

Scotland's Autumn and Winter Vaccination Strategy

September 2021



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Ministerial Foreword

The COVID-19 Vaccination Programme in Scotland continues to be highly effective. As of 28 September 2021, 92% of people aged 18 and over have received their first dose vaccination and 86% have received their second dose vaccination in Scotland. We have now administered 8 million vaccines across Scotland which demonstrates the incredible ability of the NHS and our wider partners to respond in unprecedented circumstances.

As we move towards the autumn and winter months, it is vital we build on our achievements to continue delivering COVID-19 vaccinations, including third doses and boosters to those eligible, alongside seasonal influenza (flu) vaccinations. This year, more people than ever will be offered the free flu vaccine to help protect as many lives as possible this winter. It is vital for vaccination programmes to reach everyone and that no one is left unprotected, both for individual health and our collective community wellbeing.

In our COVID-19 Deployment Plan published in July, I outlined the next steps in our approach to vaccinating 12 to 17 year olds. Since then, Scottish Ministers have accepted advice from the four UK Chief Medical Officers to offer a dose of the Pfizer-BioNTech COVID-19 vaccine to children and young people aged 12 to 15 years. Drop-in clinics became available for this group from Monday 20th September. From the following week, Monday 27 September 2021, we also began offering these children and young people an appointment via a letter at a local community clinic or letter for a school vaccination session.

We also accepted the Joint Committee for Vaccination and Immunisation's (JCVI) recent advice which expanded the list of underlying health conditions which make clinically vulnerable 12 to 15 year olds eligible for vaccination. This expanded offer has come in addition to the clinically vulnerable 12 to 15 year olds already being offered vaccination but, in line with this advice, this group will be offered two doses of the Pfizer-BioNTech COVID-19 vaccine.

Of course, the offer of vaccination to children and young people must be accompanied by information which clearly explains the benefits and potential side effects of vaccination as part of the informed consent process prior to vaccination. We have created a range of resources to support young people and their parents and carers to help them make their decision.

I encourage young people to discuss the information with their parents or carers and to speak to vaccinators for any further information they need. It is important they know individual choice will always be respected.

The wellbeing of young people is our priority. They have been impacted during the pandemic by disruption to their education and separation from friends. We must do all we can to minimise further interruption to their education. This will be particularly important over the autumn and winter period.

Clear communication, engagement with partners, including local government, third sector and community organisations and community targeted outreach have all

proved valuable in making the vaccination programme more inclusive. This learning is being embedded and built upon.

I would like to take this opportunity to extend my thanks to all those who have been involved in the vaccination programme and to those who continue to support it as we move forward. This includes the NHS, local government and volunteers as well as faith, third sector and community groups who have all supported our efforts to deliver an inclusive national programme.

I would also like to thank everyone in Scotland who has come forward for their COVID-19 vaccination in unprecedented numbers so far. The vaccines are highly effective at preventing severe disease, and getting fully vaccinated remains the best way to be protected against the virus. I urge anyone who is eligible and not yet vaccinated to book an appointment or attend a drop-in clinic at the earliest opportunity. Likewise, this year more than ever, it is important to get the flu vaccine if you are eligible to ensure maximum protection this autumn and winter.

We are developing a rolling vaccination offer so anyone eligible who wishes to be vaccinated, can come forward. Their eligibility does not have an end point so they can come forward at any time – we will provide details soon.

Vaccination, along with testing, remains our best protection against the impacts of the pandemic and it is crucial people continue to come forward. Scotland's current vaccination programme is designed to reach everyone and ensure no-one is left unprotected. Thank you for everything you have done to date to keep you and your community safe – while we have made great progress, we can't leave the job half-done.

Humza Yousaf
Cabinet Secretary for Health and Social Care

1. Our Autumn-Winter Vaccination Strategy

As part of our commitment to transparency we have published three COVID-19 Vaccine Deployment Plans - in [January](#), [March](#) and [July](#) - setting out how we would work as fast as possible to vaccinate all adults over 18 and some 12 to 17 year olds in Scotland. This Autumn-Winter Vaccination Strategy builds on these previous Plans and draws on high-level objectives set out in our [COVID-19 Strategic Framework Update](#) published in June 2021.

The Vaccination Strategy focuses on our progress to date, noting that we met the significant milestone of offering all over 18s their second dose of the COVID-19 vaccine in September. We have also included examples of good practice and learning which are being used to inform the next stages of the programme. The Strategy also sets out our plans for administering COVID-19 third primary doses and COVID-19 boosters for those eligible, and how the programme fits in with our wider vaccination services in Scotland including the seasonal flu programme.

Our vaccination programmes are designed to meet local and individual needs whilst maintaining a consistent approach, where appropriate, across the four UK nations. We have purposefully adopted a Human Rights based approach and are committed to delivering a quality and inclusive programme that is: person-centred; safe; efficient; effective; equitable; timely; and local.

We have continuously adapted our COVID-19 vaccination programme to respond to local and individual needs, and our approach has been informed by advice from the JCVI and our Chief Medical Officer. We have expanded our eligibility criteria for under 18s and updated our policies on COVID-19 third doses (for Severely Immunosuppressed individuals) and COVID-19 boosters. We have also flexed our delivery approaches in light of increasing cases of the Delta variant. We have sought to co-administer COVID-19 and flu vaccinations where possible, following advice from the JCVI on 14 September 2021 that a [booster vaccine be offered](#) to those more at risk from serious disease, and who were vaccinated during phase 1 of the vaccination programme (cohorts 1-9). Moreover, we have expanded our outreach work and clarified our vaccination policies in order to promote inclusion and ensure people do not experience barriers to accessing vaccines. We are also working to deliver improved digital solutions and pathways for the people of Scotland.

The Vaccination Strategy aims to capture the progress made and the learning from this pivotal programme. As we shift our focus to the future, we are well placed to combine the benefits of a highly effective vaccination system pre-pandemic with the more recent learning through mass vaccination during the pandemic, to form firm foundations for a sustainable world-class vaccination service in Scotland.

