

COVID Vaccination Support Bulletin

Issued to: Staff delivering COVID-19 Vaccination Programmes

Issue: 35, 4th July 2022

Please forward this bulletin to all members of the COVID-19 vaccination team: vaccinators, volunteers, nurses and all other clinical staff.

Introduction

Welcome to the latest issue of the COVID-19 vaccination support bulletin.

This issue starts a theme of “reset and refresh” for the bulletin over the summer- before the next phase of COVID-19 vaccination in the autumn (and the flu season). We ask for your help and support in sharing the bulletin as widely as possible to ensure the messages are learned by all.

We include an important reminder about the legal mechanisms and their correct usage, some guidance about those eligible for boosters during the summer and some safety reminders about temperatures and storage.

Finally, this issue was written by Lesley McFarlane and as she moves on to new horizons at UKHSA the bulletin team want to say a big THANK YOU and a very fond farewell- Lesley you are a source of great wisdom, and never tire of sharing your knowledge with anyone and everyone who asks. You have worked tirelessly to make CARS what it is for the programme and will be greatly missed.

Dr Vijay Rawal

Regional Medical Director for Primary Care (including Public Health Commissioning)

NHS England and NHS Improvement- Midlands

Please share the bulletin!

We are aware that many staff delivering this programme are still not able to access this bulletin so, as someone who can, we're asking for your help to widen the distribution.

1. Share it as widely as possible with colleagues by forwarding the email or the attachment and ask them to do the same.
2. Print a copy (or more) to leave in staff areas e.g. on tables, noticeboards – letting colleagues know that you've done so during staff briefings/session huddles.
3. Include the content during staff briefings or huddles – the issues in the bulletin very much reflect the incidents and queries that CARS receives so we know that they are problematic for frontline staff and services and merit wider sharing and discussion.
4. Share your ideas for content and format with us- we are always looking for contributors and submissions and would encourage anyone to get involved- our contact details are on the final page.

Help us to help you

Contacting CARS

The Clinical Advice and Response Service (CARS) exists to support frontline staff to safely and correctly administer COVID-19 vaccinations to the public. It is a complex, frequently changing programme, staff are incredibly busy, and there will inevitably be questions and issues.

Email:

england.midscovid19vacs.pmo2@nhs.net

Marked 'For the attention of CARS'

As the response to the pandemic is a national incident, everything must be recorded, and the records retained hence the use of email rather than providing a telephone number. CARS aim to respond by the next working day if your enquiry or incident reaches us by 4pm, but in practice a member of the team generally replies on the same day.

Please send us everything we need!

YES:

- ✓ Vaccine type, dose, batch number and expiry information- this is particularly vital for all queries relating to cold chain incidents.
- ✓ If it is a cold chain incident please include the SPS form and any clearly labelled fridge documentation, data logger records or other information.
- ✓ If it is a query about a patient send us relevant information about their history (eg. anaphylaxis requiring adrenaline to last vaccine not just 'had a reaction').

NO:

- ✗ Patient identifiable data- we may need some information about their medical history or medication, but we do not need their name, address or NHS number.
- ✗ Please email the PMO address and your SVOC but do not also send to every possible email in the Midlands- it creates unnecessary work and confusion.
- ✗ Please don't ignore our emails- if you have emailed CARS, we have logged it and marked it as open, we must keep chasing until we have a resolution!

When considering what to send to us a helpful yardstick is to consider what you would need to know if you were being asked to provide advice or support.

Respond to follow up emails

If the level of detail needed is not included within the original email, we will ask for it – so please remember to check back later the same day and quickly send us the details. This may require you to complete a form – which we will send you. Without the additional information it will be very difficult – in some cases impossible – for us to help. For this reason, we also ask SVOC to share the original enquirer or incident reporter with us- it speeds up the process.

Important reminder- legal mechanisms

The following regional statement was recently shared with all Midlands systems. Please ensure that your site is compliant. Thank you.

We have become aware that some COVID vaccination sites may have moved away from the strict rules that apply to the use of PGDs and the protocols for the safe and legal provision of the COVID-19 vaccination programme. We would request that systems ensure that all sites are fully conversant with and compliant with the guidance as it stands. This is set out briefly below with links to other authoritative sources included. Adherence to the guidance is important for patient safety but also

for the safety and wellbeing of staff who should not be in the position of acting outside of the legal framework for the provision of the service.

