

Dear Colleagues

## Winter Vaccination Programme 2022 – Seasonal Flu Immunisation and Covid-19 Boosters

We are writing to provide you with further information about the winter seasonal flu immunisation and COVID-19 booster vaccination programme 2022.

We would like to begin by thanking you for all your hard work in delivering the Spring COVID-19 booster vaccination programme. We understand the extreme challenges faced by NHS Boards and social care colleagues across Scotland in developing plans to deliver this vaccination programme.

You are already aware that Scottish Ministers have continued the previous extension of eligibility for the seasonal flu immunisation programme this winter.

Given the ongoing presence of COVID-19, it is imperative that we continue to reduce the impact of flu and COVID-19, on those most at risk, through vaccination. As we enter winter, it is more important than ever that we build on the success of our previous vaccination programmes. These efforts will help us to prevent ill health in the population and minimise further impact on the NHS and social care services.

### Key Objectives for the Winter 2022 Programme

1. To protect those in society who continue to be more at risk of severe COVID-19 and flu.
2. To increase immunity in those at higher risk of severe COVID-19 and flu during winter 2022, to prevent severe illness, hospitalisation and death.
3. To focus on a co-administration model, offering flu and COVID-19 vaccinations at the same appointment where possible.

**From Chief Medical Officer  
Chief Nursing Officer  
Chief Pharmaceutical Officer**  
Professor Sir Gregor Smith  
Professor Alex McMahon  
Professor Alison Strath

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25 August 2022

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SGHD/CMO(2022)30

#### **For action**

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Nurse 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  
Practice Nurses  
School Nurses  
Immunisation Co-ordinators  
CPHMs  
Scottish Ambulance Service

#### **For information**

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Public Health Scotland  
Chief Executive, Public Health  
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#### **Further Enquiries to:**

##### Policy Issues

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## Eligibility

4. The Joint Committee on Vaccination & Immunisation (JCVI) advises that for winter 2022 the following groups should be offered both COVID-19 and flu vaccination:
  - Residents and staff in care homes for older adults
  - Frontline Health and Social Care Workers (HSCW)
  - All adults aged 50 years and over
  - Persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book, chapter 14a, tables 3 and 4](#)
  - Persons aged 5 to 49 years who are household contacts of people with immunosuppression
  - Persons aged 16 to 49 years who are carers, as set out in the [Green Book, chapter 14a, table 3](#)
5. In addition, people in the following groups should be offered flu vaccination only:
  - Those aged 16 to 49 years with an eligible health condition, including well controlled asthma ([Green Book chapter 19, table 19.4](#))
  - Children aged 6 months to 2 years with an eligible health condition
  - All children aged 2 to 5 years (not yet at school)
  - All primary and secondary school pupils
  - Nursery, primary and secondary school teachers and pupil-facing support staff in local authority or independent settings
  - Prison population, prison officers and support staff who deliver direct front-facing detention services.

Further information can be found on [Winter vaccines | NHS inform](#).

6. Frontline HSCWs are eligible for both flu and COVID-19 vaccinations this winter. In line with the JCVI advice and the Green Book definitions, we continue to offer vaccination to frontline HSCWs workers to protect them and the highest risk individuals they come into contact with. Information regarding definitions of frontline HSCWs can be found on page 21 of the [Green Book](#) and on [NHS Inform](#). Further detail about who is eligible for vaccination as part of this group has been sent to Health Boards.
7. NHS Boards are encouraged to use their local judgement, in line with the Green Book, to vaccinate people experiencing homelessness in temporary accommodation, rough sleeping and those experiencing drug and alcohol addiction. It is likely that a significant proportion of these people will have underlying chronic medical conditions and are at high risk of both flu and COVID-19 related complications. NHS Boards have the support of the Scottish Government in doing so.
8. **5-11 (at risk) Covid vaccination:** 5-11 year olds are eligible for a booster this winter if they are in the at risk group, or if they are the household contact of someone who is immunosuppressed. If they are fully vaccinated (with 2 primary doses), they are to be offered a booster. If they have not completed their primary course, they are to be offered their next primary dose.
9. **5-11 (not clinically at risk) Covid vaccination:** In the CMO letter of 28 February 2022 we started offering two Covid primary doses to healthy 5-11 year olds. The CMO letter and Green Book stated that this would be a limited offer made to those who will turn 5 before 31 August 2022. Any child who has turned 5 before this date will still be eligible to come forward for their two primary doses, but anyone turning 5 after this date will not be eligible.

