

ICARS Newsletter

Immunisation Clinical Advice & Response Service



Issue 129: 31st March 2023

PLEASE SHARE THIS NEWSLETTERS WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME

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

Please note that this service operates 9am-5pm Monday to Friday

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NEW: Spring Programme FAQs

Please find attached a list of frequently asked questions for the South West regional Covid vaccination campaign for Spring 2023.

NEW: Updates to UKHSA's Green Book, Chapter 14a (7 and 9 March 2023)

Following the JCVI statements on the [COVID-19 vaccination programme for 2023](#) and on [Spring 2023 COVID-19 vaccinations](#), a revised version of the [Green Book Chapter 14a](#) was recently published. Some of key changes are summarised below, but clinical teams are advised to read and familiarise themselves with all the amendments. The updates include information about the ongoing offer as well as clinical data supporting the recommendations.

New: Spring 2023 booster eligibility:

The following groups should be offered a booster dose of a COVID-19 vaccine, if at least three months have passed since their last dose:

- adults aged 75 years and over (irrespective of place of residence)
- residents in a care home for older adults (of any age)
- individuals aged 5 years and over who are immunosuppressed (as defined in the immunosuppressed rows of Tables 3 and 4 in Chapter 14a of the Green Book)

New: Reaching target age:

The Green Book enables those who will turn 75 years of age by 30 June 2023 to receive vaccination at any point in the campaign.

Update: Bivalent mRNA vaccines:

Updated COVID-19 mRNA vaccines for variants Original/Omicron BA.4-5 are recommended. The Green Book includes details about these products. The [VDP Deployment Guide](#) advises on the vaccines that will be made available to start the Spring campaign.

To note, the Green Book references a formulation of Comirnaty® Original/Omicron BA.4-5 with a strength of 5/5micrograms for 5- to 11-year-olds. As this product is not currently available in the supply chain, whenever the programme refers to Comirnaty® Original/Omicron BA.4-5, it is referring to the 15/15 micrograms strength, which is the product for those aged 12 years and over. Any changes to this approach will be communicated.

New: VidPrevtyn Beta:

VidPrevtyn Beta® is recommended for those aged 75 years and over (and those aged 65 years and over residing in care homes for older adults). The Green Book includes detail about this product, including clinical efficacy and handling of the vaccine.

Update: Alternatives to mRNA vaccines:

When an mRNA vaccine is considered clinically unsuitable, VidPrevtyn Beta® can be offered for those aged 65 years and over, and Nuvaxovid® remains an option for those aged 12 years and over.

Update: Vaccine type for primary courses:

Where COVID-19 mRNA vaccines are used, the recommendation based on clinical evidence and current supply is to use bivalent vaccines for primary courses, with a preference from JCVI to use the latest variant vaccines available. This would constitute off label use, and the new PGDs and National Protocols will facilitate administration in this way. For the start of the Spring, this means that Comirnaty® Original/Omicron BA.4-5 will be the vaccine of choice for primary courses for those aged 12 years and over. For 5- to 11-year-olds, Comirnaty® 10 Concentrate remains the vaccine of choice in the current supply chain.

Update: Suspension of 15-minute observation period for individuals without a history of allergy:

The suspension of the 15-minute observation period for individuals without a history of allergies now applies to all currently available COVID-19 vaccines, including VidPrevtyn Beta®. Vaccination sites should retain an observation area for those individuals that do have a history of allergy, and vaccinating teams should continue to follow the guidance in the Green Book, including Table 5 'Management of patients with a history of allergy' and the associated flowchart.

Following vaccination with any of the COVID-19 vaccines, all individuals should be observed for any immediate reactions whilst they are receiving information and, where applicable, leaving the site. If at any point during this time an individual appears unwell or there are concerns about potential adverse effects, they should be advised to remain on site for a period of observation.

Due to the risk of fainting and other side effects, all individuals who are vaccinated should be strongly advised not to drive for at least 15 minutes after receiving their vaccine.

Update: Removal of the deferral period post infection with COVID-19:

There is no need to defer immunisation in individuals after recovery from a recent episode of suspected or confirmed COVID-19 infection. If they are considered clinically well, vaccination may go ahead.

Update: Removal of academic year group distinction:

The preference to give 12-year-olds in academic Year 7 the same vaccine as 5–11-year-olds has been removed. All 12-year-olds, regardless of academic year group, should now receive a Comirnaty® vaccine suitable for those age 12+, which for the start of the Spring campaign will be Comirnaty® Original/Omicron BA.4-5. Those children who started a primary course as an 11-year-old with Comirnaty® 10 Concentrate and have since turned 12 years old may complete the course with Comirnaty® 10 Concentrate or Comirnaty® Original/Omicron BA.4-5.