All vaccines are prescription only medicines (POMs). If a prescriber is not available to write a prescription or Patient Specific Direction (PSD), a Patient Group Direction (PGD) is the usual legal mechanism put in place. These allow registered health care professionals to undertake an appropriate patient assessment, against the criteria that the PGD contains, and – if these are met and there are no contraindications – to then administer the vaccine, without a prescriber’s involvement. **By law only certain registrants are permitted to use PGDs and, in addition, the specific professional groups that can use an individual PGD must be named within it.**

REGISTRANTS USING A PGD MUST NOT DELEGATE ANY PART OF THE PROCESS TO ANOTHER MEMBER OF STAFF. THEY ARE PROFESSIONALLY AND LEGALLY RESPONSIBLE FOR EVERY ELEMENT - INCLUDING RECORD KEEPING.

The scale of the COVID-19 vaccination programme, and the requirement to widen the workforce to deliver it, led to the introduction of national protocols. These allow a wider number of suitably trained and supervised staff to administer the vaccine and carry out other parts of the process, including record keeping. Non-registrants are, however, not allowed to undertake patient assessment.

IF A REGISTRANT IS ADMINISTERING THE VACCINE BUT NOT UNDERTAKING ALL OTHER ELEMENTS OF THE PROCESS – RECORD KEEPING FOR EXAMPLE - A PROTOCOL MUST BE USED.

This is the reason for protocols having been made available – to, legally, allow this operational flexibility.

In summary: no registered health care professional using a PGD can delegate any aspect of the process to any other member of staff - if they need to do so, they must use a protocol instead. Whenever possible, the protocol should be used as it allows systems to maximise the flexibility of a larger workforce.

The SPS website has clear information about this: [The legal mechanisms available for giving COVID-19 vaccines and their application](#) and the clinical supervision requirements are available: [Red Lines under National Protocol](#)

Spring booster campaign completion

The criteria are unchanged; at least one of the following must apply: aged 75, resident in an older persons’ care home, immunosuppression due to disease or treatment; this includes anyone who becomes eligible in June (i.e. has 75th birthday and/ or is admitted to an older persons’ care home and/ or becomes immunosuppressed due to disease or treatment) on/ before 30th June. In addition, individuals who become immunosuppressed after 30th June should also be offered a spring booster.

There must be a clinical conversation about optimal timing of vaccination with all eligible individuals presenting for vaccination after 30th June – this is because there will need to be a minimum of 91 days between any dose given now and the autumn booster. All those eligible for a spring booster are included in the interim guidance for an autumn booster (see next item).

Criteria	Details	Eligible for spring booster if not received prior to end June?
AGE	Was aged 75 on/before 30 th June	Yes – but staff MUST have clinical conversation about optimal timing in relation to autumn booster (minimum interval 91 days)
	Became aged 75 on/after 1 st July	Not eligible – await autumn booster
RESIDENCE IN OLDER ADULTS' CARE HOME	Was living in an older adults' care home on/before 30 th June – and still is at time of vaccination appointment/ visit	Yes – but staff MUST have clinical conversation about optimal timing in relation to autumn booster (minimum interval 91 days)
	Became a resident of an older adults' care home on/after 1 st July	Not eligible – await autumn booster
IMMUNOSUPPRESSED (as per immunosuppression sections – only – of Tables 3 and 4 in the Green Book, Chapter 14a)	Immunosuppressed on/before 30 th June – and still is at time of vaccination appointment/ visit	Yes – but staff MUST have clinical conversation about optimal timing in relation to autumn booster (minimum interval 91 days)
	Became immunosuppressed on/after 1 st July – and still is at time of vaccination appointment/ visit	Yes – but staff MUST have clinical conversation about optimal timing in relation to autumn booster (minimum interval 91 days)

NB: The Evergreen offer (primary doses + first booster) continues.

Individuals who are about to become immunosuppressed

Q. My patient is not currently eligible for a spring booster but will soon commence immunosuppressive treatment. Can I give them a spring booster dose before they do- it will be mid-July?

A. Any booster doses to which an individual is or becomes eligible for should be given at least 3 months (91 days) since the previous dose. It is preferable for individuals about to become immunosuppressed to receive their booster prior to the commencement of the treatment, to maximise their immune response, but treatment should not be delayed for this reason.