10. **The Covid Rolling Offer:** Until further JCVI advice is received, we will proceed with our rolling offer for vaccinations. All adults aged 16+, who aren't in an at risk group, are eligible for their primary course and a booster. All those aged 12-15, who aren't in an at risk group, are eligible for their primary course. Those aged 16+ can self-book appointments via the online portal. Appointments for 12-15 year olds can be made via the National Vaccination Helpline.
11. Health Boards are not expected to prioritise the rolling offer, or the offer to healthy 5-11 year olds. The winter programme and protecting those most vulnerable takes priority. This may mean that individuals applying for the rolling offer may have to wait longer for a suitable clinic slot to become available, or have to travel slightly further to a centralised clinic. NHS Boards have the support of the Scottish Government in this.
12. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our winter response as a means of preventing illness in those most at risk.

### **Programme Age Limits**

13. The age cut off for the winter 2022 programme is 31 March 2023. If an individual meets the age criteria before the 1 April 2023, they will be eligible for vaccination. The only exception are those under 5, as they are not allowed to be vaccinated for Covid. Scheduling teams will use existing processes to identify, remove or reschedule these individuals.
14. **Lower age limit for childhood flu vaccinations - babies from 6 months to under 2 years of age (in clinical risk groups):** To ensure that vaccination is not offered to babies less than 6 months of age, a cut-off date of **1 September 2022** must be observed when arranging an appointment. A small number of babies who will turn 6 months old (and who are in clinical risk groups) during the rollout of the programme, will need to be identified and offered an appointment by Health Boards in order to receive their vaccination. This is the same approach as in previous years and ensures that vaccination errors do not occur (nor does it require an exercise to be undertaken to remove babies who are not eligible from Health Board lists) and safeguards against the possibility of a parent/carer being turned away when they attend an appointment.

### **Clinical Referral Route**

15. If a clinically at risk individual feels that they are eligible for vaccination this winter, but have not been sent an appointment, they can contact their GP practice which will refer their case to the local Immunisation Co-ordinator. This can be more common in groups such as the immunosuppressed, as individuals may join or leave this group dependent upon treatments commenced or completed. If GP practices are unsure of their local referral pathway, they should contact their local Immunisation Co-ordinator for more information.

### **Planning and Delivery**

16. The programme begins on the 5 September 2022, starting with frontline Health and Social Care Workers (HSCW), residents and staff of care homes for older adults and the housebound. Community appointments for those aged 65+ will begin on 19 September. The next group to be called will be the at risk group (which includes carers

and household contacts of the immunosuppressed), followed by those aged 50-64 without underlying health conditions.

