

**From the Chief Medical Officer
Dr Michael McBride**



Department of
Health

An Roinn Sláinte

Máinnstríe O Poustie

www.health-ni.gov.uk

HSS(MD)82/2020

FOR ACTION

Chief Executives, Public Health Agency/Health and Social
Care Board/HSC Trusts/ NIAS

GP Medical Advisers, Health & Social Care Board

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

OOHs Medical Managers (for onward distribution to staff)
RQIA

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563

Email: Michael.McBride@health-ni.gov.uk

Our Ref: HSS(MD)82/2020

Date: 7 December 2020

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

DEPLOYMENT OF THE COVID-19 VACCINE IN NORTHERN IRELAND

ACTION REQUIRED

Chief Executives must ensure this information is drawn to the attention of all staff.

The PHA must ensure this information is cascaded to staff working on COVID-19 vaccine deployment and the health protection team.

The HSCB must ensure this information is cascaded to all General Practitioners and practice managers for onward distribution to all staff involved in the vaccination programme.

The RQIA must ensure this information is cascaded to all Independent Sector Care Homes. The RQIA should also actively encourage all Independent Sector Care Home staff to receive the COVID-19 vaccine as soon as possible.

INTRODUCTION

1. You will be aware that on 2 December the first COVID-19 vaccine for the UK, developed by Pfizer/BioNTech, was granted approval for use following a thorough review carried out by the Medicines and Healthcare products Regulatory Agency (MHRA).

2. Northern Ireland has been planning for the deployment of the COVID-19 vaccine for many months. This has involved collaborative working across the Health and Social Care system in conjunction with our wider stakeholders and partners. This letter sets out a broad overview of the programme and will be followed shortly by more detailed information in relation to the vaccine etc.

Operational Deployment of Vaccine in Northern Ireland

3. Planners in Northern Ireland have been working on a number of deployment models for roll out of the vaccine to the wider population. While the first batches of vaccine have now been received in Northern Ireland, it may be several weeks or months before substantial quantities of vaccine are widely available, therefore initially we will have to target the vaccine in order to protect those at greatest risk.
4. In the initial phase of the vaccination programme, given the constraints of the deployability of the Pfizer-BioNTech product, the vaccine will be administered mainly through vaccination centres operating under the direction and governance of Health and Social Care Trusts. The COVID-19 vaccination programme will officially begin on Tuesday 8 December when those who will be carrying out the vaccinations will be invited to receive the vaccine at a regional vaccination clinic at the Royal Victoria Hospital site.
5. Each of the Trusts have identified suitable premises where vaccinators will be able to administer the vaccine in a safe, controlled and socially distanced environment with the appropriate measures in place. This phase of the programme will begin week commencing 14 December. In advance of the Primary Care led element of the programme we are currently considering how these arrangements might be extended to include the over 80s in the community.
6. The model for vaccine deployment has been designed to be pragmatic, agile and flexible. Teams of vaccinators have been trained from a range of professional backgrounds in addition to extant HSC staff and primary care staff.
7. In order to facilitate maximum vaccine deployment and uptake, overall the vaccination model will include Trust mobile and roving teams who will focus on those groups for whom travel to a vaccination centre would be challenging, such as the elderly and care home residents or a supported living centre where the clinical risk was considered to be similar to a care home. When these Trust mobile teams are present at a care home they will also offer vaccination to all staff as well as residents. The mobile team element of the programme will also begin week commencing 14 December.

8. Subject to the availability of a suitable vaccine, from early January 2021, it is intended to roll out the programme through primary care led vaccination clinics which will be responsible for the vaccination of the vast majority of eligible individuals.

