



E: vaccinationsdelivery@gov.scot

Dear Colleagues

COVID-19 VACCINATION PROGRAMME:

1. This letter provides further update on the arrangements for the COVID-19 vaccination programme.
2. I commend the progress already made by Health Boards in reaching a significant proportion of the JCVI priority groups, and I am grateful to you for your continued hard work particularly by accelerating delivery in the context of the enormous additional pressures you have faced during the pandemic.

Key Objectives

3. To provide further clarity on the inclusion of groups with particular underlying conditions under JCVI priority group 6.
4. To confirm staff at symptomatic test sites in JCVI are included in priority cohort 2 as frontline health and social care workers.
5. To provide further guidance on vaccination of those aged 16 and 17 who are part of JCVI priority groups 2, 4 and 6.
6. To update and clarify operational guidance around particular aspects of the vaccination programme.
7. To provide an update on new JCVI interim recommendations for vaccinating the remainder of the adult population following roll out to JCVI priority groups 1 to 9.

Group 6: Those with Underlying Health Conditions

8. Scottish Ministers have confirmed that all adults with learning disability – mild, moderate, severe and profound should be included in the programme as part of group 6 and should be supported to receive vaccination. This will require an inclusive and adjusted model of delivery for people who either live in a care home, supported residential setting or in the community.

From Chief Medical Officer
Dr Gregor Smith

9 March 2021

SGHD/CMO(2021)4

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
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health 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 Team
VaccinationsDelivery@gov.scot

Medical Issues

Dr Syed Ahmed
Syed.ahmed@gov.scot

Pharmaceutical and Vaccine Supply Issues

NHS NSS National Procurement:
NSS.fluvaccineenquiries@nhs.scot



9. To support this, you will have seen my previous joint letter with Chief Nursing Officer, Professor Amanda Croft that was issued on the 24th of February, encouraging good practice to engage with the learning disability nursing community to support this delivery.
10. You will be aware that agreeing the inclusion of a variety of medical conditions and underlying health risks for group 6 has been highly complex. There are of course many rare diseases and conditions, and guidance in the Green Book states that the group 6 list is not exhaustive. Some clinicians may consider some of their patients being at high risk of infection and severe illness from COVID-19 based on their clinical assessment, where they are not included in the group 6 list.
11. In relation to such cases, a referral form is attached at Annex B, that should be completed by a clinician and sent to your local NHS Board COVID-19 vaccination contact. This will allow case by case risk assessment to consider vaccination ahead of the age based call up timeline in the general vaccine delivery programme. We would ask that this is shared across your medical communities.
12. The following section aims to provide further clarification of inclusions in group 6:
 - Gestational Diabetes – There is limited evidence from UKOSS of a slightly higher rate of admission for women with current gestational diabetes (<https://www.medrxiv.org/content/10.1101/2021.01.04.21249195v1.full.pdf>). The JCVI considered this evidence and recommended that women with current gestational diabetes should be vaccinated at the same time as those in priority group 6.
 - Asthma – Only those asthmatic patients requiring repeated courses of oral steroids are considered to be at high risk of complications along with those with history of hospital admissions due to poor asthma control. For planning purposes the JCVI suggest that those patients that required at least 3 courses over the past two years should be included in group 6. All other asthmatic patients including those well controlled on steroid inhalers are not considered at high risk and should be vaccinated as part of the age based programme.
 - Addison's disease – As COVID-19 may precipitate a crisis these patients should also be included for vaccination as part of priority group 6
13. Health Boards are also reminded to make appropriate arrangements to call back those people whose vaccination appointment has been deferred due to a variety of reasons including evolving neurological conditions, on-going symptoms and recent COVID-19 diagnosis. These people should be identified and vaccinated alongside group 6.
14. The latest PGD revisions, removed the previous exclusion related to those with 'evolving neurological conditions'. Those patients under 65 with neurological conditions are being invited under cohort 6. However, there was a number of people over 65 years who were invited as part of earlier priority groups that were not given vaccinations when they attended, due to the misinterpretation of this exclusion criteria above.
15. To identify these people, we will now contact boards vaccination leads with a list of all the patients who have attended for vaccination appointment in the past and who were not vaccinated (coded under VMT as contraindicated, consent not given, reason for non-vaccination, refused by patient etc.). Boards should check these patients, and for those

who are now no longer contra-indicated, create a multi cohort list and send to ServiceNow for appointing.