Update: Change in risk categorisation for 5- 11-year-olds who are household contacts of people with immunosuppression:

Individuals between the age of 5-11 years are no longer included in a risk group if they live with someone who is immunosuppressed. For those who are yet to complete their primary course, the time interval between the first and second dose moves from 8 weeks to 12 weeks, in line with the clinical recommendations for those in this age cohort who are not in a risk group.

Update: Removal of recommendation for 7-day interval between shingles and COVID-19 vaccine:

A 7-day gap between administration of the shingles and COVID-19 vaccine is no longer required and both may be administered together.

Update: Forthcoming changes to the primary course offer

Further details about these changes will be communicated separately.

NEW: Confirmation of administration needles and syringes to be used for Comirnaty Original/Omicron BA.4-5 and VidPrevtyn Beta, and the adjuvant needle for VidPrevtyn Beta:

UKHSA have informed the NHS that the combined needle and syringe (CNS) for the administration of VidPrevtyn Beta and Comirnaty Original/Omicron BA.4-5 will be as follows.

Comirnaty Original/Omicron BA.4-5:

The CNS for standard administration will be supplied by GBUK/Caina and will be a Safety Retractable Needle 25G x 25mm with needle cover and 1ml Syringe. The CNS for administration for those individuals with morbid obesity will be supplied by Reliance Medical and will be a Safety Retractable Needle 25G x 38mm with needle cap (flip up safety cap) and 1ml Syringe.

These are the same products that were used with the Comirnaty Original/Bivalent BA.1 vaccine.

Education and training materials produced by the supplier, including a video and poster, are available here:

- GBUK: <https://gbukgroup.com/safety-syringe-with-fixed-needle>
- Reliance Medical: <https://reliancemedical.co.uk/combined-safety-needle-and-syringes/>

Please ensure all colleagues who will be required to vaccinate using these CNS have completed the training prior to the start of the campaign. Preparation and administration of the vaccine should continue using correct existing practice, which remains the same.

VidPrevtyn Beta:

The CNS for standard administration will be supplied by BD Flu+ 23G x 25mm and 1ml syringe. The CNS for administration for those individuals with morbid obesity (M/O) will be supplied by GBUK Prosum CNS 23G x 38mm and 1ml syringe. Both are non-safety products.

- The BD Flu+ CNS 23G x 25mm is the same product that was previously used with the Spikevax Original vaccine.
- The GBUK Prosum CNS 23G x 38mm is the same product that was previously used with the Spikevax Original/Omicron BA.1, Vaxzevria and Nuvaxovid vaccines.

A **new** adjuvant needle and syringe will be supplied by GBUK Prosafe 21G x 38mm with needle cover and 3ml Syringe. This is a safety product with a flip-up cap that covers the needle.

Education and training materials for the Prosafe CNS produced by the supplier, including photos and instructions for use, are available here:

- GBUK: www.gbukgroup.com/syringe-with-safety-needle

Important technical information: Ensure the needle is securely attached onto the syringe, by pushing the needle towards the syringe with a clockwise twisting action. This can be completed whilst in the pack but best practice and in line with the products instruction is to complete this immediately as removed from outer packaging and prior to use.

Please ensure all colleagues who will be required to vaccinate using these CNS have completed the training prior to the start of the campaign. Preparation and administration of the vaccine should continue using correct existing practice, which remains the same.

The GBUK/Caina and Reliance Medical CNS are in packs of 100, the BD Flu+ CNS is in packs of 200 and the GBUK Prosum and GBUK Prosafe CNS are in packs of 100. Each type of CNS will be sent on a one for one basis alongside vaccine deliveries.

As the minimum order quantity for Comirnaty Original/Omicron BA.4-5 is 60 doses and the minimum order quantity for Vidprevtyn Beta is 100 doses there will be some oversupply of both standard administrative needles, as well as the M/O CNS for the Comirnaty BA.4-5 vaccine. This oversupply will be managed by the on-off logic built into the Ordering Platform. This logic automatically reduces or removes the CNS from future orders until the oversupply equals or nearly equals the quantity of vaccine doses a site has received.

However, as all of the administration CNS products being used for the Spring Campaign have previously been used with other Covid-19 vaccines, sites may already have stocks available. Where this is the case, **sites are requested to actively deselect CNS via the Foundry Ordering Platform when placing their vaccine orders until their stocks are diminished.** This action will help us avoid building further stock holdings, as well as helping sites to deplete unused CNS supplies. Guidance on how to do this can be found on [FutureNHS](#).

Please note: The CNS for each vaccine type is provided in a bundle containing all relevant CNS, please ensure you have sufficient quantities of **all** the CNS required for each vaccine type (diluent/adjuvant and administrative) before deselecting the CNS from your order. It is not possible to deselect only the administrative CNS.

For example: The CNS bundle for VidPrevtyl Beta will include both the adjuvant and administrative CNS required for this vaccine. The adjuvant CNS for VidPrevtyl is a new product and sites **must not** deselect the CNS bundle for this vaccine type until adequate supplies are held on site.

Further information about the management of CNS stock holdings can be found [here](#).