2. Progress on our COVID-19 Vaccination Programme

How we have prioritised

We set out in our previous COVID-19 Deployment Plans how we would prioritise groups for Phases 1 and 2 of the vaccination programme, informed by JCVI advice.

This was particularly relevant as supply initially was limited and therefore it was important that we targeted this to those in the highest clinical need.

On 30 December 2020, [the JCVI published advice outlining the initial nine groups for prioritisation](#) as part of Phase 1 of the vaccination programme. This included: those living in residential care homes for older adults; all adults aged 50 years or over; frontline health and social care workers; all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the [Green Book](#)), adult carers; and adult household contacts of immunosuppressed individuals. We followed the JCVI's advice and began vaccinating the groups in the recommended order of priority.

Vaccination prioritisation under Phase 2 continued to be age-based. On 13 April 2021, [the JCVI extended their advice](#) to include all those over 18 years. We followed this advice, and continued to vaccinate based on priority groups.

Since the publication of our last Deployment Plan in July, we have continued to expand our vaccination programme, including widening eligibility criteria to include all 12 to 17 year olds. We outline in Section 5 how the JCVI and our Chief Medical Officer's advice have informed our policy on vaccinating 12 to 17 year olds.

Further information on our approach to administering COVID-19 third primary doses and booster doses can be found in sections 5 and 6 respectively.

[Progress to date](#)

The COVID-19 vaccination programme has been enormously successful, thanks to the dedication of staff, volunteers and the remarkable response from the public across Scotland coming forward for vaccination. In addition to scheduled appointments and drop-in clinics, other outreach activities have taken place throughout the programme to offer flexibility for people to receive their vaccination.

We have seen high uptake levels across eligible groups with over 8 million vaccine doses administered since the programme began on 8 December 2020. As at 7:30 am on 28 September 2021, there are:

- 4,184,574 people protected through their first dose of the COVID-19 vaccination; 92% of those aged 18 and over and 91% of those aged 16 and over have received their first dose.
- 3,832,498 people provided with further protection by receiving their second dose, of these, 3,821,152 are aged 18 and over which is 86% of all adults.
- 2,831,010 people aged 40 have received their first dose vaccination which equates to 98% of this cohort. 2,750,017 (96%) of this group have now received their second dose vaccination.

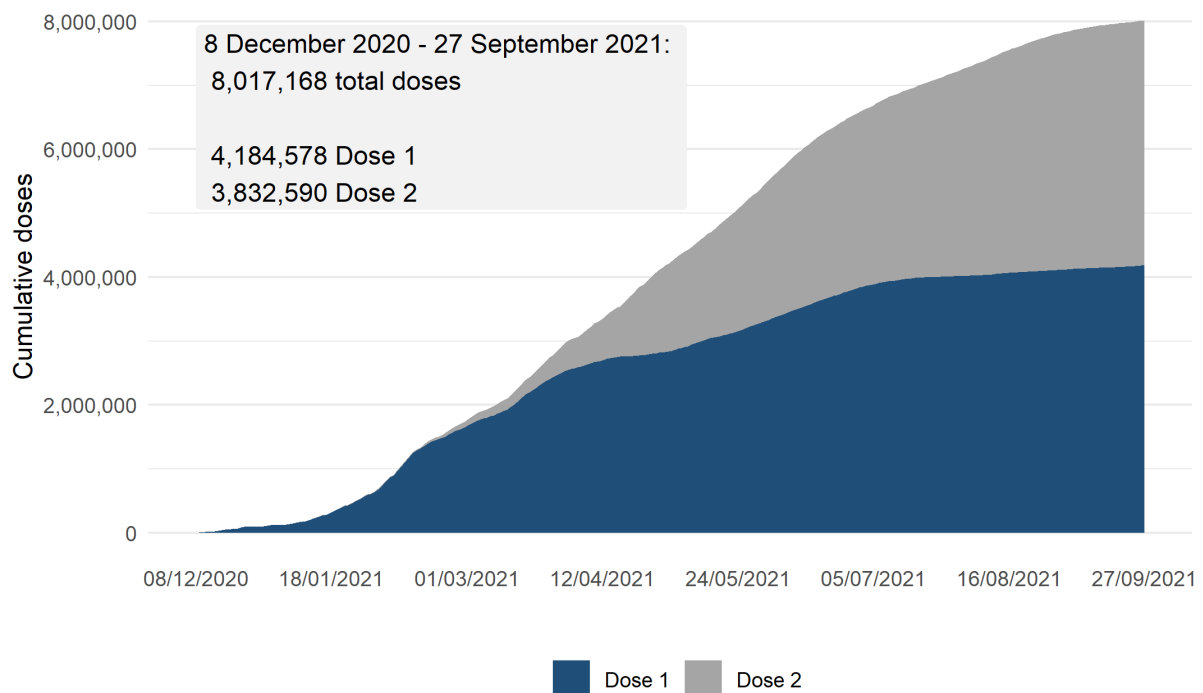
As part of our commitment to ensure administration of the programme is fully transparent, we have published daily [vaccinations data](#) on figures on the Public Health Scotland (PHS) COVID-19 dashboard. This includes daily vaccination figures by sex, age, location (NHS Health Board and local authority), JCVI priority group and periodically equalities information – uptake by ethnicity and Scottish Index of Multiple

Deprivation quintile. This includes both first dose and second dose vaccinations for all those who are eligible for the vaccine.

According to [PHS's COVID-19 Statistical Report](#) published on 1 September 2021, the gap in uptake rates between the least and most deprived areas increases from 2.4% in the 75-79 age group, to 10.6% in the 40-49 age group, before it decreases to 7.4% for those aged 30-39 years and to 5.1% for those aged 18-29 year. Uptake for dose 1 in white ethnic groups is high across all age groups, with uptake ranging from 97.6% in the 75-79 age group to 75.2% in those aged 18-29 years, a difference of 22.4%. In contrast, Caribbean or Black ethnic groups have the largest range, with uptake ranging from 93.0% in the over 80s to 53.1% in those aged 18-29 years.

Latest progress by age on first and second doses

Figure 1 shows the cumulative doses of COVID-19 vaccine – both first and second doses – administered in Scotland as at 28 September 2021.