Group 2: Frontline Health and Social Care Workers

16. Staff working at COVID-19 test sites for symptomatic people should now be included as part of JCVI group 2. As these staff are working in frontline high risk areas, we will ask each Health Board vaccination team to reach out to these staff to organise their vaccination (local cohort sizes and locations will be provided to you by the National Delivery Team). Boards should ensure that these workers are scheduled for vaccination as soon as possible.
17. We are grateful for the arrangements Boards have made to schedule vaccinations for those third and independent sector staff who are part of the frontline health and social care worker cohort.

Guidance on 16 and 17 year olds

18. Health Boards are reminded that 16 to 17-year-olds are included in the programme if they are identified as clinically extremely vulnerable; or having an underlying health condition; or are in health and social care JCVI 2 group (permanent staff or student on placement); or are an unpaid carer.
19. These age groups should receive the Pfizer vaccine as AstraZeneca is not currently authorised for supply to this younger age group. However, as per the Green Book Guidance, the AstraZeneca vaccine can also be used for this age group off-license if the Pfizer vaccine is not available in the clinic. If AstraZeneca vaccine is used, it cannot be administered by PGD nor under Protocol, and a PSD should be used instead. Alternatively a prescriber can prescribe and administer the vaccine.
20. When scheduling these appointments, care must be taken to ensure that appropriate vaccine and/or arrangements are in place to vaccinate these age groups within the legal framework.

Further Operational Guidance

21. The JCVI has made it clear that ensuring high uptake across all groups is critical. On this basis the usual limit on the number of invitations that Boards may apply for areas like outpatients appointments do not apply. People should be offered an appointment twice. In the second letter, people should be reminded, while this is a final invitation, that they can contact the national helpline, if they wish to receive the vaccine at a later date.
22. Updated protocols under [regulation 247A](#) of the [Human Medicines Regulation 2012](#) have now been circulated to NHS boards alongside the latest Patient Group Directions template for Boards to adapt.
23. NHS Boards should note that as before, only those classes of person listed in the protocols are authorised to work under them. Equivalence of qualification or responsibility is not adequate. If NHS Boards wish additional staff groups not listed in the protocol to be able to work under it, please contact the Scottish Government requesting an addition at the following address: vaccinationsdelivery@gov.scot. It should be noted that additions will be subject to Ministers' approval.

24. Latest guidance from JCVI states that: “The second dose of the Pfizer-BioNTech vaccine may be given between 3 to 12 weeks following the first dose. Published data indicate that the booster response to the second dose of the AstraZeneca vaccine improves as the interval between doses increases. Given these data, JCVI now advise that the second dose of the AstraZeneca vaccine should be given between 8 and 12 weeks after the first dose”.
25. Further to my previous CMO letter of 5th of February, whereby we advised that second doses to care home residents and care home staff could commence from 8 weeks; we are now extending this option for operational purposes to second doses for other groups as well although wherever possible second dose should be given nearer to 12 weeks after the first dose