17. The [JCVI statement of 15 August](#) advised that it would be beneficial to vaccinate frontline HSCWs closer to the winter months, to optimise the benefits to the NHS arising from vaccine-induced protection against Omicron symptomatic illness and transmission. However, it noted that operational flexibility was appropriate in vaccinating this group. This was considered by the FVCV Clinical Governance Group, who agreed that it was both safe and effective to continue to vaccinate frontline HSCWs at the start of the programme. As a compromise, any frontline HSCW can choose to be vaccinated later in the programme if they wish. Health Boards will be given information on this.
18. Non-frontline NHS HSCWs are eligible for seasonal flu vaccination via their occupational health service. They will be encouraged to book their vaccination using the online portal from 22 August. If a non-frontline NHS worker books a flu appointment, but will be eligible for COVID-19 booster vaccination under a different criterion at a later stage of the programme (e.g. they are aged between 50-64), then they should be offered both vaccinations at their flu appointment, in order to maximise resources and co-administration.
19. Health Boards will arrange vaccinations at care homes for older adults and the housebound, at a local level.
20. Those aged 65+ and those in a clinical at risk group will be given timed appointments, with the option to rebook using the online portal or the National Vaccination Helpline.
21. Those aged 50-64 (with no other risk factors) will be prompted by NHS Scotland to self-book via the online portal or the National Vaccination Helpline.
22. Household contacts of the immunosuppressed and carers are difficult to identify and will not be lettered. All appointment letters to the other lettered groups will include details on how carers and household contacts of the immunosuppressed can book appointments. We will also reach out to these groups, at the time that the at risk cohort is called, via national and local communications and carer organisations.
23. The programme is focused on co-administration to maximise uptake, make best use of resources and to provide maximum protection from both viruses over winter. As one of our key objectives, all those eligible for both vaccinations will be offered them at the same appointment. All patients have the right to refuse co-administration and can choose to have either vaccination at a later date. Advice should be given to these patients at the vaccination clinic that they will need to book another appointment using the online portal or the National Vaccination Helpline. All current authorised COVID-19 vaccines in the programme can be co-administered with flu, apart from NovaVax, where there should be a minimum gap of 7 days. Details on co-administration of COVID-19 vaccines with other vaccinations can be found in page 36 of the [Green Book](#).

## **Data & Digital**

24. The online booking portal opened on 22 August for frontline HSCWs. Individuals need their username to enter the portal. Usernames can be found on previous Covid-19 vaccination letters and will be included in the appointment letter. For those who aren't

sent letters, these individuals will be able to recover their username via the portal, or via the National Vaccination Helpline.

25. The National Vaccination Helpline will continue to operate throughout the winter programme, with reduced opening hours as of 1 October to Monday–Friday 9am–6pm and Saturday 9am–1pm.
26. Developments have been made to the Vaccine Management Tool (VMT) and Health Boards can now record childhood flu vaccinations on the system for winter 2022. For those utilising VMT for some or all of the childhood vaccination programme, further information and guidance is contained in **Annex A**.
27. As part of our strategy to tackle health inequalities and our duty under the Equality Act 2010, ‘ethnicity’ is a compulsory field in VMT. This has facilitated more accurate data collection, which has supported targeted interventions to improve vaccination equality within Scotland. We provide the following guidance for vaccinators completing this field and more information can be found on [TURAS](#):
- **Primary School Children:** To be recorded as “Unsure/don’t know” for all.
  - **Secondary School Children:** Pupil’s should be asked to self-report their ethnicity and this be recorded if known. If the pupil is not able to self-report, then this should be recorded as “Unsure/don’t know”. It is accepted that these pupils (especially older years) are likely to know their ethnicity and therefore vaccinators should seek this information directly.
  - **Adults 16+ and children with a parent or guardian:** Ethnicity question is to be asked by vaccinators at the point of vaccination if prompted in VMT.

## **Vaccine Supplies**

### ***Seasonal Flu***

28. We have procured additional vaccine to support expanded eligibility and higher uptake, however, ongoing and effective management at a local level is essential to the success of the programme. NHS Boards and social care services should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.
29. National Procurement has shared vaccine ordering and delivery arrangements directly with Health Boards. Health Boards will provide ordering details to primary care contractors supporting the programme.

### ***COVID-19 Vaccines***

30. The [JCVI advice of 15 August 2022](#) recommends use of the mRNA bivalent Original ‘wild-type’/Omicron BA.1 vaccines for all suitable groups this winter. Where delays may be incurred in deploying a bivalent vaccine, the principle of timeliness should take priority and an alternative UK-approved booster vaccine offered. The following vaccines have been approved for the winter 2022 programme (please see **Annex B** for a table of use & naming conventions):

#### **Advised for use in adults aged 18 years and above:**

Moderna bivalent (*Spikevax® bivalent Original/Omicron vaccine*)

Moderna COVID-19 vaccine (Spikevax®)

Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 30 micrograms

**Advised for use in persons aged 12 to 17 years:**

Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 30 micrograms

**Advised for use in persons aged 5 to 11 years:**

Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 10 micrograms

Available for 'off-label' use as a booster dose (*currently UK approved for primary course vaccination in children aged 5 to 11 years*)