Prioritisation of Vaccine in the early phase of the programme

9. Northern Ireland along with the other Devolved Administrations will adhere to the Joint Committee on Vaccination and Immunisation (JCVI) advice on prioritisation of the vaccine as published on 2nd December 2020
<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>

10. The JCVI has now published advice on the immediate priority groups for the early phases of vaccine deployment. The JCVI specifically advises that

“the first priorities for any COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems. Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services”

11. JCVI acknowledges that the single greatest risk of mortality from COVID-19 is increasing age and that the risk increases exponentially with age. There is clear evidence that those living in care homes for older adults have been disproportionately affected by COVID-19 as they have had a high risk of exposure to infection and are at higher clinical risk of severe disease and mortality. Given the increased risk of outbreaks, morbidity and mortality in these enclosed settings, these adults are considered to be at very high risk as are care home workers who are therefore considered a very high priority for vaccination.
12. Frontline health and social care workers are at increased personal risk of exposure to infection with COVID-19 and of transmitting that infection to susceptible and vulnerable patients in health and social care settings. JCVI consider frontline health and social care workers who provide care to vulnerable people a high priority for vaccination. Protecting them protects the health and social care service and recognises the risks that they face in this service.

A Framework for initial deployment in Northern Ireland

13. All health and social care staff in Northern Ireland will be offered the COVID-19 vaccine as an early priority. In light of the planned delivery schedules of the vaccine in December and January this will be phased. Ultimately all health and social care workers will have the opportunity to be vaccinated to protect themselves, their families, and patients as soon as

sufficient quantities of a vaccine become available, which is expected to be within the first quarter of 2021 .

In considering the early deployment our aim is to:

- 1) To protect vulnerable patients and clients at higher risk of severe disease and mortality.
 - 2) To protect staff working in high risk areas for exposure, and
 - 3) To protect staff members at highest personal risk of morbidity and mortality
14. Whilst acknowledging the advice from JCVI on vaccine prioritisation an important additional factor is that of the ability to deploy the vaccine safely with minimum wastage. With this in mind a Framework has been developed to help guide the deployment of vaccination for all health and social care staff, including those in the independent care sector. The Framework is available at **Annex A**.
15. A booking system has been developed for all HSC staff. Staff will be able to book an appointment at a time and location that is convenient to them – this can be at any Trust vaccination site. Appointments can be made by priority groups from the 9th December 2020. Full details of the booking platform will be issued shortly.

Conclusion

16. We would once again like to express our sincere gratitude to every health and social care worker across Northern Ireland for the dedication and commitment that has been demonstrated throughout the COVID-19 pandemic. The COVID-19 vaccination programme represents one of the largest and most complex public health initiatives to be undertaken in Northern Ireland and across the UK as well as one of the most important.
17. The vaccine is the best defense we have against the spread of the COVID-19. We all have a professional and moral responsibility to take appropriate steps to protect our patients. Getting vaccinated, and endorsing the COVID-19 vaccination among colleagues, will help increase uptake rates and protect not only yourself but also your patients, your family and your community.
18. While the introduction of a vaccination programme is a very welcome development in the fight against COVID-19 we do not expect to see a population impact of the programme for some months, until a large section of the population are vaccinated. Therefore it is very important that all staff continue to adhere to all public health guidance in the coming months, including downloading the contact tracing app. As we move through the

winter months in particular it is vital that we all continue to wash our hands regularly, use a face covering and keep our distance from those not in our household.

Yours sincerely



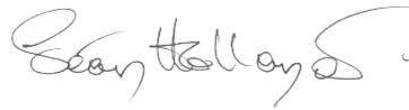
Dr Michael McBride
Chief Medical Officer



Professor Charlotte McArdle
Chief Nursing Officer



Mrs Cathy Harrison
Chief Pharmaceutical Officer



Sean Holland
Chief Social Services Officer



Michael Donaldson
Acting Chief Dental Officer



Jenny Keane
Chief Allied Health Professions Officer

Early deployment of Covid-19 vaccination

All health and social care staff will be offered the COVID-19 vaccine as an early priority. In light of the planned delivery schedules of the vaccine in December and January this will be phased. Ultimately all health and social care workers will have the opportunity to be vaccinated to protect themselves, their families, patients and community. In considering the early deployment our aim is to:

1. To protect vulnerable patients and clients at higher risk of severe disease and mortality.
2. To protect staff working in high risk areas for exposure
3. To protect staff members at highest personal risk of morbidity and mortality

The **Joint Committee for Vaccination and Immunisation (JCVI)** advises that:

- The first priorities for any COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems.
- Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services.

