Dear Colleagues,

COVID-19 vaccination programme: Vaccination of 6-month to 4-year-olds in a clinical risk group

Thank you for your continued commitment to the COVID-19 Vaccination Campaign and for a successful start to the 2023 Spring Vaccination Campaign.

The government has accepted JCVI advice (here) regarding COVID-19 vaccinations for at risk children aged 6 months to 4 years old. JCVI states that:

1. Children aged 6 months to 4 years in a clinical risk group (as defined in Table 4 of the Green Book Chapter 14a [here]) should be offered two 3-microgram doses of the Comirnaty® 3 (THREE) Concentrate vaccine with an interval of at least 8 weeks between the first and second doses.

2. JCVI does not currently advise COVID-19 vaccination of children aged 6 months to 4 years who are not in a clinical risk group.

The Green Book has been updated (here) to reflect the advice from JCVI and support delivery of vaccinations for 6-month- to 4-year-olds in a clinical risk group.

Regions and ICBs should develop plans to deliver Comirnaty® 3 (THREE) Concentrate to 6-month- to 4-year-olds in a clinical risk group.
Campaign duration:

- Vaccination for children aged 6 months to 4 years old in a clinical risk group will commence in late spring 2023.
- Vaccinations for this group should continue beyond the end of spring. With first doses delivered from 12 June; second doses are likely to commence in August.

Actions now required:

- Delivery Models:
  - Working with their ICBs, regional teams will ensure there is appropriate coverage for this small cohort.
  - Some PCN groupings and HHs/HHs+ with children’s units will be commissioned to vaccinate this cohort due to their expertise and knowledge of children and in accordance with local population need.
  - Further information about this will be shared shortly.

- Provision for children at providers who are not commissioned to vaccinate this cohort:
  - Systems should ensure all providers (including providers who are not offering COVID-19 vaccinations) have a pathway to signpost the individual’s parent/guardian to the nearest participating site (as per usual arrangements), even if they are not participating themselves.

- Identifying eligible children:
  - Systems will need to work with their providers to develop an approach to identify this cohort.
  - Information on how this can be supported will be released in due course.

- Inviting children:
  - Systems should work with providers to manage call/recall locally, using locally developed invite templates to signpost parents/carers to the appropriate site(s). There are no plans to provide national call/recall.
  - A 6-month- to 4-year-old at risk cohort will be made available in the GP Dashboard for the start of the vaccination campaign to enable practices to identify eligible patients for local call/recall.
  - GP IT PRIMIS searches will be made available in GP IT systems after the start of the campaign to supplement the GP Dashboard data and ensure complete coverage of the eligible cohort. We will communicate the dates these searches will be available as soon as they are confirmed by each system supplier.
Of equal importance is the opportunistic identification of eligible children in all clinical contacts, both in primary and secondary care. This is particularly relevant to those services providing management and treatment of at-risk conditions to ensure timely identification of those most recently diagnosed with eligible conditions or receiving specific therapies.

- Workforce and assurance:
  - Due to the relatively small size of this cohort and associated settings for vaccination, administration of this vaccine to eligible children will be via a local patient specific direction (PSD).
  - A national protocol and a patient group direction (PGD) will not be published for this cohort.

- Training:
  - Training materials will be available via e-Learning for Health week commencing 22 May to allow opportunity for training prior to vaccination.
  - Vaccination can commence when training is complete and Comirnaty® 3 (THREE) Concentrate is available at sites.

Healthcare teams should use the opportunity to ensure that the child is up to date with their routine vaccinations.

We are grateful for your ongoing leadership of this successful programme, which helps support the most vulnerable in society.

Yours sincerely,

Steve Russell
Chief Delivery Officer and National Director for Vaccinations and Screening
NHS England