

**From the Chief Medical Officer  
Professor Sir Michael McBride**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**HSS(MD)69/2021**

**FOR ACTION**

Chief Executives HSC Trusts

*for onward cascade to Medical Directors*

Chief Executive, Public Health Agency and Health and  
Social Care Board/NIAS *(for onward cascade as  
Appropriate)*

Assistant Director of Integrated Care, Head of General  
Medical Services, Health and Social Care Board

GP Medical Advisers, Health & Social Care Board

All General Practitioners and GP Locums for *(onward  
transmission to practice staff)*

OOHs Medical Managers *(for onward distribution to staff)*

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Our Ref: HSS(MD)69/2021

Date: 24 September 2021

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**COVID-19 BOOSTER VACCINE PROGRAMME FOR WINTER 2021/22**

1. On 14 September 2021, the JCVI published guidance regarding the recommendation of a COVID-19 booster programme. The primary objective of a 2021 COVID-19 booster programme is to maintain protection against severe COVID-19 disease, specifically hospitalisation and deaths, over winter 2021/22 in order to maintain protection in those most vulnerable, and to protect the HSC. The full JCVI statement is available here: <https://www.gov.uk/government/publications/icvi-statement-september-2021-covid-19-booster-vaccine-programme-for-winter-2021-to-2022/icvi-statement-regarding-a-covid-19-booster-vaccine-programme-for-winter-2021-to-2022>
2. Not enough time has passed to clearly understand protection levels six months after completion of the primary vaccine course in all persons, therefore the JCVI has taken a precautionary position, advising that it is preferable to ensure protection is maintained at a high level throughout winter months in adults who are more vulnerable to severe COVID-19. It is not yet established whether recurrent boosters will be required in the long term therefore this programme relates only to winter 2021/22.
3. The JCVI has advised a COVID-19 booster vaccination programme to begin in September 2021, as soon as is operationally practicable.

4. The advice is clear that the COVID-19 booster advice is distinct from, and does not supersede, the recent JCVI advice regarding a third primary vaccine dose for those who were severely immunocompromised at the time of their first or second dose. A separate CMO letter has been issued in relation to this <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-66-2021.pdf> . At a later date the JCVI will review whether such persons require a further booster dose following completion of their three-dose primary vaccine course.
5. The JCVI has advised that groups 1-9, prioritised in Phase 1 of the COVID-19 vaccination programme should be offered a booster dose of COVID-19 vaccine. 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.
6. COVID-19 boosters should be deployed to groups 1-9 in the same order as they were delivered in Phase 1 with operational flexibility to be exercised where appropriate to maximise delivery.
7. The JCVI will provide further advice at an appropriate time as they continue to review emerging data on booster vaccination relating to the following groups:
  - younger adult age groups;
  - children aged 12 -16 years with underlying health conditions; and
  - pregnant women not included in Phase 1 priority groups.
8. The JCVI advice states that a COVID-19 booster vaccine dose should be offered **no earlier than six months after completion of the primary vaccine course (two doses)**. The 6 month interval between completing the primary course and booster dose will drive the timeline for delivery.
9. The JCVI is also clear in its advice that the booster programme is not intended to disrupt the deployment of the seasonal influenza programme. Therefore the booster programme must be managed to enable Trusts, GPs and Community Pharmacies to achieve the overall aim of the majority of influenza vaccinations being completed by mid-December, utilising co-administration where operationally practical. Further detail of co-administration of the COVID-19 vaccines with other vaccines can be found in the Green Book <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

## Vaccine

10. The JCVI advises a preference for the Pfizer-BioNTech for a third booster dose, irrespective of which vaccine was given in the primary schedule. There is good evidence that the Pfizer-BioNTech vaccine is well tolerated as a third dose and will provide a strong booster response. Alternatively, a half dose (50µg) of the Moderna vaccine, which should be well tolerated and is also likely to provide a strong booster response, may be offered. In cases where mRNA vaccines cannot be offered e.g. due to clinical contraindication, vaccination with the AstraZeneca vaccine may be considered for those

who received AstraZeneca vaccine in the primary course. PGDs and Protocols have been updated accordingly.