JCVI Phase 2 Recommendations

26. Once we have offered vaccination to JCVI priority groups 1 to 9, we will continue to follow JCVI advice by inviting adults under 50 who have not yet received the vaccine in age groups. The latest interim advice from the JCVI sets these out as follows:
- All those aged 40-49 years; then
 - All those aged 30-39 years; then
 - All those aged 18-29 years.
27. This is again supported by evidence that the risk of hospitalisation and critical care admission with COVID-19 increases with age. Those at highest risk of hospitalisation outside of groups 1-9 are those aged 40-49 years.
28. Calling people forward in age groups is operationally very simple and this process has already worked well during the earlier stages of the programme. This approach will be taken by the 4 Nations across the UK and we will continue to vaccinate as quickly as supplies allow.
29. The JCVI interim advice has also recognised that amongst those aged between 18 and 49 years old, there is an increased risk of hospitalisation for:
- Men
 - People from certain Black, Asian or minority ethnic communities
 - People with a BMI of 30 or more (obese/morbidly obese);and
 - People experiencing socio-economic deprivation
30. It is therefore recommended that in rolling the vaccine out to these groups, it will be important to make good use of local experience and understanding, combined with clear communications and outreach activity to promote vaccination.
31. It will therefore be important that delivery takes account of the need to ensure a fully inclusive approach is adopted, tailored as required for people in our communities who are at higher risk and who may be unable to use or face barriers in mainstream delivery pathways.

Action

32. Health Boards are asked to note and implement the arrangements outlined in this letter for the COVID-19 vaccination programme.

I remain very grateful for your continued commitment and support in progressing this programme.

Yours sincerely,

Gregor Smith

Dr Gregor Smith
Chief Medical Officer



ANNEX A JCVI PRIORITISATION, VACCINE ELIGIBILITY AND ADDITIONAL ADVICE

Prioritisation

Full details of the JCVI's prioritisation advice as published on 2 December can be found here: <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>

Further detailed guidance was provided on prioritisation on 24 December, as set out in the table below:

JCVI Priority	Group
1	Residents and workers in care homes for older people. Residents and those working in long-stay residential and nursing care homes or other long-stay care facilities for older adults where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This includes non-clinical ancillary staff who may have social contact with resident but are not directly involved in patient care, such as cleaners and kitchen staff.
2	all those 80 years of age and over Starting for logistical reasons with long-term hospital inpatients who are over 80.
2	Patient facing, frontline healthcare workers. Staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in either secondary or primary care/community settings. This includes doctors, dentists, midwives and nurses, vaccinators, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists, radiographers and any associated support staff of independent contractors. It should include those working in public, private, third sector and non-standard healthcare settings such as hospices, and community-based mental health or addiction services. It should include Healthcare Improvement Scotland inspectors who are required to visit premises. Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included. It should also include staff working at COVID-19 test sites for symptomatic people.
2	Non-clinical but patient facing staff in secondary or primary care/community healthcare settings. This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.
2	Laboratory and pathology staff Hospital-based laboratory and mortuary staff who frequently handle SARS-CoV-2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens should be eligible as they may also have social contact with patients. This may also include cleaners, porters, secretaries and receptionists in laboratories. Frontline funeral operatives and mortuary technicians / embalmers are both at risk of exposure and likely to spend a considerable amount of time in care homes and hospital settings where they may also expose multiple patients. However, not included here are staff working in non-hospital-based laboratory and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples as they will be able

	to use effective protective equipment in their work and should be at low risk of exposure.
2	Scottish Ambulance Service Control Centre and NHS24 call handling staff critical to patient care
2	Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients/clients are at increased risk of exposure This includes, for example, workers in residential care for adults and children, supported housing, and also personal assistants and social workers who have face-to-face contact in the course of their duties including child, adult, mental health officer duties and public protection. It should include Care Inspectorate staff who are required to visit care homes and other registered services. Young people age 16-18 years, who are employed in, studying or in training for health and social care work should be offered vaccination alongside their colleagues if a suitable vaccine is available. This also includes any staff directly involved in the direct care of children and young people with the most complex additional healthcare needs who are clinically vulnerable to severe effects of COVID and may be at higher risk of exposure due to their close contact with those providing health and social care support including staff working in special schools and units, and in some cases in mainstream schools – additional guidance is provided below.
3	all those 75 years of age and over
4	all those 70 years of age and over and clinically extremely vulnerable individuals
5	all those 65 years of age and over
6	all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
6	Unpaid carers, including all adult carers and young carers aged 16 to 18
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

Further guidance and a full list of eligible groups can be found in the most recent COVID-19 chapter (chapter 14a) of the Green Book available at:
<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

This is subject to change and updates will be made in the linked page above.

