COVID-19 Vaccination Briefing

Summary

Based on the recommendation from the Medicines and Healthcare products Regulatory Agency, the Government has now approved use of the Oxford University/AstraZeneca vaccine in addition to its earlier approval for use of the Pfizer/BioNTech coronavirus vaccine. The Pfizer vaccine was made available across the UK, from 8th December, and the Oxford/ AstraZeneca has been rolled out from 4th January.

The Joint Committee on Vaccinations and Immunisations (JCVI) has not expressed a preference between the vaccines in any specific population, stating that "both give very high protection against severe disease… and both vaccines have good safety profiles". However, the second dose of the vaccine must be from the same manufacturer as the first dose.

In response to the rapid increase in infections, particularly in those caused by the new variants of the coronavirus, the JCVI and the UK Chief Medical Officers have taken the pragmatic decision to focus on giving the first dose of the vaccines to as many people as possible rather than, as initially proposed, to complete administration of the second dose by 21 days after the first dose. This is reflected in the updated guidance from the JCVI and the UK chief medical officers which now states that "prioritising the first doses of the vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services".

This means that all second dose appointments will now be scheduled for the twelfth week post the first dose, including for anyone who has already received their first vaccine (apart from those scheduled to receive the second dose of the vaccine before the 4th January).

The JCVI has confirmed that frontline health and care workers are considered a high priority for vaccination, and is recommending they should be in the second cohort to be vaccinated – further details about the priority groups can be found here. Within the health and care workforce, those workers who are at high risk of acquiring the infection, at high individual risk of developing serious disease or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment, are considered of higher priority for vaccination than those at lower risk. JCVI recommend that this prioritisation should be taken into account during vaccine deployment.

The latest guidance for the roll-out of the vaccines is available from the following links:

- England - https://www.england.nhs.uk/coronavirus/publication/operational-guidance-vaccination-of-frontline-health-and-social-care-workers/
- Northern Ireland - https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-93-2020.pdf
- Scotland - https://www.nhsinform.scot/coronavirus
- Wales - https://gov.wales/written-statement-covid-19-vaccine-deployment-wales-1

RCM Advice

We strongly encourage all members to receive the COVID-19 vaccine, although members who are pregnant or planning to become pregnant soon may wish to seek advice before deciding to get vaccinated (see section below on pregnancy and breastfeeding).

Receiving the coronavirus vaccine is the most effective method of protecting you, your family and friends and the women and families that you care for. Frontline healthcare workers, particularly older staff and those with underlying health conditions, are at higher risk of infection and of suffering serious, and sometimes long term, complications.

Accordingly, we absolutely condemn the propagation of misinformation and scare stories by anti-vaccination campaigners. Should you come across online anti-vaccination propaganda, we would recommend that you report this to the relevant social media platform and ask that it be taken down.

However, while we support the immunisation of midwives and MSWs, we recognise that some members may be reluctant to be vaccinated. The administration of the vaccine is not mandatory, and we therefore caution employers against applying undue pressure, coercion or formal measures on staff who refuse the vaccine.

If you have recently been given the flu vaccine, please note that the JCVI recommend a gap of seven days between receiving a flu vaccine and receiving the coronavirus vaccine.

If you are extremely clinically vulnerable, you are advised to continue to follow the most recent advice on shielding, even if you have had one or both doses of the vaccine.

In the meantime, if you have any concerns about receiving the vaccine that are related to your health, particularly if you have underlying conditions, then you should discuss these with your GP or your Occupational Health department. If you have any concerns about your safety at work, then please raise these with your RCM representative and/or your manager. You may also wish to refer to this information booklet from Public Health England, which is specifically aimed at healthcare workers.

Background and context[1]

In trials, the Pfizer/BioNTech COVID-19 vaccine demonstrated a two-dose efficacy of 95%, consistently across age, gender and ethnicity. The vaccine must be stored at -70˚C +/- 10˚ and has a shelf life of six months. Once thawed the vaccine may be stored for five days at 2-8˚C. The Oxford/AstraZeneca vaccine demonstrated overall efficacy of 70%. The vaccine should be stored at between +2 ˚C to +8 ˚C and has a shelf life of six months.

Public Health England has updated the chapter on COVID-19 vaccination in its *Information for public health professionals on immunisation* (the Green Book) which now states: "Operationally, it is recommended that the second dose of both vaccines should be routinely scheduled between four and 12 weeks after the first dose. This will allow more people to benefit from the protection provided from the first dose during the roll out phase. Longer term protection will then be provided by the second dose. If an interval longer than the recommended interval is left between doses, the

[1] The information in this and subsequent sections of this briefing have been derived from the latest guidance from PHE to support frontline workers in delivering the coronavirus vaccine. The complete guidance is available from PHE - https://www.gov.uk/government/news/phe-publishes-covid-19-vaccine-guidance-for-health-and-social-care-workers

second dose should still be given (preferably using the same vaccine as was given for the first dose if possible)."

If the course is interrupted or delayed, it should be resumed using the same vaccine, but the first dose should not be repeated. Every effort should be made to determine which vaccine the individual received and to complete with the same vaccine. For individuals who started the schedule and who attend for vaccination at a site where the same vaccine is not available, or if the first product received is unknown, it is reasonable to offer a single dose of the locally available product. In these circumstances, as both the vaccines are based on the spike protein, it is likely that the second dose will help to boost the response to the first dose.