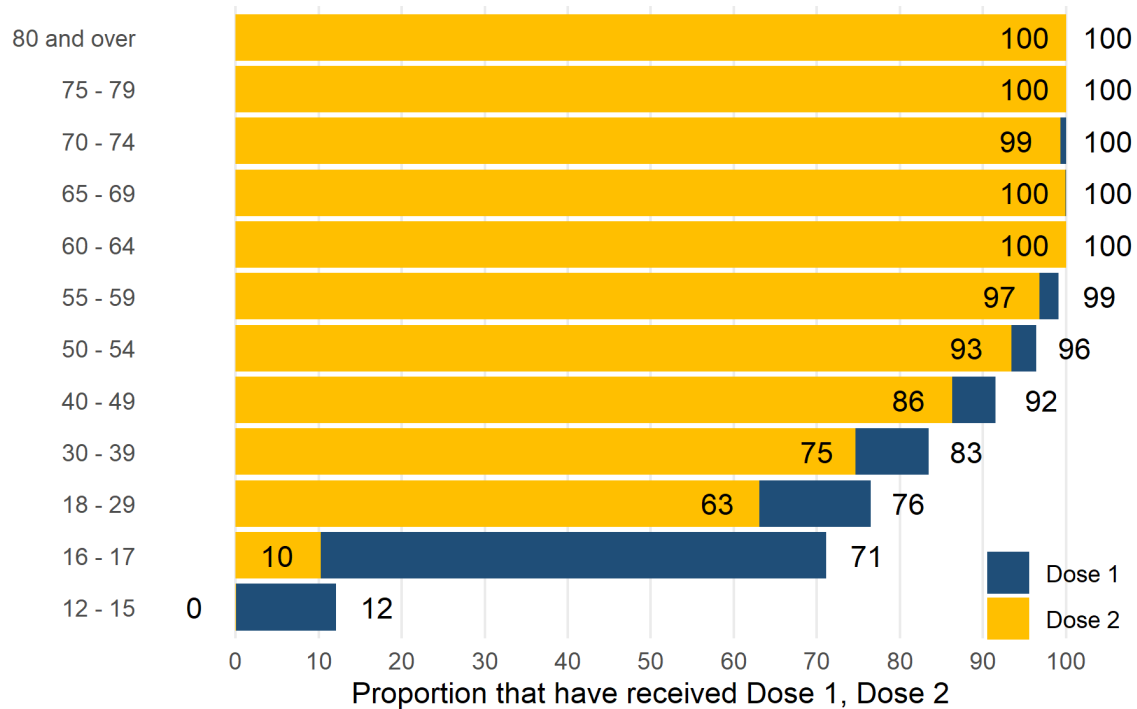
* Second doses for 12-15s and 16-17s are only for those with specific health conditions for these groups

Going beyond our original plans

In our March Deployment Plan, we confirmed our planning assumption of 80% vaccination uptake by those in JCVI priority groups 1 to 9. This means we were planning for around 80% of people who were offered vaccination to take up the invitation. Latest progress as at 28 September 2021 shows we have now provided first dose vaccinations far in excess of our original aim of 80% for these priority age groups.

Figure 2 shows as at 28 September 2021 the percentage of people vaccinated by age group, based on the latest available mid-2019 population estimates published by National Records of Scotland. The initial estimate of 80% vaccination take up by those in JCVI priority groups 1 to 9 is shown by a red line.

Figure 2 – coverage by age group as at 28 September 2021 (percentage vaccinated)



* Second doses for 12-15s and 16-17s are only for those with specific health conditions for these groups

**Vaccination uptake for groups marked 100% are considered complete based on the estimated eligible population at a set point in time.

Progress for the non-age based JCVI priority groups shows we have provided first dose vaccinations for:

- 98% of current residents of care homes for older adults with 95% having received both doses
- we have vaccinated in excess of the initial target population estimate of staff working in all care homes for both first and second doses.
- 96% of those who were advised to shield, part of the clinically extremely vulnerable group with 94% having received both doses
- 91% of people aged 16-64 with underlying health conditions with 88% having received both doses
- 95.5% of people in specified frontline healthcare roles have received their first dose and 93.1% have had both doses*
- 90.1% of people in specified frontline social care roles have received their first dose and 86.1% have had both doses*
- 64% of people aged 12-15 with underlying conditions

*Specified frontline health care workers and specified frontline social care workers figures provide a more precise measure of vaccine uptake in key frontline roles including registered NHS staff within the job family nursing/midwifery, medical and dental, ambulance services, Allied Health Professions and registered GPs; and registered Scottish Social Services Council staff.

These percentages include all people in the selected age group/JCVI priority group. There are a number of reasons we have been able to continue to move more quickly through the programme than originally planned. The huge support and responsiveness from the people of Scotland, who have come forward when invited to be vaccinated, has been incredible. We have also continued to see a monumental response from the dedicated staff and volunteers in the NHS and wider partners, including local authorities and the third sector including the Red Cross. This has been an inspiring example of the flexibility and professionalism demonstrated in the excellent working practices by Health Boards and other partners, to respond to this unprecedented health challenge to safeguard lives and public health.

The programme has been delivered with [less vaccine wastage than estimated](#), with a clear focus on protecting as many people as quickly as possible. The pace and effectiveness of the vaccination programme is a tribute to the monumental efforts of every single person involved.

Importantly, Health Boards have ensured their approach is fully inclusive by embedding inclusion throughout the programme to ensure the programme has a wide reach into all communities. This is another important factor in why we have been able to reach more people than we thought possible.

3. [Impact of our COVID-19 Vaccination Programme](#)

Vaccination has significantly reduced the link between cases of COVID-19 and serious health harms from COVID-19. The proportion of all people who were admitted to hospital within 14 days of a laboratory confirmed COVID-19 positive test has declined, from 12% in the week ending 31 January 2021, to 2% in the most recent week ending 12 September 2021.

Whilst the vaccination programme is having a positive impact and the link between new cases and serious health harm is now much weaker, it has not been completely broken as can be seen in the recent spike in cases and hospital occupancy. However, the rate of increase in cases has been less among fully vaccinated individuals compared with partially or unvaccinated individuals, again demonstrating the protection offered by vaccination. Also across all age groups, the rate of hospital admissions has been higher in unvaccinated individuals compared to vaccinated individuals.