NEW: Guidance for Sites on Managing COVID-19 Combined Needles and Syringes Stockholdings

Following a recent review of the stockholding of Covid-19 combined needles and syringes (CNS) that are currently in the network, RVOc have written to provide you with some guidance on how your site can manage CNS stocks that you may currently have no requirement for.

Utilise all relevant existing CNS supplies during the Spring Campaign or for evergreen vaccinations:

The majority of the CNS stock held by sites, can be used during the forthcoming Spring Campaign as the CNS designated to administer the Vidprevtyl Beta and Comirnaty Original/Omicron BA.4-5 vaccines, have all previously been used with other Covid-19 vaccines. This includes the following CNS types:

- GBUK/Caina 25g x 25mm, 1ml safety CNS (*Previously used with Comirnaty BA.1*)
- Reliance 25g x 38mm, 1ml safety CNS (flip up safety cap) (*Previously used with Comirnaty BA.1*)
- BD Flu+ 23G x 25mm CNS with 1ml syringe (*Previously used for Spikevax Original vaccine*)
- GBUK Prosum 23G x 38mm CNS with 1ml syringe (*Previously used for Spikevax Original vaccine*)

Full details of the Spring Campaign CNS will be communicated in the Clinical Bulletin w/c 20 March.

As many of the CNS products for the Spring Campaign have previously been used with other Covid-19 vaccines, sites may already have stocks available. Where this is the case, sites are requested to actively deselect CNS via the Foundry Ordering Platform when placing their vaccine orders until their stocks are diminished. Guidance on how to do this can be found on [FutureNHS](#).

Please note: The CNS for each vaccine type is provided in a bundle containing all relevant CNS, please ensure you have sufficient quantities of **all** the CNS required for each vaccine type (diluent/adjuvant and administrative) before deselecting the CNS from your order. It is not possible to deselect only the administrative CNS.

For example: The CNS bundle for Vidprevtyn Beta will include both the adjuvant and administrative CNS required for this vaccine. The adjuvant CNS for Vidprevtyn is a new product and sites **must not** deselect the CNS bundle for this vaccine type until adequate supplies are held on site.

Seek an alternative use for Covid-19 CNS that is not required for Spring Campaign or evergreen offer:

Stocks of CNS that have been issued as part of the Covid-19 vaccination programme and are not planned to be used in the Spring Campaign or for evergreen vaccinations, are still viable and can be offered to NHS or other settings providing NHS commissioned services within your system/region if they are deemed suitable by clinicians.

Ensure your site is not holding stock of the El Dawlia ico Med - Sterile Hypodermic Syringe 2ml syringe with 21G x 1.5 Safety Needle:

In January 2022, the UK Health and Security Agency (UKHSA) advised that all sites with any residual stocks of the El Dawlia ico Med - Sterile Hypodermic Syringe with Combined Safety Needle, which was subject to a voluntary manufacturer recall (22 October 2021), should now dispose of these needles locally following appropriate procedures. Please ensure you do not continue to hold stocks of this CNS, as it is not permitted to be used and will not be collected from your site. Further details on this recall can be viewed [here](#).

National actions to prevent CNS stockholding building in the future:

The Vaccine Deployment Programme aim is to provide CNS on a 1:1 basis with each dose of vaccine, however, due to standard pack sizes being in either 100 or 200 and vaccine packs now coming in smaller sizes, there can at times be an oversupply of CNS.

The national supply team is currently working on how this oversupply can be reduced in the future, including looking at the options around packing down standard CNS packs into smaller quantities in the same way we do vaccines. We do not currently have a time for this to be implemented but it is hoped that this can be introduced later this year.

In the shorter term, a systematic change to the Ordering Platform is planned to be rolled out during the Spring Campaign. This change will proactively ask your site whether you require CNS at the point of each vaccine order. Removing the current automatic send or the need for your site to actively go and deselect CNS from each order.

UPDATE: Reintroduction of Nuvaxovid Dispersion for Injection, COVID-19 Vaccine for Spring Campaign

A batch specific variation has been approved in the UK by the Medicines and Healthcare products Regulatory Agency (MHRA) for Nuvaxovid Dispersion for Injection, COVID-19

Vaccine. This approval has enabled the product's shelf-life to be extended from 9 months to 12 months for specific batches only, when stored at 2°C to 8°C and protected from light.

Full details are in the letter from Novavax CZ, a copy of which has been sent with this communication or can be viewed [here](#).

All supplies of Nuvaxovid delivered to sites from the w/c 27 March onwards will be delivered with a letter that explains the vaccine has been extended, which should be kept with the vaccine whilst it is stored on site.

The expiry date **will not be** updated on the vaccine packaging or vials prior to delivery. Clinical colleagues responsible for the safe storage and handling of Nuvaxovid vaccines in their possession, are asked to follow their own local governance processes for managing shelf-life extensions of licenced medicines. Please be assured that the vaccine is safe to use until the 31 May 2023.