Booster doses of COVID-19 vaccine are not yet recommended because the need for, and timing of, boosters has not yet been recommended.

It should not be routine to offer appointments to give this vaccine at the same time as other vaccines. Based on current information, scheduling should ideally be separated by an interval of at least seven days to avoid incorrect attribution of potential adverse events.

The JCVI recommendations on the immunisation programme are based on evidence from the UK that the risk of poorer outcomes from COVID-19 infection increases dramatically with age, both for healthy adults and those with underlying health conditions. Those over the age of 65 have by far the highest risk, and the risk increases with age. Residents in care homes for older adults have been disproportionately affected by the virus.

Many individuals considered extremely clinically vulnerable have been shielding for much of the pandemic and may also be in the oldest age groups, who will be among the first to receive the vaccine. Given the level of risk seen in this group, JCVI'S most recent advice is that the remainder of this shielding group (that is those who are extremely clinical vulnerable but not over 75 years) should be offered vaccination alongside those 70-74 years of age.

Pregnant women and children who are extremely clinically vulnerable should seek advice from their GP or specialist doctor about vaccination.

The following JCVI advice on priority groups reflects this evidence and the overriding objective of the immunisation programme, to protect those at highest risk from serious illness or death:

1. Residents in a care home for older adults. Staff working in care homes for older adults.
2. All those aged 80 years of age and over. Health and social care workers.
3. All those aged 75 years of age and over.
4. All those aged 70 years of age and over. Clinically extremely vulnerable individuals (not including pregnant women and those under 18 years of age).
5. All those 65 years of age and older.
6. Adults aged 18 to 65 years in an at-risk group
7. All those aged 60 years of age and over.
8. All those aged 55 years of age and over.
9. All those aged 50 years of age and over.

There is no evidence of safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody. However, vaccination should be deferred in those with confirmed infection, until confirmed recovery and at least four weeks after onset of symptoms or four weeks from the first PCR positive specimen in those who are asymptomatic.

There are very few individuals who cannot receive the vaccine, other than anyone who has had a confirmed anaphylactic reaction to a previous dose of a COVD-19 vaccine or to any components of the vaccine. Individuals with a history of anaphylaxis to food, an identified drug or vaccine, or an insect sting can receive any COVID-19 vaccine, if they are not known to be allergic to any component of the vaccine. The British Society for Allergy and Clinical Immunology has advised that individuals with a history of immediate onset-anaphylaxis to multiple classes of drugs or an unexplained anaphylaxis should not be vaccinated with the Pfizer/BioNTech vaccine. The Oxford/AstraZeneca vaccine can be used as an alternative.

Vaccinated individuals should be advised that the COVID-19 vaccine may cause a mild fever which usually resolves within 48 hours. This is a common, expected reaction and isolation is not required unless COVID-19 infection is suspected.

All adverse reaction occurring after vaccination should be reported to the Medicines and Healthcare products Regulatory Authority, via the Yellow Card Scheme, and documented in accordance with local procedures.

Healthcare staff

The objective of immunisation of healthcare staff is to protect workers at high risk of exposure and their families, to protect patients and other staff from exposure to infected workers and to maintain provision of care to vulnerable individuals.

Accordingly, all frontline healthcare staff who are eligible for seasonal influenza vaccination should be offered a COVID-19 vaccine. According to the latest operational guidance this will include **but is not limited to**:

- Staff working on the vaccination programme.
- 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, mental health, urgent and emergency care and community settings. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists and radiographers.
- Those working in independent, voluntary and non-standard healthcare settings such as hospices, and community-based mental health or addiction services.
- Laboratory, pathology and mortuary staff.
- Those working for a sub-contracted provider of facilities services such as portering or cleaning.
- Temporary, locum or 'bank' staff, COVID-19 vaccination programme, students, trainees and volunteers who are working with patients.
- Frontline social care workers directly working with vulnerable people who need care and support irrespective of where they work (for example in hospital, people's own homes, day centres, or supported housing); or who they are employed by (for example local government, NHS, independent sector or third sector).

Young people under the age of 18, who are employed in, studying or training for health and social care work should be offered vaccination alongside their colleagues. Young people who are taking part in health and social care work as volunteers, interns or for the purposes of work experience, should make all efforts to avoid exposure to infection; vaccination would not normally be required.

Pregnancy and breastfeeding

Specific clinical trials of COVID-19 vaccines have not been carried out with pregnant women. While available data does not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. For pregnant women with no underlying health conditions this means that the advice remains that they should postponed until safter the pregnancy. However, the JCVI now advises that women with serious medical conditions and those who are at high risk of infection through their work as frontline health professionals or in care homes, can access the COVID-19 vaccine during pregnancy. This guidance covers all four countries of the UK.

Women in these circumstances are advised to have an individualised risk assessment conversation with their obstetrician or doctor. The JCVI also no longer recommends delaying pregnancy until three months after vaccination, stating that women who are eligible can receive the vaccine and do not need to delay pregnancy. Similarly, the earlier advise against having the vaccine while breastfeeding, has been amended to state that women who are breastfeeding should be able to access the vaccination.

For more information, please read the joint RCM/RCOG response to the most recent JCVI advice and our professional briefing for midwives to support them in advising pregnant and breastfeeding women.