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Dear Colleague(s)

**COVID-19 VACCINATION PROGRAMME: SUPPORTING FURTHER ACCELERATION OF THE BOOSTER PROGRAMME:**

- **PRIORITISATION OF COVID-19 BOOSTERS ABOVE PRIMARY COURSE FOR 12 TO 15 YEAR OLDS**
- **DE-PRIORITISATION OF THE FLU VACCINATION PROGRAMME**
- **TEMPORARY REDUCTION IN THE 15 MINUTE OBSERVATION PERIOD TO 5 MINUTES FOR mRNA VACCINATIONS**

**KEY OBJECTIVES**

1. This letter provides an update on the delivery of the COVID-19 vaccination programme to support further acceleration of the booster programme in response to the Omicron variant.

**BACKGROUND**

2. Emerging evidence about the Omicron variant has underlined the importance of accelerating the COVID-19 booster vaccination programme. The Omicron variant is spreading rapidly and it is important that those eligible receive a booster dose, or a primary vaccination if they are currently unvaccinated.
3. The latest evidence would indicate that the rate of Omicron infections has a doubling time of at least two to three days. Recent evidence from the UKHSA would indicate that two doses of the vaccine, particularly if those doses are the AstraZeneca vaccine, is not sufficient to prevent symptomatic disease. But this is substantially increased through the administration of an mRNA booster vaccine.
4. Health Boards have already undertaken significant work to support acceleration of the vaccination programme and a number of actions have been agreed to increase the pace of delivery yet further.

**From the Chief Medical Officer**

Professor Gregor Smith

15 December 2021

SGHD(2021)37

**Addresses**

For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery, NHS Boards  
Chief Officers of Integration Authorities  
Chief Executives, Local Authorities  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
General Practice Nurses  
Immunisation Co-ordinators  
Operational Leads

For information

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Chief Executive, Public Health Scotland  
NHS 24

**Further Enquiries**

Policy Issues  
COVID Vaccination Policy  
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Medical Issues  
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## Prioritisation of COVID-19 boosters above primary courses for 12 to 15 year olds

5. The vaccination programme continues to ensure that the most vulnerable are protected. Emerging evidence on the Omicron variant points towards a need to continue protecting the most vulnerable groups first.
6. Whilst it remains important that second doses are provided for those aged 12 to 15 years old, given these are a slightly less clinical priority their administration should be undertaken after the booster dose is offered to those aged 18 and older. We anticipate that this is likely to be from early January 2022 onward and therefore in line with the most recent Joint Committee on Vaccination and Immunisation (JCVI) advice on vaccination deployment in relation to Omicron, which proposes second doses for 12 to 15 year olds as a secondary measure following rapid deployment of boosters.
7. However, Health Boards should continue to offer the vaccine to 16 and 17 year olds given deployment is already well underway and to pause this would be both disruptive and counterproductive. Not least as 44% of this group have now either received a second dose or have an appointment booked, and this cohort should therefore be completed as originally planned.

## De-prioritisation of the flu vaccination programme

8. Data from Public Health Scotland (PHS) suggests that the vast majority of those in high risk groups (those over the age of 65, those under 65 who are at risk, and frontline health and social care workers) have already been offered the flu vaccine. Uptake rates are higher than for the entirety of last year's season.
9. The current level of seasonal flu in Scotland is below the baseline expected for this time of the year. Measures including social distancing, hand washing and face coverings will continue to have a high protective effect against seasonal flu and other respiratory illnesses.
10. On this basis, Health Boards should cease co-administration of the flu vaccination alongside the COVID-19 programme within community COVID-19 vaccination clinics (apart from opportunistic flu vaccination for anyone in the remaining over 65 cohort and higher risk groups).
11. This guidance applies to the new cohorts who were added to the flu programme during the pandemic. The offer to the following groups will cease:
  - teachers, nursery teachers and pupil facing support staff (in both local authority and independent settings),
  - the prison population, prison officers and support staff who deliver direct detention services,
  - those aged 50 to 64 years old without underlying risk factors.
12. These groups are not currently prioritised in JCVI advice nor the [Green Book Chapter 19](#) for flu vaccination. Flu vaccination for the 50 to 59 age group was similarly ceased during the 2020-21 winter programme to support COVID-19 vaccination efforts, with no detrimental impact in subsequent of flu prevalence.
13. Health Boards should also pause the deployment of flu vaccines to secondary school pupils until after the current booster programme is completed, and where this has still

been ongoing, staff involved in that delivery should be moved into the adult community clinics.