As a result of this extension, the Vaccine Deployment Programme is now able to recommence the use of Nuvaxovid in specific complex vaccination clinics during the Spring Campaign until the 31 May when the extension expires. The w/c 27 March will be the first opportunity for sites to receive Nuvaxovid.

Following the recommencement of deliveries, sites should ensure that the small number of individuals who are known to require this vaccine type are identified and offered vaccination in advance of the 31 May. Post this date, all Nuvaxovid supplies held both centrally and within systems will have expired, and no further batches are currently due for delivery into the UK.

Sites **must not** update the shelf-life of any Nuvaxovid vaccine already held on-site. All vials of unused Nuvaxovid must have been removed from sites following the expiry on 28 February 2023, as per the communication entitled: Nuvaxovid Vaccine Supply to sites will be paused from 14 February, which was issued on the 6 February 2023.

Updated expiry date is shown below:

Batch number	Approved Shelf Life at Packaging	Printed Expiry Date	Updated Expiry Date
4302MF024	9 months	February 2023	May 2023

- All dates refer to the end of the calendar month.
- This batch specific variation applies to two batch numbers. However, the UK has only received batch number 4302MF024.

NEW: Introduction of Comirnaty Original/Omicron BA.4-5 for Primary Vaccinations

In its latest advice, the JCVI confirmed that bivalent mRNA vaccines containing the latest variant (currently BA.4-5) are now the preferred vaccines for primary course vaccinations and the [Greenbook](#) chapter14a has been updated to reflect this.

As a result of this change, Comirnaty Original/Omicron BA.4-5 will be the primary course vaccine for adults and adolescents from the 2 April 2023 after the Patient Group Direction (PGD) and National Protocol (NP) for Comirnaty 30 Concentrate expire on 1 April.

The Patient Group Direction (PGD) and National Protocol (NP) for Comirnaty Original/Omicron BA.4-5 to support primary course vaccination in adults (18+) is expected to be published on 27 March.

We are currently waiting on a publication date for the PGD and NP for children, which includes adolescents (12-17). Should this not be released before the 2 April, vaccination sites will only be able to offer primary doses to those aged 12-17 using Comirnaty Original/Omicron BA.4-5 under a Patient Specific Direction (PSD). Where sites do not have the ability to work under a PSD, primary course vaccinations for this age group would need to be paused until the children's PGD and NP for Comirnaty Original/Omicron BA.4-5 is released.

There is no change for the 5-11 age group, who should continue to receive Comirnaty 10 Concentrate for primary course vaccinations.

Until the 2 April, sites should continue to use Comirnaty 30 Concentrate for all primary vaccinations, even if they hold supplies of Comirnaty Original/Omicron BA.4-5. This is because the Point of Care systems will not be ready to accept records of vaccination events with this new vaccine until the beginning of April.

Vaccination sites should avoid ordering fresh supplies of Comirnaty 30 Concentrate with immediate effect. The week commencing (w/c) 27 March is the final supply plan containing Comirnaty 30 Concentrate, however, no max caps have been set for any regions as orders should be by exception only. Where a site does require supply, this can be requested from via their system, however, mutual aid should be considered in the first instance to reduce wastage. No further supplies of Comirnaty 30 Concentrate will be issued to any site after 31 March, as this vaccine type will have been withdrawn from supply.

The national team have ensured supplies of Comirnaty Original/Omicron BA.4-5 are available for primary vaccinations in the supply planner from w/c 27 March to enable sites to draw down supplies. Sites with planned primary vaccinations in w/c 3 April, can place an order for Comirnaty Original/Omicron BA.4-5 for delivery w/c 27 March, as long as they are marked as assured for this vaccine type.

Individuals who started a primary course with Comirnaty 30 Concentrate and are not able to have a second dose before the 1 April, can be given a dose of a suitable alternative vaccine to complete their course, as per the heterologous guidance outlined in the Greenbook.

There may be some circumstances where sites have some Comirnaty 30 Concentrate remaining, which cannot be used before the expiry date or before the NP and PGD expire, where this is the case standard procedures for local disposal should be followed. Please ensure wastage and stock take records are immediately updated on the Foundry Site Stock Manager system.

Comirnaty Original/Omicron BA.1 is not permitted to be used for primary or Spring booster vaccinations. This vaccine has not been supplied by the Programme since the beginning of February and as previously communicated in the [8 February Operational Bulletin](#), sites

with any remaining unused stock should have disposed of this following local standard disposal procedures on the completion of their Autumn booster vaccinations. If your site does still have stock of this vaccine, it must be removed prior to your site receiving supplies of Comirnaty Original/Omicron BA.4-5.

NEW: Frozen ULT Shelf-Life Updates for Comirnaty® Original/Omicron BA.4-5

From 28 March, all deliveries to vaccination sites by our Specialist Pharmaceutical Logistics (SPLs) partners of Comirnaty BA.4-5 will be subject to a frozen shelf-life update. This update will be applied by the SPLs prior to delivery and **sites do not need to take any action**.