Evidence also shows that vaccination is highly effective in protecting against death from coronavirus. Data published by Public Health England (PHE) has shown that high levels of protection (over 90%) are seen against mortality with all three vaccines and against both the Alpha and Delta variants ([week 38 Vaccine Surveillance Report](#)). Relatively limited waning of protection against mortality is seen over a period of at least five months.

The latest data on COVID-19 cases, hospitalisations and deaths by vaccine status can be found in PHS's weekly [COVID-19 statistical report](#).

The safety of all vaccines and medicines is monitored by MHRA on a UK-wide basis and is kept under close and continual review. This includes reports from the Yellow Card Scheme which allows health professionals and patients across the UK to flag up suspected adverse reactions to any vaccine or medicine, as well as reports from worldwide use and on-going scientific evidence. Concerns about the safety of vaccines are not taken lightly. The Medicines and Healthcare products Regulatory Agency (MHRA) would take appropriate regulatory action if new evidence emerged calling into question the safety of any vaccines currently in use. The JCVI reviews data, updating their advice on use of vaccines where appropriate. Safety remains paramount in our vaccination programme, and we maintain a consistent approach wherever it is appropriate to do so across the four nations.

PHS has a [COVID-19 vaccine surveillance strategy](#) to monitor the effectiveness, safety and impact of all approved COVID-19 vaccines in Scotland. The strategy provides further details about the plans for long-term monitoring of the COVID-19 vaccine programme and its impact.

4. Updated policies for under 18s

Vaccination of under 18s

16-17 Year olds

On 4 August 2021, the JCVI advised that in addition to the [existing offer of two doses of vaccine to 16 to 17 year olds in 'at-risk' groups](#), all 16 to 17 year olds should be offered a first dose of Pfizer vaccine, and we moved quickly to operationalise this advice. This group were able to [self-register](#) for an appointment from 6 August 2021, and attend drop-in centres across all mainland Health Boards from 10 August 2021. It is expected that everyone in this age group will have been offered a vaccination appointment by the end of September. As of 28 September 2021 71% of this group have had a single dose of vaccine.

The JCVI are currently considering whether it would be appropriate to offer a second vaccine dose to increase the level of protection and contribute towards longer term protection. We await their view on this matter.

12 – 15 year olds

On 3 September 2021, the JCVI expanded the list of underlying health conditions which they advised should make clinically vulnerable 12 to 15 year olds eligible for vaccination. Those children covered by the JCVI advice who have specific underlying conditions or disabilities will be offered two doses, at the regular interval of eight weeks apart.

The JCVI did not recommend universal COVID-19 vaccination for 12 to 15 year olds without underlying health conditions as they concluded that although there were benefits to vaccinating this group, the margin of benefit, based primarily on a health perspective, was considered too small to support a universal programme of

vaccination of otherwise healthy 12 to 15 year olds at this time. The JCVI suggested that the governments may wish to seek further views on wider societal and educational impacts from the Chief Medical Officers of the UK four nations.

The four nations governments instructed their Chief Medical Officers to consider the matter from a broader perspective. The outcome of this work was a [published statement from the four Chief Medical Officers](#) on 13 September 2021 [recommending all children aged 12-15 should be offered one dose of the COVID-19 vaccine](#), taking into account wider benefits to young people other than just COVID-19 protection benefits.

Within their advice, the Chief Medical Officers highlighted the need for the offer of vaccination to children and young people must be accompanied by appropriate information to enable children and young people, and those with parental responsibility, to be adequately appraised of the potential harms and benefits of vaccination as part of the informed consent process prior to vaccination. [Further considerations on informed consent are set out in the Chief Medical Officer letter](#) published on 17 September 2021.

To that end material was made available in advance of drop in vaccination centres offering young people and their parents or carers from 20 September 2021 onwards.

Drop-in vaccinations will continue be available for this age group for those who have read the available information online, and wish to be vaccinated at a place and time that best suits them. Letters are being issued inviting individuals to a scheduled appointment at community based clinics from week beginning 27 September 2021 and for school based sessions in some more rural areas. Health Board vaccination clinics will be in a variety of locations, allowing parents and guardians to attend; and for those coming to school sessions, parents have been invited to speak to a drop in clinic vaccinator in advance if they wish a to ask any questions.

After scheduled community appointments, there will be a rolling offer of drop ins in communities and schools to ensure anyone who has not been vaccinated that decides that they want to be, gets a further chance.

As of 7:30 am on 28 September 2021, 28,386 children aged 12 to 15 years have had a first dose; this is 12% of the eligible population.

5. [Third primary doses of the COVID-19 vaccine for those who are severely immunosuppressed](#)

Emerging data suggests that some individuals with severely suppressed immune systems will not mount a full immune response to COVID-19 vaccination, and therefore may be less protected than the wider population. People with severe immunosuppression are more likely to be severely ill if they catch COVID-19.

On 1 September 2021, [the JCVI advised that individuals aged 12 and over who were severely immunosuppressed at the time of their first or second dose should be offered a third primary dose of the vaccine](#), as it may increase their protection. This offer is separate to any potential booster programme. A third primary dose is an

extra 'top-up' dose for those who may not have generated a full immune response to the first two doses. The JCVI will review whether those identified as severely immunosuppressed require a further booster at a later date, following completion of their 3-dose primary course.

Those with lower levels of immunosuppression, alongside most individuals whose immunosuppression commenced at least two weeks after the second dose of vaccination, do not require a third primary dose at this stage. Initial letters will be issued inviting individuals to a scheduled appointment at community based clinics from week beginning 27 September 2021, with work ongoing with specialist clinicians to identify and invite other severely immunosuppressed patients in due course.

6. The COVID-19 Booster Programme

On 14 September 2021, the JCVI published [guidance recommending a COVID-19 booster vaccination programme](#) to maintain a high level of protection against severe COVID-19 disease, specifically hospitalisation and deaths, through the coming winter. The JCVI's primary objectives for a booster programme are to protect those adults who are most vulnerable to severe COVID-19 and to protect the NHS.