The usual advice if a vaccine dose cannot be given before immunosuppressive treatment commences is to time its administration so that it coincides with periods of minimum immunosuppression, during which individuals are more likely to generate better immune responses.

The spring booster is being offered to protect individuals at higher risk of severe COVID-19 during the summer and, given the decision to also offer a dose in the autumn to anyone who is immunosuppressed, and the need for a minimum interval of 91 days between boosters, an immunosuppressed individual due a spring booster should be vaccinated as soon as possible to receive this additional protection, rather than wait for optimum timing in relation to their treatment regime.

Vaccinating new arrivals in the UK

There is comprehensive guidance in [COVID-19 vaccinations received overseas](#) explaining how to proceed for anyone entering the UK.

However, when new entrants have no written records – as is more likely for refugees fleeing their country of origin at short notice, carrying minimal possessions – it is difficult to know what to do. For all other vaccines we would advise obtaining as much information as possible, then making a judgment about the quality of that information - and using the available guidance to determine which vaccines to offer, and, where there is uncertainty, we would always advise offering the apparently missing dose(s) rather than risk the individual being un- or under-immunised.

But for COVID-19 vaccines, because of their increased immunogenicity, and concerns about serious side effects in teenagers and young adults, we have rarely advised giving additional doses. What, therefore, should we do for new entrants with no written vaccination record?

Some possible scenarios:

 <p>1. They have no documentation and either don't believe that they've any received COVID-19 vaccine, or they are unable to say.</p>	 <p>2. They have no documentation but think they have received COVID-19 vaccine</p>
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(1)

For the person in scenario 1, the advice is to proceed as if unimmunised and administer any vaccine doses for which they are eligible in the UK.

For the person in scenario 2, the advice from UKHSA colleagues is still to obtain as much information as possible, then make a judgment about the quality of that information, and using the [COVID-19 vaccinations received overseas](#) guidance determine which vaccines to offer.

If they know which vaccine they've received, you will be able to complete according to the tables on pages 5 and 6 of the [COVID-19 vaccinations received overseas](#).

If they don't know you will have to assume that it's one of those known to produce a sub-optimal response (see page 6 of [COVID-19 vaccinations received overseas](#))

If they are then eligible for any booster dose a minimum of 91 days should be observed from the previous injection.

This isn't easy but the general approach is 'if uncertain vaccinate as if naïve'. Please don't hesitate to contact CARS if you need support with specific scenarios.

Refugees from Ukraine

To support decision-making concerning vaccination of Ukrainian nationals, UKHSA are trying to identify which vaccines have been used in the Ukraine and/or in Poland (where many refugees initially fled and were vaccinated). If we receive this information, we will of course share it with you to aid decision making

Summer temperature alert

Now that the warmer weather has finally arrived, just a reminder about the maximum temperatures for each of the vaccines in light of incidents received:

While **Comirnaty 10mcg/dose** and **Comirnaty 30mcg/dose** (both Pfizer vaccines) can be stored prior to use at up to 30°C (for differing lengths of time- please refer to the storage information for each), Spikevax (Moderna) and Vaxzevria (Astrazeneca) **only have stability information up to 25°C. Please ensure that all processes or SOPs reflect these differences.**

If an incident occurs where vaccine is exposed to temperatures outside of the above or in any way contrary to the storage conditions from the Summary of Product Characteristics for each product, please contact CARS with the specific details (including the batch number and various expiry dates of the product) so that they can advise and/or seek advice from the manufacturer. If the affected vaccine has already been administered, please seek advice before discussing this with any patients.



*(CARS apologise for the cold and rainy summer that will occur owing to the publication of this piece)

Contact us

If you would like to contribute to future bulletins and have any insights to share, please contact us at:

- briony.mason1@nhs.net
Screening & Immunisation Coordinator (COVID-19 Advice and Response Service, Midlands), NHS England and NHS Improvement – Midlands

Clinical Advice Response Service (CARS): send an email to england.midsccovid19vacs.pmo2@nhs.net marked 'for the attention of CARS'

Issued by the NHS Midlands Clinical Reference Group

Disclaimer: While the information in this document is considered correct at the date of publication, changes in circumstances after the time of publication may impact on the accuracy of this information

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