This shelf-life update means that frozen vials, can be stored at -90°C to -60°C, for up to 18 months if appropriate conditions have been maintained.

Sites are not permitted to update the shelf-life of any Comirnaty BA.4-5 vaccine already held on-site.

Sites must always adhere to the **thawed expiry date** as displayed on the post thaw label on the carton when using the vaccine. If this date has passed, the product has expired and must be disposed of immediately in line with your site's expired vaccine disposal procedure.

The Direct Healthcare Professional Letter explaining this extension can be accessed [here](#).

NEW: Presentation of the New VidPrevtyl Beta Vaccine on Delivery to Sites

The first supplies of the new VidPrevtyl Beta vaccine will be delivered to sites this week, in preparation for the first care home vaccinations next w/c 3 April.

VidPrevtyl Beta is supplied as two separate vials: an antigen vial and an adjuvant vial and the two components require mixing before administration. The antigen and adjuvant vials will be delivered in two separate cartons, contained within one outer carton in the following presentation:



Each outer carton will contain:

- 2.5 mL antigen solution in a multidose vial with a stopper (chlorobutyl) and an aluminium seal with a green plastic flip-off cap
- 2.5 mL adjuvant emulsion in a multidose vial with a stopper (chlorobutyl) and an aluminium seal with a yellow plastic flip-off cap.

Each pack contains: 10 multidose antigen vials and 10 multidose adjuvant vials and provides 100 doses.

The vaccine will be transported at 2°C – 8°C and should be moved immediately upon delivery to a refrigerator (2°C – 8°C).

Both antigen and adjuvant vials have 5-digit alphanumeric batch numbers, but it is the 7-digit alphanumeric batch number on the outer carton that should be recorded on Point of Care (PoC) systems and on Foundry stocktake and wastage reports, as this most accurately identifies the product used.

Further information including links to key characteristics, standard operating procedures (SOPs) and training can be found in the [Covid-19 Spring Vaccine Deployment Guide](#).

NEW: Communications resources with advice on vaccine ingredients

A new communication toolkit folder for the spring campaign, which includes a script, FAQs, posters and links to further designed resources to support the spring campaign, is available on the COVID-19 Vaccination Programme workspace [here](#). The same resources are [here](#) on CommsLink for dedicated communications staff.

The toolkit includes advice on communicating the introduction of the Sanofi-GSK vaccine. We know that some sites and systems are receiving specific questions about its ingredients and have asked for advice on some of these – see below.

Q: Do NHS COVID vaccines contain animal products?

A: One of the COVID-19 vaccines to be used in the spring campaign (VidPrevtyn Beta, manufactured by Sanofi/GSK) contains an oil derived from shark. No other COVID-19 vaccines offered by the NHS contain animal products, including egg. You can find out more about the ingredients of vaccines available in the UK by reading [this guide to the use of human and animal products in vaccines \(gov.uk\)](#).

Q: Are NHS COVID vaccines suitable for a Muslim diet?

A: The COVID-19 vaccines offered by the NHS do not contain pork. A newer vaccine (made by Sanofi-GSK) contains a shark-derived oil. Other NHS COVID vaccines contain no animal products, and Muslim scholars have said they are permissible and suitable for a halal diet.

Q: Are NHS COVID vaccines permitted during Ramadan fasting?

A: As COVID vaccines are intramuscular, some Muslim scholars believe that they do not invalidate fasts. However, we are aware that other Muslim scholars believe fasts may be invalidated by receiving the (Sanofi/GSK) vaccine that contains animal ingredients, due to

potential nutritional value of the oil. You may therefore wish to seek further advice from your local Imam or request to receive one of the other vaccines that does not contain shark-derived oil. We are planning media and social media activity to mark the start of the spring vaccination campaign and will update the toolkit regularly with new information and resources, and will highlight these in future editions of this bulletin.

UPDATED: Revised Patient Group Directions (PGDs) and National Protocols

New [PGDs and National Protocols](#) have been developed, with the aim to streamline the number of legal mechanism documents that staff have to read and be authorised to use. Instead of having separate documents for each vaccine type, the new documents group these together based on age cohorts: adults and 5-17 year olds.

The PGD and National Protocol for 'COVID-19 Vaccine (Adults)' were published on 27 March and the 'COVID-19 Vaccine (5-17 year olds)' documents will follow shortly.

Vaccinating teams should read the new documents, familiarise themselves with the contents, and complete the authorisation process, ready to use them.

NEW: Are Pneumococcal and Shingles vaccines up to date?

The pneumococcal vaccine is recommended for all those aged 65 years and over and those with certain long term health conditions. The shingles vaccine is recommended to those aged 70 to 79 years.

Both vaccines can be given at the same time as the COVID-19 vaccines so you may wish to offer them to those eligible alongside spring COVID-19 vaccinations or use these appointments as an opportunity to inform eligible individuals of the recommended vaccines and to offer another appointment.

