnerable 12-15-year-old children last summer.

It became clear early on that there would be different considerations with a need to build in greater capacity for staff to ensure they were able to make children comfortable and take time to answer additional questions the families often had. They decided to review and evolve their workforce arrangements to enable the change of pace needed whilst ensuring the appropriate consents were in place.

The PCN have been vaccinating young people, aged 12-15 who are diagnosed as clinically extremely vulnerable (CEV), whilst also supporting vaccinations being delivered by the School Aged Immunisations Teams (SAIS) and the site will soon begin to vaccinate children aged 5-11 who are living in immunosuppressed households.

Creating a welcoming environment

As part of the planning process, they were keen to ensure they thought about the separate and unique requirements which would be required for children, to ensure patients were comfortable and that their delivery model would remain sustainable. To help create a welcoming environment, the site includes an on-site creche which includes a play area and sandpit for children who were particularly nervous. There is a quiet room designed for autistic children as well as an open area with Disney television for parents and children to wait and watch cartoons, which has been decorated with bright colours and balloons and children were provided with toys, biscuit treats and colouring-in pictures which became “certificates of bravery”.

Designing the workforce model

The first clinic delivered was under a clinical PGD focussed model where GPs and Nurses were relied on predominately to carry out all vaccinations. However, they felt they needed further flexibility to free up the clinicians and to increase the amount of time that staff could spend with children. Having sought advice, the PCN moved to adopting the national protocol (NP). Under the NP they have been

able to bring in a mix of skills and have made greater use of local volunteers and St John Ambulance staff to help enable the clinicians to focus on supervision.

It was important to ensure staff were equipped with the right skills mix. All vaccination clinic staff, including the care co-ordinators and administration staff are now trained to deliver the vaccination to this cohort. The administration staff have completed the online L1 Safeguarding. They do not administer vaccinations to those aged under 16, but do arrange the clinics, sort out the IT and support with any staffing issues. The clinical staff have completed online L3 Safeguarding with a particular focus on distraction techniques to help reduce vaccine hesitancy.

Dr Laura Mount, the Clinical Director for the PCN, explained how through constantly reviewing their approach and being open to trying new things, the PCN has achieved success with delivering vaccines to children because they have focused on children having a positive experience and not just the volume of vaccinations delivered.

6b) NEW: COVID-19 Vaccination in Pregnancy: Masterclass for midwives

Wednesday 2 March 2022, 12:00pm – 1:15pm

All healthcare professionals have a responsibility to make every contact count in informing and encouraging pregnant women to get vaccinated against COVID-19.

On 2 March Professor Jacqueline Dunkley-Bent, Chief Midwife for England, is hosting a second masterclass for midwives and other interested NHS professionals, to give objective advice on vaccination, based on the best available evidence.

Join national experts from the UKHSA, MHRA, NHSEI, RCM and more for talks on the risks of COVID-19 infection in pregnancy; the science behind vaccination; common questions and concerns; and what midwives and other professionals can do to safeguard women, parents and babies from COVID-19.

There will also be an opportunity to raise questions and concerns in a Q&A with our expert panel.

Please [register to attend here](#) by 5pm on Tuesday 1 March.

6c) NEW: 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 new case study is available sharing Lessons Learned from inducting workforce at pace during the December 2021 Booster drive. Please see the full case study [here](#). Please email, c6.cag@nhs.net if you have an improvement or shared learning case studies to share.

6d) NEW: Webinars

Vaccination programme shared learning community webinar

Register for the next shared learning webinar, 'Supporting people with additional communications needs.' The webinar will take place on Wednesday 23rd February at 2pm, with a focus on sharing local examples and tips from how sites have supported people with additional communication needs. Register for the event [here](#).



**VACCINATION PROGRAMME
SHARED LEARNING WEBINAR**

NHS

**SUPPORTING PEOPLE WITH ADDITIONAL
COMMUNICATIONS NEEDS**

**WEDNESDAY 23 FEBRUARY 2022
2PM-3PM**

Welcome & thank you

Anne Worrall-Davies, Senior Child Psychiatrist, National Learning Disability and Autism Programme

Strategies to support people with additional communication needs

Anna Daniels and Megan Foot, City Healthcare Partnership, Hull

How we support children with Special Educational Needs or children and adults with anxiety

Lisa Delany, Locala Health & Wellbeing, Kirklees

Supporting you

Gill Appleby, National Vaccination programme

Webinar chair:

Heather Lockett, National Improvement Team



Register for the event:

<https://www.events.england.nhs.uk/events/vaccination-programme-shared-learning-webinar-tbc-62064a2659c0a>

For further information, please email C6.cag@nhs.net

Previous Learning Community Webinars can be accessed on the [Improvement Hub](#).

Please save the dates for future Learning Community Webinars:

- Wednesday 9 March 2pm-3pm
- Wednesday 23 March 2pm-3pm