14. Health Boards should continue to offer the flu vaccine to those at risk who were routinely offered it prior to the pandemic. Flu vaccinations for these individuals should be offered through community pharmacies, midwives, GP practices as appropriate and opportunistically through domiciliary care and/or care home settings as appropriate. These groups include:
- pregnant women,
  - those over 65 years of age,
  - those with underlying health conditions,

### **Temporary reduction in the requirement for a 15 minute observation period to 5 minutes for mRNA vaccinations**

15. As stated in the [Green Book Chapter 14a](#), according to the Summaries of Product Characteristics for Pfizer BioNTech and Moderna vaccines, it is recommended that all recipients of the Pfizer BioNTech and Moderna vaccines are kept for observation and monitored for a minimum of 15 minutes.
16. The UK Chief Medical Officers have recommended suspension of this requirement as a temporary measure. The CMOs suggested that there is a need to boost as much of the population as possible before the peak of the Omicron wave, or provide first vaccination to those with no prior protection. They advised that it is likely this will significantly reduce the number of people becoming ill, hospitalised and dying. The CMOs also recommended that this temporary measure should be operationalised in line with the needs of each of the four nations. This temporary suspension in individuals without a history of allergy has also been agreed by the Commission on Human Medicines.
17. For Scotland, the FVCV Clinical Governance Group have considered this opinion in the context of the programme in Scotland and guidance from the Resuscitation Council (2021) on anaphylaxis, and, as part of operationalising the CMO advice in Scotland, have proposed reducing the observation time for all COVID-19 mRNA vaccines to a minimum of 5 minutes following administration of the vaccine, rather than removing it entirely, in line with the Resuscitation Council's guidance. Supply in these circumstances will be off-label.
18. The Clinical Governance Group (CGG) meets every two weeks and will review the overall arrangements on an ongoing basis. All currently deployed vaccines have proven to be safe with low rates of severe side effects. As with all vaccines occasional cases of anaphylaxis have been reported. The rates are slightly higher in the case of mRNA vaccines from Pfizer/BioNTech and Moderna but overall they are still very rare. There have been no deaths from anaphylaxis reported in the UK to date. This position will be kept under review.
19. As a result, the existing 15 minute wait for all mRNA COVID-19 vaccines should be reduced to a minimum wait of 5 minutes.
20. Those with a history of allergic reactions should be managed in line with Green Book advice and everyone who is vaccinated should be provided with verbal and written advice on allergic reactions including what actions to take if they become unwell.

## OPERATIONAL DEPLOYMENT

21. As a result of these changes the following operational changes are required:

- Create additional booster appointments for December, with the exception of 25 and 26 December. This capacity should be made on NVSS on Tuesday 14 December to allow people to book appointments on line with revised portal opening dates. This should result in significant additional capacity in the case of most boards, in line with the modelling run rate percentages and daily run rates.
- Drop in access to be opened from Wednesday 15 December for those who are over 40 years of age and previously higher risk cohorts.

## COMMUNICATIONS

22. Messaging explaining the changes will be sent to Health Boards and Vaccine Planning Leads for sharing with the public.

## ACTION

23. Health Boards are asked to:

- prioritise the booster offer over second doses for those aged 12 to 15 years, in line with previous advice on prioritisation from PHS and the FVCV Clinical Governance Group;
- cease co-administration of the flu vaccination alongside the COVID-19 programme;
- note and implement the temporary reduction of the 15 minute observation period for mRNA vaccines to a minimum of 5 minutes.

I remain very grateful for your continued support and ongoing efforts in relation to the national COVID-19 vaccination programme.

Yours sincerely

*Gregor Smith*

Professor Gregor Smith  
Chief Medical Officer