NEW: Duty of non-participating general practices to share information on eligible patients

Practices that are not delivering COVID-19 vaccination under the current enhanced service specification should share lists of eligible patients with their local commissioner where these patients cannot all be identified by national call/recall, so the commissioner can arrange alternative provision from another provider. Patients who cannot all be identified nationally are likely to be immunosuppressed patients and housebound patients. Practices are required to provide information to the local commissioner under the duty of co-operation requirement in their GMS / PMS / APMS contracts and this request is necessary for reasons of public interest.

NEW: Updated GP and Community Pharmacy COVID-19 vaccination service Enhanced Service specifications for the spring campaign

On Tuesday we shared updated enhanced service specifications for those PCN Groupings and community pharmacies which have agreed with their local commissioner they will continue

to support the spring COVID-19 vaccination campaign. For these providers, the Enhanced Service specifications have been extended up to 31 August 2023. The updated specifications can be found [here](#) and [here](#). Minimal updates have been made to the specifications. Please note the existing item of service fee and housebound supplement will continue as per the terms of the enhanced service specifications.

In addition, and as a one-off transitional arrangement, an additional payment can be claimed for completion of the older adult care home visit to small and medium sized care homes within an accelerated timeframe of 8 weeks as per the terms of the service specifications. Please be aware that the Enhanced Specifications shared are an extension of the autumn/winter documents and as such continue to reflect the additional payment for activity to vaccinate in all adult care homes in place from September until 23 October 2022. The additional paragraphs for Spring 2023 describe a separate additional one-off payment for completion of vaccinations in small and medium sized older adult care homes only during the Spring 2023 campaign, up to and including 28 May 2023.

There will be no additional payment for large and very large adult care homes, nor other types of care home. Additional operational guidance will be shared shortly to support this incentive, which will include detail on how this activity can be reported.

We have also updated the template [PCN Grouping collaboration agreement](#) to include the new end date. Where there are any changes to collaboration arrangements, or new collaborations being established, this updated agreement document can be used. For CPs supporting the spring booster campaign, regional teams will issue contract variation letters shortly.

NEW: Managing site details for accessibility and transport

Promoting equality and addressing health inequalities are at the heart of the NHS constitution and we are committed to ensure people's needs are met when accessing NHS vaccination appointments. The National Booking Service (NBS) shows locations where people who need additional support or assistance can make an appointment to be seen. Those without internet access can book an appointment by calling 119.

Ahead of the spring campaign, it is important to ensure that both new and established sites have entered up-to-date accessibility and transport information on the NBS, so patients know which site best suits them.

Site managers are responsible for making sure site details such as accessibility features, transport links and other attributes are listed correctly so that people who are booking vaccination appointments can view information about accessibility and transport requirements through the NBS and choose a site that meets their needs.

Details on how to set your accessibility attributes to 'TRUE' to enable people needing accessible appointments to see your NBS slots can be found [here](#).

New: Updated Standard Contract Schedules for COVID-19 Spring 2023

The new Standard Contract Schedules for the COVID-19 Spring 2023 campaign were shared with commissioners on Wednesday 22 March 2023 and can be found here: [Coronavirus » COVID-19 vaccination programme standard contract schedules \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme-standard-contract-schedules/).

Full details of the Standard Contract can be found here [NHS England » 2023/24 NHS Standard Contract](https://www.nhs.uk/standard-contract/).

Standard Contract Amendments:

There are several changes to the schedules and the NHS Standard Contract from 1 April 2023.

The Standard Contract has been updated to include two specific clauses in relation to Provider responsibility for COVID-19 vaccinations. Contract holders are required to:

- use all reasonable endeavours to ensure that all eligible frontline Staff in contact with Service Users are vaccinated, in accordance with JCVI and Green Book Guidance, against influenza and COVID-19;
- and ensure that, where Staff have any contact with a Service User who is either immunosuppressed and/or pregnant (other than while that Service User is an inpatient), they provide that Service User with brief advice on COVID-19 vaccination, in accordance with JCVI and Green Book Guidance, including on available routes for accessing a vaccination service.

Please be aware that these changes to the Standard Contract take effect from 1 April 2023 but are to be enacted in line with JCVI and Green Book guidance, e.g. the requirement to vaccinate frontline staff will only apply in autumn, should vaccination of this group form part of JCVI guidance.

Schedules and key changes:

We have streamlined and combined the Schedules for Hospital Hubs, Hospital Hubs+ and Vaccination Centres. Hospital Hub and Hospital Hub+ will deliver COVID19 vaccinations to long-stay inpatients (21 days and above) and opportunistic vaccinations in short stay, outpatient and community settings. Hospital Hub+ will also vaccinate eligible public cohorts. Vaccination Centres will deliver COVID-19 vaccinations to eligible cohorts.