People who received their COVID-19 vaccination during Phase 1, priority groups 1-9, of the COVID-19 vaccination programme will be eligible for a COVID-19 booster.

This includes:

- Those living in residential care homes for older adults;
- All adults aged 50 years or over;
- Frontline health and social care workers;
- All those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the [Green Book](#)), and adult carers; and
- Adult household contacts of immunosuppressed individuals.

The COVID-19 booster vaccine dose will be offered at least six months after a second dose, and will be delivered alongside seasonal flu where it is appropriate to do so.

Care Homes and housebound patients vaccinations commenced from 20 September 2021. Letters will be issued inviting people in prioritised groups 1-4 to a scheduled appointment at clinics from week commencing the start of October. Frontline health and social care workers can book their appointment via our online portal which went live on 21 September 2021, and this allows these staff greater flexibility to manage their appointment. Priority groups 5-9 will be able to book online from late October or via the national phone line; and for those that do not come forward via these routes, we will send a letter at a further date.

The booster programme will run alongside our biggest ever seasonal flu vaccination programme. The JCVI is clear that both of these programmes are important for individual and public health and the booster programme is not intended to disrupt the deployment of the seasonal flu programme, so wherever possible people will be offered the COVID-19 booster and flu vaccine together.

Further information on [COVID-19 booster vaccinations](#) is available on NHS Inform.

7. The Seasonal Flu Vaccination Programme

The Seasonal Flu Vaccination Programme this year runs from September 2021 until the end of March 2022. This is our largest ever flu programme and will offer vaccination across all of the eligible groups with an aim to prioritise the roll out to the elderly and those who are most vulnerable to flu.

Based on clinical advice, we have sought to prioritise those at highest clinical risk and those in the existing eligible cohorts are:

- Pre-school children aged 2-5 years;
- All primary school children in P 1-7;
- All patients aged 65 years and over;
- All patients aged 18-64 years at clinical risk;
- Pregnant women;
- People in long-stay residential care or homes;
- Unpaid Carers and young carers; and
- Health and Social Care workers.

This year we are extending the national programme again offering vaccination to:

- Independent contractors (GP, dental and optometry practices, community pharmacists, laboratory staff working on COVID-19 testing) including support staff;
- Teachers, Nursery Teachers and pupil facing support staff (in both a Local Authority and Independent setting);
- Prison population and prison officers and support staff who deliver direct detention services;
- Secondary school pupils; and
- All those aged 50-64 years old.

The extensions to the Seasonal Flu Vaccination programme this year is in place to increase winter resilience and reduce the incidence of respiratory viruses circulating. With that in mind, the programme will be kept under review and aligned with the recommendations from the JCVI for the coming programme 2022/23.

Each year in Scotland thousands of people are hospitalised with flu. All those who are eligible are being urged to take up the offer as soon as possible, to ensure maximum protection. As the winter approaches, our immunity may be even lower than usual due to lower levels of the flu virus circulating last year as a result of the crucial public health measures in place to protect the population from COVID-19. Therefore this year, more than ever, it is important to get the flu vaccine to ensure everyone is protected.

This winter, for those not eligible for a free flu vaccine, some employers offer vaccinations through workplaces and community pharmacies in Scotland may offer the flu vaccination as a private service.

Our public health measures that are in place, such as washing your hands regularly and trying to stay at home if you are feeling unwell will help to reduce the risk of catching flu this winter.

More information about the flu vaccine is available on nhsinform.scot/flu or call 0800 030 8013.

8. The wider vaccination programme in Scotland

The Scottish Immunisation Programme (SIP) has supported the successful delivery of vaccination programmes in Scotland for a number of years, providing the people of Scotland with protection against many vaccine preventable diseases.

Our wider vaccination programmes ensure that the people of Scotland receive their immunisations at the right age to provide maximum protection – from the first immunisation appointment, scheduled at two months of age, continuing through the teenage years and throughout adulthood, and in pregnancy to protect both mothers and their babies.

These programmes are continually kept under review, informed by the recommendations of the JCVI, and adapted to ensure the continued success of all programmes.

Beyond winter, we will continue to develop these programmes further, ensuring that they are aligned to support future vaccination services, protect public health, and are delivered in a fair and equitable way. We will continue to work collaboratively towards the elimination of Measles by 2030, develop a deeper understanding of barriers to accessing vaccination services and work with partners on all programmes to ensure that we deliver our World Class Vaccination programme that continues to meet the needs of the people of Scotland.

9. Our inclusive approach to vaccination

Our COVID-19 vaccinations programme has operated at pace since it first began in December 2020. The challenge, that we still face is ensuring a balance is struck between pace and ensuring no one is left unprotected, in particular those most at risk from the virus.

In response to impact assessments, emerging insights, research and data we have worked with Health Boards to engage with under-served communities in new and creative ways, including through:

- the National Vaccine Inclusive Steering Group which supports and advises the programme;
- translated information and resources, and focused Q&A sessions for population groups, including a podcast in Barlinnie prison, a radio session for Black, African and Caribbean communities and a web session with the Polish community;
- assertive outreach at community venues and sites to reach groups that are unlikely to be contactable by letters or attend vaccine clinics - for example, Gypsy/Travellers, people experiencing homelessness and rough sleepers, asylum seekers, refugees and migrant workers;

- collaboration with faith groups and representatives and offering vaccinations in places of worship, including Mosques, African and Polish Churches and Gurdwaras; and
- mobile units taken to areas of deprivation with low vaccine uptake rates.

All of these approaches have worked particularly well when planned and delivered in partnership with these communities.

