

**From the Chief Medical Officer
Prof Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD)13/2022

FOR ACTION

Chief Executives HSC Trusts (*for onward cascade to
Medical Directors*)

Chief Executives, Public Health Agency/Health and Social
Care Board

GP Medical Advisers, Health & Social Care Board

All General Practitioners and GP Locums (*for onward
distribution to practice staff*)

Director of Pharmacy at the HSC Board (*for cascade to
prescribing advisers and community pharmacies*)

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Our Ref: HSS(MD)13/2022

Date: 25 March 2022

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

COVID-19 SPRING BOOSTER VACCINATION PROGRAMME

1. The Joint Committee on Vaccination and Immunisation (JCVI) have recently recommended a precautionary COVID-19 vaccination strategy for 2022 and their full statement can be viewed here:
<https://www.gov.uk/government/publications/joint-committee-on-vaccination-and-immunisation-statement-on-covid-19-vaccinations-in-2022/joint-committee-on-vaccination-and-immunisation-jcvi-statement-on-covid-19-vaccinations-in-2022-21-february-2022>
2. In relation to the spring booster dose, JCVI have advised that this should be offered around six months after an individual received their first booster dose. JCVI have advised that the spring booster dose should be offered to:
 - adults aged 75 years and over,
 - residents in a care home, and
 - individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>.
3. As the majority of eligible individuals received their first booster dose from October 2021 onwards, the spring booster programme in Northern Ireland will begin from April 2022. It is recommended that the programme should be

completed no later than the end of May 2022 to avoid having a knock on impact on the timing of a possible autumn vaccination programme. JCVI have provided interim advice on a possible autumn programme which is contained in the JCVI statement mentioned above.

4. Unlike previous elements of the programme, the main vaccine available for use by both GPs and community pharmacies for the spring booster will be the Spikevax® (Moderna) COVID-19 vaccine. This currently comes in packs of 10 vials and each vial has 20 booster doses or 200 doses per pack. Chemical and physical in-use stability data has been demonstrated for a maximum of 19 hours at 2°C to 25°C after initial vial puncture, although from a microbiological perspective the vial should be used as soon as practically possible within that timeframe. Trusts will continue to use the Comirnaty® Pfizer-BioNTech COVID-19 vaccine.
5. JCVI have advised that there should be some operational flexibility around the timing of the spring dose in relation to when the person received their last vaccine dose. Therefore, in order to try and limit vaccine wastage it is proposed that ideally someone should have reached the 6 month mark from their first booster but if they are over 3 months from their first booster, then it would be reasonable to proceed to administer the spring booster.
6. The spring booster programme will begin in care homes from the start of April and community pharmacies will complete this element of the programme. Many care homes will already have effective medicines management arrangements with community pharmacies offering the COVID-19 vaccination service, and it is anticipated that these existing partnerships will continue through the offer of COVID-19 vaccination to care home residents. The HSC Board are asked to work with RQIA to identify those care homes where existing arrangements are not already in place with participating pharmacies and ensure that alternative community pharmacy providers are engaged to deliver COVID-19 vaccination if needed.
7. For care homes operated by HSC Trusts, Trusts are asked to ensure that local arrangements are made with community pharmacies offering the COVID-19 vaccination service. For those patients missed for whatever reason (i.e. they were absent or unwell etc) arrangements should be put in place for the care home to notify the resident's GP to enable them to be classed as 'house bound' through the normal GP/Trust arrangements and the Trust will then arrange their vaccination by a District Nurse as a mop-up process.
8. GPs are being asked to invite all their eligible patients' aged 75 years or older in for vaccination (i.e. those born before 31 May 1947), but we expect many GPs may hold off for a few weeks to ensure they have as many eligible patients as possible to run large clinics which will help reduce vaccine wastage. In order to help minimise vaccine waste, GPs are advised to only order enough vaccine for the number of patients that are likely to attend for vaccination. Full packs should not be ordered for less than 100 patients. In those circumstances, patients should be advised to contact a local community pharmacy involved in the vaccination programme

9. In addition to being invited by their own GP to receive a spring booster, individuals aged 75+ will have the option to receive their spring booster vaccination via a participating community pharmacy or at a Trust led vaccination clinic.
10. Overall it is expected that Trusts will play a smaller role in the spring booster programme compared to earlier stages of the COVID vaccination programme. Trusts will continue to run some vaccination centres as well as mobile clinics/pop up clinics and should vaccinate anyone who attends for their relevant dose. In addition to this, Trusts (District Nursing Teams) will continue to vaccinate the eligible housebound patients, based on lists submitted by GPs.
11. Immunosuppressed individuals are also eligible for the spring booster but it is likely that many of these individuals will have only recently received their booster dose, 3 months after they had received a 3rd primary dose. Immunosuppressed individuals who have received an additional primary dose may have received the booster (fourth) dose more recently. These latter individuals and other eligible people who received their last vaccine more recently should be offered the booster during the spring campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme. Trust clinicians should write to advise their patients of this. GPs should provide a “safety net” service. Practices may be aware of immunosuppressed patients that got their 3rd primary dose or subsequent booster within the practice. Practices can offer vaccination to any of their registered patients who meet the criteria as immunosuppressed at patient request or by practice identification.
12. We would urge that every effort is made by GPs, Community Pharmacies and Trusts to build on the success of the COVID-19 vaccination programme to date and encourage all those eligible to receive the spring booster dose to do so when appropriate.

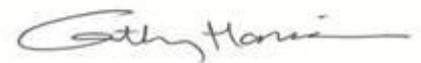
Yours sincerely



Professor Sir Michael McBride
Chief Medical Officer



Ms Maria McIlgorm
Chief Nursing Officer



Mrs Cathy Harrison
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