An additional payment for vaccine doses administered to housebound patients and an additional one-off payment for completion of visits to small and medium sized older adult care homes now forms part of the payment schedules. The reporting schedules have been combined into a single document for all delivery models in one schedule.

REMINDER: FAO Vaccination Sites using Non-Clinical IT kit (Kiosk devices etc.)

As we return to business as usual, many of the Non-Clinical IT (NCIT) service arrangements put in place during the pandemic will terminate at the end of this financial year.

Please find [here](#) a summary of changes that will affect users of these services. Further communication on the NCIT kit will be provided by via this bulletin in future weeks.

UPDATED: Managing Site NBS/Q-Flow calendars for the launch of the COVID-19 Spring Campaign

Sites have been asked to prepare to deploy VidPrevtyn Beta (Sanofi) and Comirnaty Original/Omicron BA.4-5 (Pfizer) for the spring campaign. A new vaccine calendar called 'Sanofi' will be added to all sites in Q-Flow this week. All sites should open their National Booking Service calendars in a timely way to allow people to book appointments from 5 April 2023 in advance of the start of vaccinations on 17 April 2023.

Please visit [this page](#) on FutureNHS for further information, including how to add availability in Q-Flow for the correct cohort to book through the NBS.

REMINDER: Reactivating your NBS and Point of Care accounts before the spring campaign

Before the spring campaign begins, please check the status of your user accounts on NBS/Q-Flow and Point of Care (PoC). If users have been inactive on Q-Flow for over 50 days and/or on PoC for over 90 days, accounts are automatically deactivated for security reasons.

To reactivate your Q-Flow account, please speak to an active site manager at your site. If there are no active site managers available, please raise this with your SVOC team. Full Q-Flow guidance on unlocking is available [here](#). For general NBS/ Q-Flow help and support including escalation routes and FAQs, please visit [this page](#).

To reactivate a PoC account, please ask an active site admin for your team. If there are no active site admins then please contact your PoC Service Desk. Links to the different service desks can be found [here](#).

Support sessions for Spring campaign COVID booster vaccination sites: Foundry, NBS and Q-Flow

To support the spring campaign, there will be a series of 30-minute drop-in sessions for new and established COVID-19 vaccination sites, to support use of platforms such as Foundry, NBS and Q-Flow and to answer any questions from users. Contracts, Supply and Workforce colleagues will also be available to answer queries.

Joining details are included below:

Platform/function: NBS and Q-Flow, Clinical Contracts, Foundry, Supply, Workforce

Dates / Times: 13:30 – 14:00, Monday, Wednesday and Friday during w/c 3 April and w/c 10 April (Supply Mondays and Fridays)

Joining mechanism: [Click here to see meeting detail](#).

REMINDER: Update to Point of Care systems by 3 April 2023

It is essential that all providers record vaccination events as soon as possible. Vaccination events should be inputted on the same day for clinical reasons unless in highly exceptional circumstances.

By 3 April 2023, it will no longer be possible to create COVID-19 vaccination records in Point of Care (PoC) systems if more than 15 days have passed since vaccination was administered.

Providers are asked to urgently review their processes to ensure that COVID-19 vaccination events are inputted on the same day by default and ensure all staff delivering COVID-19 vaccinations are aware of the planned change to PoC system by 3 April 2023. For further information, please visit [this page](#).

REMINDER: Choosing or switching your Point of Care provider before the Spring Campaign

Did you know that the NHS offers your site the simple opportunity to switch to a different Point of Care (PoC) System?

If your site would like to switch, please raise a PoC switch request with your regional team / RVOC or SVOC with your site details, the new PoC you want to join, and two current IT users. Your regional team / RVOC or SVOC colleagues will then approve and submit a change request. The request will be approved within seven working days, after which you will be contacted by the new PoC provider with account details. After this, you will not be able to add new vaccination events on the old system but will be able to view and edit old ones.

For more information visit our [PoC Switching page](#).

UPDATE on the Vaccine Data Resolution Service (VDRS)

The way to contact the VDRS has now changed.

Domestic: People who identify errors or missing doses in their or their child's record can now contact the service on 0300 561 0017. Individuals will no longer be able to access the service via 119 directly but will be signposted to the new phone number if they select option 3. This service is for public-facing queries only and not for the use of sites. Please note that cases that do not meet the nationally set business rules for additions or edits will continue to be escalated for assistance from regions.

International: The process for recognising vaccines administered internationally is changing. In the coming days, a fully remote digital service will be launched. More information on this service, and how people can access it, will be published on the NHS website when the service opens:

<https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fnhs-services%2F covid-19-service>

REMINDER: Changes to the central vaccination email inboxes from April 2023

During the next month, please note the following changes to central mailboxes within the Operations and Delivery team, with phased streamlining to be complete by 31 March 2023. These existing mailboxes will be closing after 31 March:

- Vaccination Centres - england.vc.planassure@nhs.net
- Hospital Hubs - c19vaccination.dephospital@nhs.net
- Overseas Service - england.overseas@nhs.net

All queries will then be directed to england.vaccinecentresgroupsupport@nhs.net or for local vaccination services please continue to use england.pccovidvaccine@nhs.net. Sites should continue to raise queries via the SVOC/RVOC/NVOC process.