Additional Guidance on Staff Working in Education Settings

Staff directly involved in the direct care of children and young people with the most complex additional healthcare needs who are clinically vulnerable to severe effects of COVID and may be at higher risk of exposure due to their close contact with those providing health and social care support. This includes staff working in special schools and units, and in some cases in mainstream schools. Staff supporting these children will undertake roles which will align to the multi-agency educational and care plans for these children who are the most clinically vulnerable.

There are currently very limited data on clinical risk factors in childhood, but these limited data suggest that children with neurological comorbidities may be at a greater risk of

developing severe COVID-19. Given the very high risk of exposure to infection and outbreaks in institutional settings, vaccination may be considered for children with severe neuro-disabilities who tend to get recurrent respiratory tract infections and who frequently spend time in specialised residential care settings for children with complex needs.

Staff should be offered the vaccination if they are supporting these children and young people who have the most complex healthcare needs which require the co-ordination and provision of support from education, health and/or social care services within school settings. It is expected that the support provided must be over and above the routine processes of feeding, washing and toileting.

Staff who are eligible will undertake regular healthcare and social care duties with multiple children/young people, and moving and handling, all of which mean they work in close proximity for prolonged periods of time providing a range of interventions, including personal and intimate care and invasive procedures such as PEG feeding. Although not exhaustive the type of clinical interventions may include:

- Empty colostomy bags
- Clean sputum from tracheostomy sites
- Replace 'speaky' cap
- Monitor infections and cleanliness of gastrostomy and stoma sites
- Mop up spills from gastrostomy and bile bags
- Monitor requirements for suctioning which requires to be in very close contact
- Monitoring and responding to Epilepsy seizures and safety management, reporting and recording
- Moving and handling post-op
- Moving and handling of brittle bones
- Support positioning and 24 hour postural management and respiratory difficulties
- Following identified Physiotherapy programmes e.g. passive stretching, rebound therapy, respiratory health
- Placement of orthotics
- Monitoring of Oxygen ventilation/saturation levels
- Monitoring of pupil temperatures
- Delivery of identified direct close contact SLT programmes
- Delivery of identified of OT programmes

It is expected that vaccines should be available irrespective of who they are employed by (for example local government, NHS, private sector, third sector and agencies).

Additional Guidance on Third and Independent Health and Social Care Frontline Workers Vaccination Access

The below additional examples have been provided to Third Sector and Independent Health and Social care frontline workers to assist self-assessment. The below is not exhaustive, but is given as a guide. In essence, those HSCW eligible for priority COVID vaccination are those who provide care closely and regularly to, or come into close contact with, those who are clinically very vulnerable to COVID.