**Exceptional circumstances:**

Novavax COVID-19 vaccine (Nuvaxovid®)

*May be used 'off-label' as a booster dose for persons aged 18 years and above when no alternative clinically suitable UK-approved COVID-19 vaccine is available (i.e. contraindicated mRNA vaccination – see the [Green Book](#))*

31. **Please note** that the new mRNA bivalent Original/Omicron vaccines are only authorised for booster use. For the rolling offer to those aged 16+ they will receive original mRNA 'wild-type' vaccines for their primary dose, but the new mRNA bivalent Original/Omicron vaccines for their booster.
32. **Off label use:** In September 2021, the Chief Pharmaceutical Officer (CPO) provided Boards with advice on the "off label use" use of certain Covid vaccines under a PGD or national protocol. Currently there is no EMA or MHRA authorisation for the use of Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 10 micrograms as a booster dose for 5-11 year olds. Similarly, there is no EMA or MHRA authorisation for use of the Novavax (Nuvaxovid) as a booster for those aged 18+. Officials are currently drafting further advice for Ministers on this and CPO will update Boards in a subsequent CMO letter. Boards are advised not to use these two vaccines off label until further guidance is provided.
33. **Observation Periods:** As outlined in the [Green Book](#), all mRNA vaccines require a 5 minute observation period. This also applies to the updated Moderna bivalent (*Spikevax® bivalent Original/Omicron*) vaccine. This follows careful review of the safety data by the [MHRA](#) and advice from the government's independent Commission on Human Medicines. A temporary suspension of the 15-minute observation period for children aged 5-11 years remains in place and this will be reviewed on a regular basis.
34. **Observation Periods Cont.:** The only exception to the 5 minute observation period is [NovaVax's Nuvaxovid](#). Individuals who receive Nuvaxovid should be monitored for 15 minutes after vaccination. There may be a longer observation period needed, after clinical assessment in individuals with a history of allergy as set out in Table 5 and flowchart in [Green Book Chapter 14a](#).
35. The [JCVI advice of 15 August](#) also noted that Pfizer-BioNTech mRNA bivalent Omicron BA.1/wild-type vaccine (dose 30 micrograms) is under assessment by the MHRA. Should this be authorised by the MHRA and approved for use by the JCVI for deployment in the winter programme, we will update you via a further CMO letter.

## Resources and Communication materials

36. The national marketing campaign commenced across radio and digital on 15 August with an initial focus on health and social care workers and the over 65s. The campaign will be targeted at other cohorts as it progresses. The childhood flu vaccination campaign commences on 29 August.
37. The Scottish Government has provided a range of communications materials, messaging and assets to Health Boards and partners to help promote the vaccination offer to the general public and specific audiences. Public Health Scotland has developed toolkits to encourage the promotion of the Winter vaccinations that will support NHS and social care colleagues: [Overview - Winter vaccinations - Seasonal immunisations - Immunisations - Our areas of work - Public Health Scotland](#)
38. The public should be signposted to NHS Inform for up to date information on the vaccination programme: [Winter vaccines | NHS inform](#)

## Workforce Education

39. NHS Education for Scotland (NES) and Public Health Scotland have worked closely with stakeholders this year to develop a range of workforce education resources/opportunities for both COVID-19 and seasonal flu. These are available on the NHS Education for Scotland TURAS Learn website:  
Flu: [Seasonal flu | Turas | Learn \(nhs.scot\)](#)  
COVID-19: [COVID-19 vaccination programme | Turas | Learn \(nhs.scot\)](#)
40. Resources relating to the winter 2022 programme are being developed and will be available very shortly on the TURASLearn site.
41. NES/PHS facilitated a webinar on the winter 2022 programme on the 24 August, covering key features including CMO / JCVI guidance and new COVID-19 vaccines. The webinar has been recorded and placed on the TURASLearn site.

We would like to recognise and express our sincere gratitude for your professionalism and continuing support in planning and delivering this important vaccination programme.