## **Deployment plans**

11. The booster vaccination programme in Northern Ireland will be implemented using a combination of Trusts, GPs and Community Pharmacies. It is essential that the booster doses are recorded on the Vaccine Management System. Starting this week (20th September), residents in care homes for older people, housebound patients and staff will be offered flu and/or COVID-19 booster vaccination by Trust mobile teams working in conjunction with local pre-existing arrangements.
12. In line with the Green Book definition, Trust employed frontline health and social care workers will be invited to book their vaccination at a Trust vaccination site shortly, while non Trust employed frontline health and social care workers, such as Dentists and Domicillary Care workers etc, will be eligible to receive their booster vaccination via a local community pharmacy.
13. Adults aged 70 years or over and adults aged 16 years and over who are on the highest risk list (previously identified as Clinically Extremely Vulnerable) will be contacted by their GP.
14. People on the highest risk list who were severely immunosuppressed at the time of their last COVID-19 vaccination will be offered a third primary dose at this stage. The JCVI will review whether this group requires a further booster at a later date, following completion of their 3-dose primary course.
15. Other eligible groups, including all those aged 16 to 49 years with underlying health conditions, adult carers, unpaid and young carers, adult household contacts of immunosuppressed individuals and all adults over 50 years will be offered the vaccine using a combination of GPs and Community Pharmacies.

### **At risk - 16 to 49 years with underlying health conditions**

16. This group is in line with the definition used in the first phase of the programme. The Green Book had been revised to better align at-risk groupings for flu and COVID-19, to increase scope to co-vaccinate. The final advice states that only those at higher risk of severe COVID-19 (as set out in the Green Book) should be offered the booster.

## **Pregnancy**

17. Pregnancy is an “at risk” condition for flu vaccination but not for COVID-19. The JCVI will offer further advice at the appropriate time on booster vaccinations for women who are pregnant without any risk factors. In the current COVID-19 vaccination programme, women who are pregnant should be offered the vaccination at the same time as non-pregnant women based on their age and clinical risk group. If a pregnant woman received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9), they should be offered a booster dose of COVID-19 vaccine. If they have not had either first or second dose, then she should be offered them.

### **Adult carers aged 16 years and over (including young and unpaid carers)**

18. The JCVI advice includes adult carers in its list of those who should be included in the booster programme. Paid and Unpaid carers aged 16 years and over were invited to be

vaccinated in group 6 of the current COVID-19 vaccination programme. In Northern Ireland, the definition of a carer is: *Carers are people who, without payment, provide help and support to a family member or a friend who may not be able to manage without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member.* The same approach should continue for the COVID-19 booster programme.

### **Adult household contacts of immunosuppressed individuals**

19. Adult household contacts of immunispressed individuals will be offered a booster vaccination. The immunispressed individuals will be identified by GPs/Trusts and a letter issued to them advising that those who live with them are eligible to receive a booster dose from their GP or community pharmacy using the letter as proof.

### **Conclulsion**

20. Rolling out the COVID-19 vaccination programme has required a huge amount of hard work and dedication so to all involved please accept our sincere gratitude. We appreciate the long hours you have worked to ensure that we could provide the people of Northern Ireland with the best available protection from this virus.

21. Our COVID-19 vaccination programme in NI has been an outstanding success to date and has helped us take significant strides towards the more normal life that we all want to see return. However with a more severe flu season than normal being predicted, we will have to continue to work hard to ensure those most at risk are protected against COVID and Influenza this winter.

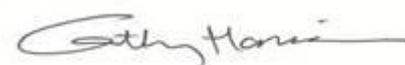
Yours sincerely



**Professor Sir Michael McBride**  
Chief Medical Officer



**Professor Charlotte McArdle**  
Chief Nursing Officer



**Mrs Cathy Harrison**  
Chief Pharmaceutical Officer

### **Circulation List**

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)

Assistant Director Public Health (Health Protection), Public Health Agency

Director of Nursing, Public Health Agency

Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)

Directors of Pharmacy HSC Trusts

Director of Social Care and Children, HSCB

Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)

Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)

Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)

Directors of Children's Services, HSC Trusts