<p>Eligible for Vaccination are people and workers who provide care closely and regularly to those who are clinically very vulnerable to COVID. This includes non-clinical but patient facing staff in secondary or primary care/community healthcare settings</p> <p>Those clinically vulnerable to COVID-19 are defined by the JCVI priority groups: a) the clinically extremely vulnerable (CEV), b) those who have underlying health conditions leading to greater risk of disease or mortality as defined in <u>the Green book</u>, c) those of advanced age. This includes staff listed below in the following settings: secondary or primary care/community settings in public, private, third sector and non-standard healthcare settings, including hospices, and community-based mental health or addiction services.</p>
Covid-19 vaccinators & vaccination centre staff working closely with patients on a regular basis
Associated clinical support staff of independent contractors
Allied Health Professionals: Paramedics, Podiatrists, Physiotherapists, Optometrists, Occupational Therapists, Radiographers, Audiologists
Allied Health Professional clinical support workers, including Foot Care Specialists, Scottish Ambulance: Service Technicians and Clinical Support Staff (including unpaid volunteer community first responders providing immediate support to patients in remote and rural environments), Radiography Assistants
Chiropractors & Osteopaths
Doctors
Dentists, Dental Nurses and Dental Hygienists
Registered Nurses & Midwives, including Healthcare and Midwifery Support Workers
Social Workers
Personal Assistants
Healthcare Improvement Scotland and Care Inspectorate Inspectors who are required to visit premises with vulnerable patients
Pharmacists and Pharmacy Technicians
Healthcare Students (see additional Guidance for NHS Boards on Vaccination- Appendix C)
Agency / Locum Healthcare Staff (see additional Guidance for NHS Boards on Vaccination- Appendix C)
Non Clinical Ancillary staff who may have multiple social contacts with patients but are not directly involved in patient care: This group includes receptionists, ward clerks, porters and cleaners
Memory Clinic Staff providing care to CEV or the elderly
Scottish Register of Language Professionals with the Deaf Community if working regularly across multiple settings with elderly or CEV individuals
Other bodies involved in relief work alongside frontline Health and Social Care Workers due to pandemic pressures e.g. Mountain Rescue Service assisting Scottish Ambulance Service
<p>Frontline Funeral Operatives:</p> <ul style="list-style-type: none"> • Funeral director staff who handle, assist in the removal of, or have direct contact with the deceased's remains or personal effects • Funeral director staff who may routinely have close contact with the deceased within the funeral home setting • Funeral director staff who routinely clean those areas of their premises which come into direct contact with the deceased (e.g. surfaces where the deceased have been stored or otherwise handled), or private ambulances or similar vehicles used to transport the deceased prior to being coffined • Mortuary technicians and embalmers [explicitly identified in JCVI priority list].

Hospital Based Laboratory Staff

Who frequently handle SARS-CoV 2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens and have social contact with patients. This includes cleaners, porters, secretaries and receptionists in laboratories.

Those not eligible for vaccination in Phase 1/ JCVI priority Group 2 are: Staff and Volunteers who undertake infrequent or no face to face direct close contact with very vulnerable patients. They can reduce their risk of Covid-19 infection by continuing to follow infection prevention and control guidance and practices, two metre physical distancing and use of PPE. Staffing levels and business continuity are not a consideration in COVID-19 Vaccination prioritisation. This group includes for example:

- Medical Home Care delivery drivers who deliver medication and equipment to patient homes
- Dental Lab technicians who do not have any patient contact
- Habitation specialists and orientation & mobility specialists providing support to people with sight loss and visual impairment.
- Carer and or Contact Centre staff providing support to carers and not 'cared for'
- Rape crisis centre staff
- Foster Carers
- Vaccination Centre Ancillary Staff not working closely with patients e.g. police and car park staff.
- Staff working in non-hospital-based laboratories and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples as they will be able to use effective protective equipment in their work and should be at low risk of exposure.

Please note: These lists are not exhaustive, where necessary further communications and advice will be issued.

Annex B COVID-19 Vaccination Referral Form

REFERRAL FOR COVID-19 VACCINATION

For Health Board Contact Details, please see the accompanying list

Date of Referral:	
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Referring Clinician Name:	
Responsible Consultant/GP:	
Referring Hospital/ GP Practice:	

Email:	
Specialty:	

Patient Name:	
CHI:	
Telephone Number:	

Reason for Vaccine Priority (Please do not refer if already on priority groups 4 or 6)	
<ul style="list-style-type: none"> • Awaiting Transplant: • Commencing Immunosuppressive Therapy: • High risk Haematology patients not already on groups 4 or 6 • Other ... 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
If new treatment/surgery, anticipated start date:	_____
Need for second dose before 12 weeks? Preferred timeframe (eg. 3/4 weeks)?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
If contacting to expedite second dose only:	
• Date of first dose:	_____
• Preferred timeframe for second dose	_____ weeks

Any other comment:

Please note that you should send your referral for vaccination to the Health Board of your patient’s residence rather than where the person is attending for clinical care