Flexible delivery models were also adopted for the following groups and settings:

- In line with the JCVI advice on prioritisation and operational flexibility, Boards vaccinated groups of unvaccinated prisoners aged 18 and over. As well as being more efficient, it also allowed for ease of vaccine deployment and minimised the potential for vaccine wastage.
- People arriving as part of the Afghan relocation policy have been offered vaccinations depending on their vaccine status.
- Seafarers have also been accepted for vaccination via drop-in clinics or pre-arranged appointments. Many Health Boards have actively promoted this through engagement with harbour staff and Fisherman's missions, with some deploying mobile vaccination units to these sites.
- People entering drug and alcohol rehabilitation facilities have been offered second dose vaccinations ahead of the recommended 8-weeks schedule when clinicians consider there is a risk that the person may not return at the recommended time for a second dose. This is in recognition that there can be a heightened risk given many can lead transient, complex, risk burdened lives, which increases their risk of catching and or transmitting COVID-19. In the [Mapping Survey](#) reported in December 2020 it was noted that the minimum duration for rehab in Scotland is five weeks.

Whilst the vaccination programme has been a huge success, delivering at a pace and scale never thought possible, we have been keen to learn lessons. Some of these include:

- timely accessible information in a range of languages and formats including easy read and British Sign Language (BSL) and multiple platform for example paper leaflets, websites and social media posts.
- recognising diversity and the range of needs of people eligible for vaccination, for example a quiet vaccination centre, interpreter, access to affordable transport, the opportunity to discuss concerns.
- flexible delivery models including digital and non-digital appointment services, community vaccination location, outreach work and mobile units.
- working in partnership with specialised services, local authorities and community groups like housing support workers, the Refugee Council and GP practices that specialise in supporting people experiencing homelessness, drug or alcohol additions.
- appropriate data and evidence.
- equality of access.

Populations which experience barriers will often require greater resource to promote and support vaccination uptake. For example outreach clinics require additional time and resources to delivery but reach people who may otherwise not attend a clinic.

Working with partners we will continue to embed this learning and improve our data and evidence base to better understand the barriers to vaccination and how we can overcome them. Taking an inclusive approach is built into national and local vaccination planning and delivery.

10. Encouraging uptake and communications

Missed appointments

We continue to scrutinise all the data available on vaccinations, including those who did not attend their appointment, often described as a DNA, to better understand concerns or barriers people may have and why they may not attend their appointments. It is important to understand that the number of DNAs simply represents the number of missed appointments and does not therefore represent the number of people who have not been vaccinated. Many of those who are recorded as DNA have in fact been inoculated at a drop-in clinic or their GP or didn't attend at their scheduled time but subsequently rearranged their appointment. In order to counter for this many clinics overbooked to ensure productivity levels remained high and vaccine wastage was kept to a minimum.

Communications activity

A wide range of communications and engagement activity has supported the success of the vaccination programme, delivered through partnership working with the NHS, PHS and other national and local partners.

Paid marketing campaigns have been supported by Public Relations activity, as well as social media and news activity. All of this was predominately to encourage uptake by ensuring all individuals eligible for vaccination had access to the information they need to make an informed choice.

This communications and engagement – complemented by operational outreach to ensure pop-up and drop-in vaccination facilities are available at local locations at convenient times – aims to reach the general population, with tailored messages for specific audiences.

With the seasonal flu campaign underway and as we enter the next phase of the COVID-19 vaccination campaign – which includes younger people as well as some who have yet to be vaccinated from the first phase – our communications have been adjusted to reflect these circumstances. We are continuing to reflect the latest clinical advice and look ahead to ensuring the success of the programme is maintained in the months ahead as we aim to maximise uptake of flu and COVID-19 vaccinations.

We have a strong commitment to inclusion, and as well as regular meetings of our Vaccination Inclusive Steering Group over recent months, we have strengthened relationships with African, Caribbean and Polish community groups to better understand the needs of these communities and how best to support more people to take up the offer of vaccination in response to evidence of lower uptake in these populations.

We are continuing to explore incentives – working with partners including the UK Government – to encourage uptake of vaccination, particularly in younger cohorts.

College and university students in Scotland

We have worked with the higher and further education sector to develop [guidance](#) to help support and prepare institutions for the new term.

Communication is a key part of encouraging uptake and our social media campaign encouraging students to get vaccinated is now live. Institutions are also being encouraged to work with student representatives to find ways of encouraging uptake. The National Clinical Director, Jason Leitch, and the President of the National Union of Students Scotland, Matt Crilly, have also recorded videos encouraging students to get vaccinated.

Health Boards continue to work with colleges and universities in their area to maximise student vaccine uptake and each college and university has its own single point of contact within the relevant Health Board to enable local student vaccination arrangements to be put in place. International students arriving in Scotland who have not already been fully vaccinated will also be included in the vaccine rollout. Where suitable, vaccination arrangements include ‘pop up’ sites on campus.

Students who have yet to be vaccinated should register on the [NHS Inform website](#). Alternatively, students can speak to their college or university who will be able to provide details of local vaccination arrangements.

We have also published a vaccinations FAQ on the [Student Information Scotland website](#).

11. Learning and adaptive programming

We have continuously adapted our vaccination programme and incorporated our experience and learning into our planning and delivery, regularly seeking feedback from key stakeholders.

We continue to improve our delivery models, data intelligence and digital platforms, to ensure that we adapt our services to the evolving demands.

We have built resilience in our national and local systems and processes to ensure that we are as well prepared as we can be to deal with any future pandemic.

This autumn and winter, building upon the increased capacity for mass vaccination achieved through the current programme, we plan delivery of COVID-19 vaccinations, and COVID-19 booster doses alongside annual flu vaccination ensuring that the impact of the potential circulation of flu and COVID-19 is kept to an absolute minimum.

Based on the success and good practices of the COVID-19 programme, we will continue to improve, build and adapt the vital resources to deliver the future vaccination programme, prioritising the most vulnerable in our society and seeking to protect the NHS and social care as much as possible.

12. Supply and distribution

How we receive our COVID-19 vaccine supply

There are now four COVID-19 vaccines currently authorised for use by the MHRA: AstraZeneca (Vaxzevria), Moderna (Spikevax), Pfizer (Comirnaty) and Janssen, although the JCVI has not yet provided advice on use of this vaccine. COVID-19 vaccines are procured on a four nations basis via the UK Vaccines Taskforce, who work alongside suppliers to increase stability and security of supply to the four nations. Vaccines allocated to Scotland are distributed to a wide range of sites, including vaccine holding centres, GP practices and vaccination centres.