Thank you for all your hard work in these most challenging of circumstances and we wish you all the best for the winter 2022 programme.

Yours sincerely,

*Gregor Smith*

*Alex McMahon*

*Alison Strath*

**Professor Sir Gregor Smith  
Chief Medical Officer**

**Professor Alex McMahon  
Chief Nursing Officer**

**Professor Alison Strath  
Chief Pharmaceutical Officer**

## **Annex A: Additional information on the usage of VMT for the childhood flu programme**

The consent box of VMT was added for the purposes of the COVID vaccination programme and is not a form of digital consent for school aged children.

When recording a vaccination event on VMT, the consent box **must not be used to gain informed consent** from a child, a completed consent form must be returned before vaccination is given.

For those children in secondary school who are able to self-consent on the day, **existing local processes for this must be followed**. Again, the consent box on VMT must not be used to assume informed consent has been given.

The naming convention should be consistent across all Health Boards for School and Pre School Programmes. Failure to follow the proposed naming convention may result in errors when Health Board Data is extracted from VMT and sent to ATOS for uploading within CHSP School and SIRs systems.

The agreed naming convention is as follows:

- A351W – Primary/High School Name (School ISD code followed by school name). The school code must be consistently at the front of the clinic name, if this is not possible then at the end of the clinic name.
- C1001 – SIRS Treatment Centre/Local Clinic Name (if for any reason you are running drop in clinics or allowing multiple locations to book into any Flu Clinic you are running, then please use a **DUMMY** Treatment Centre Code)
- T7777 – GP Practice name (as above, if you are using any GP Practices for your Pre School Flu, please make sure your practice code is within the file name)

When recording doses administered within VMT, it is requested that ALL doses be recorded as 1<sup>st</sup> Dose. For any children who require a 2<sup>nd</sup> Dose, please make sure that these are recorded as 2<sup>nd</sup> Dose within VMT. This is also important for the data extract file from VMT that ATOS will upload into CHSP School and SIRs systems.

For any doses that have been recorded incorrectly, these can be amended by your Records Manager within 24 hours. Any amendments required after this time will need to be adjusted by the Records Manager in VMT and subsequent Child Health System.

## Annex B: Covid Vaccinations – Use and naming conventions

Programme & Green Book	Supply Team Abbreviation	Age	Use	JCVI Name	Other Descriptions
Moderna bivalent (Spikevax® bivalent Original/Omicron vaccine)	Spikevax Bivalent	18+	Booster only	Moderna mRNA (Spikevax) bivalent Original 'wild-type'/Omicron BA.1	dm+d: COVID 19 Vaccine Spikevax 0 (Zero)/O (Omicron) 0.1mg/ml dispersion for injection multidose vial INN: Elasmomernan and imelasmomernan
Moderna COVID-19 vaccine (Spikevax®)	Spikevax Original	18+	Primary dose + booster	Moderna mRNA (Spikevax) Original 'wild-type'	Spikevax COVID 19 mRNA (nucleoside modified vaccine 0.1mg/0.5mL dose dispersion for injection multidose vial INN: Elasmomernan
Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 30 micrograms	Comirnaty 30 Concentrate	12+	Primary dose + booster	Pfizer-BioNTech mRNA (Comirnaty) 'wild-type' 30 micrograms	dm+d: Comirnaty COVID 19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vial INN: Tozinameran
Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 10 micrograms	Comirnaty 10 Concentrate	5-11	Primary dose (booster off label)	Pfizer-BioNTech mRNA (Comirnaty) 'wild-type' 10 micrograms	dm+d: Comirnaty Children 5 11 years COVID 19 mRNA Vaccine 10micrograms/0.2ml dose concentrate for dispersion for injection multidose vial INN: Tozinameran
Novavax COVID-19 vaccine (Nuvaxovid®)	Nuvaxovid	18+	Primary dose (booster off label)	Novavax Matrix-M adjuvanted wild-type vaccine (Nuvaxovid)	dm+d : COVID 19 Vaccine Nuvaxovid (recombinant, adjuvanted) 5micrograms/0.5ml dose suspension for injection multidose vial