DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Priority groups for vaccination - position statement

JAPC endorses the national position on the vaccination of priority groups assigned by the Joint Committee of Vaccination and Immunisation (JCVI).

The national programme is currently vaccinating priority groups 5 and 6. For priority group 6 'risk group' see definition below. This advice also includes information on what defines immunosuppressant with examples of commonly prescribed immunosuppressants.

For immunosuppressant e.g. biologics that are prescribed by a specialist in secondary care, GP practices should be able to identify those with an immunosuppressant disease and/or be notified by secondary care.

Please note for patients that are about to receive highly immunosuppressive interventions or those whose level of immunosuppression is about to increase may therefore be offered vaccine, if therapy can be safely delayed or there is sufficient time (ideally two weeks) before therapy commences. If the condition being treated is time dependent this may require the patient to have a two vaccination schedule at the minimum of 3 - 4 week interval.

Vaccination of adult carers who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill, are included in the clinical risk groups and will be vaccinated as per national schedule.

Secondary care clinicians can add to the High Risk Groups following examples of the principles above. The treating primary care clinician will inform secondary care upon completion of the appropriate dose, for the example of immunosuppression this will be the administration of the second dose (ideally given three or four weeks apart for optimal benefit, ideally 2 weeks before therapy commences) updating their clinical systems.

JAPC recommendations

The national priority groups for vaccination as assigned by JCVI are listed below in the table 1. Immunosuppressed patients or patients being considered for immunosuppression (for example oncology patients or rheumatoid arthritis patients) who are included in group 6 under the 'at-risk' category, may be vaccinated in line with the JCVI priority for group 4 patients, which includes the CEV, if they are planned to start immunosuppression treatment that would move them to group 4.

The appropriate referral route for these patients is for the clinical specialist to supply the GP with a list of patients who may be vaccinated as per priority group 4. The GP to inform the local vaccination service of the patient's repositioning in the priority list.

Background information

The objective of the COVID-19 immunisation programme is to protect those who are at highest risk from serious illness or death. The JCVI have set out a prioritisation for persons at risk. JCVI ranked the eligible groups according to risk, largely based on prevention of COVID-19-specific mortality. Evidence from the UK indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. Table 1 below sets out JCVI advice on priority groups for COVID-19 vaccination[1].

Table 1: Priority groups for vaccination advised by the Joint Committee on Vaccination and Immunisation[1]

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over **Clinically extremely vulnerable individuals** (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years **in an at-risk group***
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

***the at-risk group includes some patients on immunosuppression. See Green book chapter 14a.

Clinically extremely vulnerable and adults in priority group 6

The clinically extremely vulnerable (CEV) will get priority access to vaccination against COVID -19 before the general population and in line with the priority ordering set by the JCVI[2]. People who are defined as CEV are considered to be at high risk of severe illness from COVID-19 these patients **should also be flagged** on the GP system. A hospital clinician or GP can also add a patient to the list, based on their clinical judgement, because they consider them to be at very high risk of serious illness from COVID-19.

The examples above are not exhaustive, and, within these groups, the **prescriber should apply clinical judgement** to take into account the risk of COVID-19 exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from COVID-19 itself.

Most of the more severely immunosuppressed individuals in this group should already be flagged as CEV. ***Individuals who are not yet on the CEV list but who are about to receive highly immunosuppressive interventions or those whose level of immunosuppression is about to increase may therefore be offered vaccine alongside the CEV group, if therapy can be safely delayed or there is sufficient time (ideally two weeks) before therapy commences.***

The national list is not immediately synchronised between GP and hospital based systems, therefore for these patients it will be necessary for GPs and specialist clinicians to keep each other informed in a timely fashion as to a patient's vaccination status.

Definition of clinically extremely vulnerable (CEV)[2]

People who are defined as CEV are at very high risk of severe illness from coronavirus. There are 2 ways that patients may be identified as CEV:

1. The patient has one or more of conditions listed below, or
2. The patients clinician or GP has added the patient to the Shielded Patient List because, based on their clinical judgement, they deem the patient to be at higher risk of serious illness if you catch the virus.

People with the following condition are automatically deemed clinically extremely vulnerable:

- solid organ transplant recipients
- people with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment

- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs

- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on **immunosuppression*** (see table below) therapies sufficient to significantly increase risk of infection
- problems with your spleen, for example splenectomy (having your spleen removed)
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Green Book: Clinical Risk Groups

JAPC recognises there is some overlap and clinical risk groups may already be captured in the CEV group.