REMINDER: Process Map for Escalations to RVOC

As we prepare for the start of the Spring 2023 programme, please find attached a reminder process map for escalations to the regional team for any issues that arise, to ensure that all information is received by the region at the point of escalation, to support in streamlining resolution and reduce email traffic.

IT queries should be escalated direct to the relevant [IT system helpdesk](#) in the first instance

NEW: Tools and resources for Spring 2023

Revised vaccine handling guidance and template SOPs:

[Specialist Pharmacy Service guidance and template SOPs](#) have been revised in preparation for the deployment of new vaccines. Clinical teams are advised to read, understand and adopt these ahead of campaign launch.

Revised Current Cohort Eligibility Tool:

The [Current Cohort Eligibility Tool](#) has been refreshed to cover the eligibility for both primary courses and boosters during Spring 2023.

Updated Safety Huddle Checklist:

The [Safety Huddle Checklist](#) has been updated to reflect changes to the vaccine programme and including new vaccines being used in the spring campaign.

Workforce Optional Toolkits:

Earlier this month the COVID-19 Vaccination Workforce and Training workstream published the [four workforce management model objectives](#) to meet during 2023/24 COVID-19 vaccination delivery.

The four workforce objectives are supported by the [Supplementary workforce management model toolkit](#) that provides optional guidance for systems to use should they wish to in shaping their workforce management model for 2023/24.

Further, with the closure of the COVID-19 vaccination national contract for St John Ambulance (SJA) from 31 March (the Royal Voluntary Service (RVS) / NHS Volunteer Responders (NHSVR) national contract will remain), some systems may want to consider continuing to involve volunteers as a complementary workforce to support vaccination delivery going forward. The [Volunteers as a complementary vaccination workforce toolkit](#) provides guidance on the workforce and training considerations for setting up local voluntary partnerships for clinical and non-clinical volunteers.

Training Modules Covid-19 Vaccines:

Pfizer-BioN Tech COVID-19 vaccines (Cominarty Original /Bivalent 15/15):

The course is designed to provide healthcare workers involved in delivering these vaccines with the knowledge they need to safely and effectively do so

It is an updated version of the course for Pfizer-BioNTech Comirnaty branded vaccines for individuals aged 12 years and above (which included information about Comirnaty 30 Concentrate vaccine that is no longer required) and is intended to prepare staff for the spring 2023 vaccination campaign.

It is important to note that the different COVID-19 vaccines available have different storage, reconstitution and administration requirements. You must be familiar with the specific recommendations for the COVID-19 vaccine you are delivering.

The link can be found here <https://portal.e-lfh.org.uk/Component/Details/677490>

Sanofi COVID-19 Vaccine (VidPrevtyn® Beta):

This course provides specific information about the COVID-19 vaccine Sanofi VidPrevtyn® Beta. It is designed to provide healthcare workers involved in delivering the vaccine with the knowledge they need to safely and effectively do so.

This course covers key information including how the vaccine works, how it should be stored, prepared and administered and any contraindications, precautions and potential vaccine reactions.

It is important to note that the different COVID-19 vaccines available have different storage, reconstitution and administration requirements. You must be familiar with the specific recommendations for the COVID-19 vaccine you are delivering.

The link can be found here <https://portal.e-lfh.org.uk/Component/Details/808762>

NEW: Case Studies

Case studies capturing achievements, new initiatives and improvement activities developed by systems as part of COVID-19 Vaccination Programme can be accessed via the [Shared Learning platform](#). Below are the final case studies to be published during this phase of the Programme:

- Making Every Contact Count in shopping centre clinic

- Supporting communities where the uptake of the COVID-19 vaccine is low in Birmingham and Solihull
- Innovative ways to mitigate risks with multiple vaccines
- Implementing MECC in COVID-19 vaccination services - examples from learning visits

We would like to say a huge thank you to everyone who has supported us, sharing their knowledge and experiences to develop this content, resulting in more than 85 improvement case studies being written.

In future, if you have a suggestion for an improvement or shared learning case study you would like to share, please submit it via FutureNHS using [this link](#).

Further Information

Operational notes: You can find all the latest operational notes on FutureNHS [here](#).

Clinical updates: See previous [clinical updates](#).

Workforce support:

[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 FutureNHS page on [case studies/FAQs](#) and recently guidance for [PCN groupings](#) and [community pharmacy](#).

Other Resources:

[Coronavirus vaccinations](#): Our Digital team 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.

[Supply and Delivery Hub](#) helps you access key information in a timely way and helps 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.

All C19 vaccination queries for national teams should be escalated via the SVOC/RVOC/NVOC process.