

- To:
- ICS and STP leads
 - PCN-led local vaccination services
 - Community pharmacy-led local vaccination services
 - Vaccination centres
 - Hospital Hubs and Hospital Hubs+
 - NHS trust and foundation trust chief executives

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- cc.
- CCG accountable officers
 - All GP practices
 - NHS regional directors
 - NHS regional directors of commissioning
 - Directors of public health
 - All local government chief executives

Dear colleagues

Updated JCVI advice for the vaccination of children and young people

Yesterday the government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the vaccination of children and young people.

For children aged between 5-11 years, the JCVI advises:

“Children aged 5 to 11 years in a clinical risk group (as defined in the [Green Book](#)), or who are a household contact of someone who is immunosuppressed (as defined in the [Green Book](#)), should be offered two 10 micrograms doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) with an interval of 8 weeks between the first and second doses. The minimum interval between any vaccine dose and recent COVID-19 infection should be 4 weeks.”

The JCVI also advises that booster vaccination should also be offered to some young people between 12-17 years old. Their advice states:

“The following cohorts of children and young people should be offered a booster dose of 30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 months after completion of their primary course:

- children and young people aged 16 to 17 years

- children and young people aged 12 to 15 who are in a clinical risk group or who are a household contact of someone who is immunosuppressed
- children and young people aged 12 to 15 years who are severely immunosuppressed and who have had a third primary dose

“Prioritisation of booster vaccination within eligible cohorts should generally be in the order of descending age groups, or clinical risk, whichever is more expedient. Boosting of children in clinical risk groups should commence after the equivalent clinical risk adult groups; higher age is independently associated with a higher risk of complications from COVID-19 and these adults will have received their primary vaccinations earlier in the vaccine programme.”

A full copy of the JCVI guidance can be found [here](#).

Operational next steps

The NHS will work to put plans in place to deliver these updated recommendations in a safe and effective way. This will include new functionality to the point of care system to enable accurate recording of new dosage and new vaccine for 5-11 year olds, additional updates to the National Booking System to support booster vaccination for eligible 12-17 year olds, supply plans for paediatric formulation, as well as a revised PGD and national protocol to support delivery. We are working at pace to ensure these changes are in place to support implementation during January, therefore systems will be asked early in the new year to develop local plans to support delivery.

We recognise that in exceptional circumstances, and where it is in the best interests of the patient, clinicians may decide to vaccinate children and young people under 12 years old off-label under a patient specific direction. Clinicians can continue to do this using their expert clinical judgement, noting the updated advice on dosing for 5-11 year olds of two 10 microgram doses. The JCVI is clear that: *“Should fractionated adult doses be offered, healthcare providers should have the necessary skills to deliver such fractional doses, with appropriate guidance, training and systems in place to support vaccine delivery.”*

During the interim period providers will need to ensure appropriate guidance, training and systems are in place. Further clinical guidance will be developed to support the broader roll out during January.

In this interim period, if doses are administered in these exceptional circumstances, the vaccination event must be recorded in the recipient’s GP record or Hospital Treatment

record and included in any discharge summary. The following data must be recorded in local records to allow future entry to the NIMS Database via point of care (POC) solution:

- Recipient NHS Number
- Recipient Forename and Surname
- Recipient Date of Birth
- Recipient postcode
- POC Date and Time
- Vaccination Procedure Code
- Vaccine Type
- Vaccine Batch Number
- Vaccinator name

Operationalisation of vaccination of eligible 5-11 year olds

Those 5-11 year olds who are eligible for a COVID-19 vaccination will be defined in Chapter 14a of the [Green Book](#).

For **PCN Groupings**, the Phase 3 General Practice Enhanced Service specification has now been updated to enable the vaccination of 5-11 year olds in a clinical risk group, or who are a household contact of someone who is immunosuppressed (as defined in the [Green Book](#)) **only when** NHS England and NHS Improvement have advised the start date for vaccination of this cohort. The updated specification can be found [here](#).

All PCN-led sites are encouraged to support the vaccination of this small, vulnerable group, but can choose to opt out of vaccinating this cohort by informing their local commissioner by **14 January 2022**.

Please note all GP practices will be asked to undertake local searches for 5-11 year olds in a clinical risk group and to help identify those who are a household contact of someone who is immunosuppressed in January regardless of participation in vaccination. Further detail, including search criteria, will be shared in the new year.

As with other clinically at-risk groups, **Hospital Hubs/Hospital Hubs+** will be expected to help identify these patients and support vaccinating this group. Vaccination Centres and Community Pharmacy-led sites may be commissioned where required to ensure sufficient coverage, subject to assurance checks.

Boosters for eligible 12-17 year olds

Systems are reminded that boosters for 16 and 17-year-old severely immunosuppressed and household contacts of those who are immunosuppressed are already recommended for a booster, as set out in Chapter 14a of the Green Book.

For those aged 12-15 years who are severely immunosuppressed and/or household contacts of those who are immunosuppressed, the Phase 3 General Practice Enhanced Service specification has now been updated to enable **PCN Groupings** to vaccinate this additional group **only when** NHS England and NHS Improvement have advised the start date. The updated specification can be read [here](#) and all GP practices will be asked to identify this group from their lists. More detail will be shared in the new year.

The [Community Pharmacy local enhanced service COVID-19 vaccination programme: Phase 3 2021/ 22 LES](#) does not require any changes to permit **community pharmacy** to vaccinate these cohorts once NHS England has advised the start date. The Standard Contract has been updated for **HHs/HHs+ and vaccination centres** who must have assurance and agreement in place with their regional teams before vaccinating those below 16 years of age. All sites are reminded that they must complete assurance and agree with their regional teams before vaccinating those below 16 years of age and are encouraged to work with regional teams to complete this assurance as soon as possible.

Finally, since the Prime Minister declared the fight against Omicron a national mission, you and your teams, together with volunteers and local government partners, have stepped up and delivered more than 5 million doses of the COVID booster vaccine. This is on top of delivering over 1 million first and second doses in December alone. As infection rates continue to rise, we would ask you to continue to prioritise those at greatest risk including those residing and working in care homes, health and care staff, those who are housebound, and those severely immunosuppressed. Thank you for everything you are doing to support this national mission to boost our defences and for your continued flexibility in response to changes in guidance.

Yours sincerely



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