Chronic respiratory disease	Individuals with a severe lung condition, including those with asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease and vascular disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). This includes individuals with cerebral palsy, severe or profound learning disabilities, Down's Syndrome, multiple sclerosis, epilepsy, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes mellitus	Any diabetes, including diet-controlled diabetes.
Immunosuppression* **(see table below)**	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or

	immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments. Most of the more severely immunosuppressed individuals in this group should already be flagged as CEV. Individuals who are not yet on the CEV list but who are about to receive highly immunosuppressive interventions or those whose level of immunosuppression is about to increase may be therefore be offered vaccine alongside the CEV group, if therapy can be safely delayed or there is sufficient time (ideally two weeks) before therapy commences. Some immunosuppressed patients may have a suboptimal immunological response to the vaccine (see Immunosuppression and HIV).
Asplenia or dysfunction of the spleen	This also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.
Morbid obesity	Adults with a Body Mass Index ≥40 kg/m².
Severe mental illness	Individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment.
Adult carers	Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.*
Younger adults in long-stay nursing and residential care settings	Many younger adults in residential care settings will be eligible for vaccination because they fall into one of the clinical risk groups above (for example learning disabilities). Given the likely high risk of exposure in these settings, where a high proportion of the population would be considered eligible, vaccination of the whole resident population is recommended. Younger residents in care homes for the elderly will be at high risk of exposure, and although they may be at lower risk of mortality than older residents should not be excluded from vaccination programmes.

*see p9 C1124 (13th Feb 2021) for further details

Asthma

Patients with asthma are to be prioritised for COVID-19 vaccination if they repeatedly use systemic steroids or have been hospitalised due to asthma. The Green Book defines chronic respiratory disease to include those with asthma that require continuous or repeated use of systemic steroids or with repeated exacerbations requiring hospital admission.

An individual with a more severe case of asthma may have been included in the Clinically Extremely Vulnerable group, in which case they will be vaccinated in group 4.

People with asthma which requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, will be vaccinated in priority group 6.

This will include:

- anyone who has ever had an emergency asthma admission or;
- those who have an asthma diagnosis and have had 3 prescriptions for oral steroids over a 3 month period (each prescription must fall within separate individual month windows), as an indication of repeated or continuous oral steroids

Immunosuppressants commonly prescribed in primary care

Examples of commonly prescribed immunosuppressants across Derbyshire:

Drug	**Indication**
Azathioprine and 6-mercaptopurine	Immunomodulating drugs
Ciclosporin	Immunomodulating drugs
D Penicillamine	Immunomodulating drugs
Leflunomide	Immunomodulating drugs
Methotrexate	Immunomodulating drugs
Sulfasalazine	Immunomodulating drugs
Cyclophosphamide	Steroid sparing agents
Mycophenolate	Steroid sparing agents

Oral corticosteroids

Prednisolone 20mg or more	Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Inhaled corticosteroids are not absorbed systemically.

BNF: Equivalent anti-inflammatory doses of corticosteroids

Prednisolone 20 mg ≡	Betamethasone 3 mg
	Dexamethasone 3 mg
	Hydrocortisone 80 mg
	Methylprednisolone 16 mg
	Triamcinolone 16 mg

(This table takes no account of mineralocorticoid effects, nor does it take account of variations in duration of action)

Additional cohort of patients identified at increased risk from COVID-19[4]

A new, data-driven risk assessment, called the COVID-19 Population Risk Assessment had been developed to help identify people who may be at high risk from COVID-19. It has been used at a national level to help identify an additional group of patients with specific multiple risk factors which, combined, may put them at similar risk to those who are clinically extremely vulnerable to severe outcomes.

As a precautionary measure, this group will now be added to the Shielded Patient List (SPL), on the advice of the Chief Medical Officer. This is to enable them to be prioritised for vaccination if not already vaccinated, and to provide them with additional advice and support. In practice, this means they will now be offered vaccines at the top of cohort 6.

Patients will be added to SPL by NHS digital, starting with those aged 19-69 years. They will be contacted directly to inform them. **Clinicians do not need to inform patients themselves**

Those individuals aged 19-69 added to the SPL in this way should be recognised as having an equivalent risk to those previously identified as CEV. In practical terms, this means that those under 65 should be prioritised ahead of others in cohort 6, and are expected to mainly be vaccinated at their Local Vaccination Service. Individuals aged 65-69 will already be called to vaccination centres as part of cohort 5.

References

1. Green book, Chapter 14a COVID-19 SARS-CoV-2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955548/Greenbook_chapter_14a_v6.pdf (Accessed 2/2/21)
2. Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19 updated 22 January 2021 (accessed 2/2/21)
3. Glucocorticoid therapy: Equivalent anti-inflammatory doses of corticosteroids https://bnf.nice.org.uk/treatment-summary/glucocorticoid-therapy.html (Accessed 12/2/21)
4. Information on an additional cohort of patients identified at increased risk from COVID-19, and implications for vaccination, support and advice 16 February 2021 https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1103_-Letter-to-Trusts-on-Risk-Tool-16-February.pdf (Accessed 18/2/21)