We are working closely with NHS Scotland, PHE and the Department for Business, Energy and Industrial Strategy (BEIS) colleagues to ensure adequate vaccine supply is in place for our COVID-19 booster programme and on-going rolling offer. Supply planning is informed by JCVI and MHRA guidance regarding boosters and third primary doses to ensure adequate supply is in place.

How we receive our flu vaccine supply

The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations from the JCVI. We have secured enough vaccine to vaccinate all those who are eligible to receive the flu vaccine this season. We have already received vaccine deliveries from manufacturer Seqirus. NHS Boards are allocated a volume of vaccines and can draw down supplies for delivery locally as and when required throughout the programme. GPs can also order vaccine supplies for delivery directly to Practices for immunisations they have scheduled.

Minimising COVID-19 vaccine waste

In May 2021 the Chief Medical Officer set out our expectations of Health Boards in relation to minimising waste. Given the scale of the COVID-19 vaccination programme, some vaccine wastage has been unavoidable for a variety of reasons based on: the characteristics of the vaccine; logistical issues with cold chain supply; storage failure; and vial size and/or specific clinical situations. We reported in our July update to the deployment plan that we were operating wastage at well below the estimated 5%. Over the previous two months to the end of September, vaccine wastage averaged 2.2%. Further information on the vaccine wastage data can be found on our [website](#). We continue to work with Health Boards to ensure we maintain wastage at a minimum, and maximise the availability of vaccines to the people of Scotland.

One aspect of a continuous process of improvement undertaken by staff within the vaccination programme was the development of a web-based vaccine waste recording tool. Vaccinators are able to record any vaccine wastage produced at any

COVID-19 vaccine clinic. The web-based system was developed primarily to record the number of wasted doses along with the reason they were wasted to help understand common reasons for vaccine wastage and to support the introduction of measures designed to reduce waste.

13. Security

Security is a key consideration within the Scottish programme and we seek to build an appropriate, proportionate and collaborative security-minded culture. We continue to work with colleagues across the four nations to share learning and intelligence, which has proven to be a key success of the programme. This includes monitoring misinformation and disinformation which could adversely affect the success of the COVID-19 vaccination programme and taking proactive steps to ensure accurate information is available.

14. Workforce and facilities

We have worked closely with workforce organisations including Health Boards, NHS Education for Scotland (NES), NHS National Services Scotland (NSS), and PHS, to build a workforce to successfully meet the increased demands of the flu and ongoing COVID-19 vaccination programme. This workforce has drawn from many health professions and volunteer organisations, including the military and the British Red Cross, and their tireless work and support is an exemplar of national effort in a time of crisis.

As at 28 September 2021, there were over 14,800 vaccinators recorded as using the national Vaccination Management Tool. However, we know that does not include everyone as there are some vaccinations taking place outwith this tool.

We have established a National Volunteer Coordination Hub, which is being overseen by the British Red Cross. The Hub has been operating since 1 February 2021 and to date has involved in excess of 4,800 volunteers providing more than 38,000 hours of volunteering activity to the vaccination programme. The Hub will continue to provide this volunteer support to the vaccination plans for autumn and winter.

As society re-opens and health services remobilise, we recognise there is a need to develop a long-term sustainable vaccination workforce, not just to deliver any future COVID-19 programme, but all immunisations. To meet this demand, we have taken steps to facilitate further recruitment by Health Boards, including the development of the Healthcare Support Worker role. Following the successful development of the NES and PHS induction programme to support newly recruited Health and Social Care Workers with less than two years' experience, we have created a National Job Description, and developed the National Framework and Protocol to facilitate further recruitment of Health and Social Care Workers, while broadening the role which they can fulfil. This allows for the recruitment of staff that are new to health, bolstering the workforce at large, who can be employed not only to meet the demands of the pandemic, but other ongoing immunisation programmes and health services as part of a sustainable workforce. We are taking steps to streamline the induction process which will speed up the recruitment of staff to the programme.

Through a variety of working groups and hosting a webinar, we have shared ideas with Health Boards about a variety of roles that Health and Social Care Workers can undertake when the demand for vaccinations is reduced. By diversifying and building in flexibility to these roles, it helps sustain this workforce.

Whilst every effort is made to build a sustainable vaccination workforce, it is clear that COVID-19 is unpredictable, and as we move into the autumn/winter, we remain ready to take steps to mitigate any risk to the programme delivery. This includes liaising with our military colleagues who, should the need arise, can provide surge capacity at short notice, as they have done so successfully before.

Appropriate staff safety and security training has been provided for vaccination centre staff.

15. Outbreak management

As we have moved together out of the lockdown, community transmission has increased as could be expected as general societal engagement has returned and schools, businesses and hospitality have begun to open up more fully. The established process of Outbreak Management as set out in the [Management of Public Health Incidents Guidance](#) continues to operate and Local Health Boards closely monitor case rates to direct action and convene dedicated Incident Management Team meetings where and when required.

Wider health and social care services have resumed and the focus on the management of COVID-19 has advanced to larger outbreaks, outbreaks in complex settings and protecting the most vulnerable. The importance of maintaining baseline measures, proactive testing and contact tracing remains the key response tool at the local level.

We continue to work closely with PHS and Health Boards in the development of guidance across all sectors and to provide information and support. This has included the development of an Outbreak Toolkit designed for use by local partners engaged in outbreak response. First developed to support the enhanced response following emergence of the Delta variant in Spring 2021. The Toolkit support practitioners managing larger community outbreaks and includes material to aid enhanced testing; prioritisation of local vaccination roll out; and enhanced local communication including examples of working with religious and community leaders to support community engagement.

16. Certifications

We will make decisions that are right for Scotland, as we have done throughout this pandemic. The COVID-Status Certification Review concluded that there would be a public health benefit from certification. Given that the winter period ahead will pose significant challenges of increased transmission and related pressure on the National Health Service, vaccine certification has a vital role to play as part of the package of measures to mitigate the risks of COVID-19.

We believe vaccine certification is an essential and proportionate measure which can help us to reduce transmission risks, reduce the risk of serious illness and death and in doing so alleviate pressure on the healthcare system, and to encourage uptake of the vaccine. We are putting in place a very limited scheme and we hope this will allow higher risk settings to remain open and prevent any further restrictions as we head into autumn and winter. Certification is in use in many countries, often with a much wider scope than planned in Scotland.

The COVID-19 domestic certification scheme will commence at 5:00 am on 1 October 2021. Businesses will have until 18 October before the requirements are enforced.

Individuals over 18 years will require certification in the following higher risk settings:

- late night venues with music, alcohol and dancing
- live events: indoors unseated 500+ in the audience
- live events: outdoors unseated 4,000+ in the audience
- all live events: 10,000+ in the audience

Some exemptions will apply, such as for participants on COVID-19 vaccine trials and for the very small number of people who cannot be vaccinated for medical reasons, such as those with a severe allergy to all JCVI recommended Covid-19 vaccines or those who are receiving end of life care where vaccination is not in the individual's interests.

We have set out advice on NHS Inform on [how to access records of vaccination](#), as well as advice on our website on [the certification scheme](#).

We are extremely grateful to everyone who has volunteered for COVID-19 vaccine trials in Scotland. We are committed to ensuring participants of vaccine trials are not disadvantaged, and we have set out advice on NHS Inform on [how to access vaccine records](#).

17. Digital solutions

Appointments

We have scheduled and delivered millions of appointments through the National Vaccination Scheduling System and other digital solutions early on in the programme, whilst achieving exceptionally high vaccine uptake rates and positive feedback from both Health Boards and the public.

We have also improved the digital processes and systems to enable people to book appointments at vaccination clinics and centres based on their preference and choice, which has included the ability to reschedule appointments. In doing this we have also completed work to ensure our systems are as inclusive and accessible as possible so as many people as possible can access them.

One of the benefits of moving to an online booking system is the ability to quickly contact individuals with appointment details as well as being able to send out public health information. This time can be reduced and give people the option to choose

an appointment at a time which suits them, rather than having to change it or not attending.

Improved data capture

The roll-out of a digital solution provides an opportunity to capture missing data with the potential for a significant digital legacy from the COVID-19 pandemic. Without this there is a reliance on GP registrations being up to date and as people engage with our digital products, it therefore minimises the risk of a person's details not being accurate, leading to DNAs. We are developing our systems to enable collection of important additional characteristics to support our inclusion work, such as ethnicity. This is vital to the ongoing research into rapid COVID-19 responses, monitor the equity of our approach, and helpful for wider public health planning, information and service offers.

NHS Scotland Covid Status App

An NHS Scotland Covid Status App will enable people to download their vaccination record in line with the requirements for international travel. The App displays a QR Code for each vaccination. In practice, this means that the app has two sections: one for international travel which contains the 2D barcodes currently in use which have been designed to meet international travel requirements and which will be useable for domestic settings, and one for domestic settings which will contain a single 2D barcode, confirming an individual's COVID-19 status as valid.

Detailed guidance for venues

Detailed guidance is available for venues on how to use the verifier app, and the guidance is accompanied by privacy notices. The guidance will continue to be developed in consultation with relevant venues and businesses. There will also be options for venues to integrate the verifier functionality into their own systems as the source code is open source.

Future developments

This will include working with other UK jurisdictions to ensure interoperability across the UK as well as considering how evidence of vaccination for people from outwith the UK can be verified.

ANNEX A - Links to updated clinical advice on the vaccination programmes

JCVI advice

The JCVI has issued advice on a number of topics since the publication of the last deployment plan. This illustrates the highly dynamic nature of the programme and the need to pivot to align with emerging clinical advice. Advice since July 2021 has included:

- Updated advice on COVID-19 vaccination of young people aged 16 to 17, 04 August 2021
- Advice on third dose vaccination for severely immunosuppressed, 01 September 2021
- Updated advice on COVID-19 vaccination of children aged 12 to 15, 3 September 2021
- Advice on COVID-19 booster vaccination programme for winter 2021 to 2022, 14 September 2021

The [JCVI's publications and statements on COVID-19](#) are available on the UK Government's website.

Chief Medical Officer letters

Following consideration of JCVI advice, Scottish Ministers have set out the policy position for the vaccination programme in Scotland via a series of letters issued by the Chief Medical Officer. Letters have covered topics such as:

- Enabling flexibility in approach to delivering vaccinations within prison and drug and alcohol rehabilitation settings, 21 July 2021
- JCVI advice on vaccination of children and young people aged 12 to 17 years, 23 July 2021
- JCVI advice on vaccination of 16 and 17 year olds, 06 August 2021
- Offering vaccination to migrant seafarers in Scotland, 02 September 2021
- JCVI updated advice on vaccination of 12 to 15 year olds and national policy on offering COVID-19 vaccination to 12 to 15 year olds, 17 September 2021
- JCVI advice on a booster vaccination, 17 September 2021
- JCVI advice on third dose for severely immunosuppressed, 21 September 2021

The [Chief Medical Officer letters](#) are published on the NHS website.

Vaccine protocols

The national protocols for each vaccine reflect the most up to date clinical and regulatory information. New protocols are also developed for each new vaccine that becomes available. Protocol updates since the last deployment plan have included:

[National protocols](#) for the supply and administration of COVID-19 vaccines to individuals in accordance with the national COVID-19 vaccination programme are available on our website.

ANNEX B - Useful links to further information on the vaccination programmes

- [Scottish Government COVID-19 daily data for Scotland webpages](#)
- [Public Health Scotland \(PHS\) COVID-19 dashboard](#)
- [UK Coronavirus Dashboard](#)
- [Up to date information on the vaccination programme on the NHS Inform website](#)
- [Information and guidance on the COVID-19 vaccination programme on the Scottish Government website](#)
- [Coronavirus \(COVID-19\): Scotland's Strategic Framework update - June 2021](#)
- [Information on the flu vaccine information- Flu | NHS inform](#)
- [JCVI publications and statements](#)
- [Letters from the Chief Medical Officer for Scotland to Health Boards](#)
- [National protocols for the supply and administration of COVID-19 vaccines](#)
- [Statements given by Scottish Ministers in the Scottish Parliament and at Scottish Government media briefings](#)



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