Table 1: Early Deployment Framework for Northern Ireland

	Rationale	Targeted in This Phase
Care home residents (or a supported living centre where the clinical risk was considered to be similar to a care home)	<ul style="list-style-type: none"> • JCVI priority group 1 as they have a high risk of exposure to infection and higher clinical risk of severe disease and mortality. 	<ul style="list-style-type: none"> • All residents of the 483 care homes in NI
Care home staff	<ul style="list-style-type: none"> • JCVI priority group 1 to protect the most vulnerable and reduce outbreaks 	<ul style="list-style-type: none"> • All care home employees working in the 483 care homes • This includes agency workers where the service is heavily reliant on agency and the member is doing at least 1 shift per week

Vaccinators	<ul style="list-style-type: none"> JCVI and CMO priority group as they are providing face to face clinical care 	<ul style="list-style-type: none"> Trust vaccinators Volunteer vaccinators
	Rationale	Examples of staff working with patient/ client groups include but are not limited to:
All staff working with patient groups at higher risk (including embedded support staff)	<ul style="list-style-type: none"> JCVI priority cohort 2 to ensure the protection of vulnerable individuals, potentially reduce outbreaks and resilience of key services 	<ul style="list-style-type: none"> Core staff working in units where there are a significant proportion of cohorted patients/ clients with high risk conditions, as defined by JCVI – Note 1 This will include: <ul style="list-style-type: none"> Staff in hospices, acute and community services See Note 2
Higher risk areas and settings for exposure for staff areas	<ul style="list-style-type: none"> JCVI priority 2 as increased personal risk of exposure to COVID-19 	<ul style="list-style-type: none"> Emergency Departments NIAS Emergency Responders Healthcare staff in COVID-19 centres or services
Increased Personal risk	<ul style="list-style-type: none"> JCVI priority 2 Staff risk groups as identified by JCVI and in CEV category. 	<ul style="list-style-type: none"> Staff within extremely vulnerable high risk categories – Note 3 Members of staff over 70 years BAME (see mitigating inequality section in JCVI guidance¹) <p>Exceptions where vaccination not advised:</p> <ul style="list-style-type: none"> Pregnant and breast feeding

¹ JCVI advice that BAME **alone** does not indicate a higher risk

		<ul style="list-style-type: none"> • Planning for pregnancy within the next 3 months
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NOTE 1:

The risk groups identified by the Joint Committee Vaccination and Immunisation are set out below.

- Chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma
- Chronic heart disease (and vascular disease)
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease including epilepsy
- Down’s syndrome
- Severe and profound learning disability
- Diabetes
- Solid organ, bone marrow and stem cell transplant recipients
- People with specific cancers
- Immunosuppression due to disease or treatment
- Asplenia and splenic dysfunction
- Severe mental illness
- Morbid obesity

NOTE 2:

When applying this Trusts will wish to consider the frequency of staff working in those areas such as:

- Core staff working in the ward or staff working at least 1 shift per week in the area.
- To include agency workers where the member is doing at least 1 shift per week and where the service is heavily reliant on the agency workers.

NOTE 3:

Extremely vulnerable Group

The list of highest risk diseases includes:

- solid organ transplant recipients
- people with specific cancers:
 - people with cancer and are having chemotherapy
 - people with lung cancer and are having radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia,

- lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- people with Motor Neurone Disease
- people with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- people who have had a splenectomy
- those undergoing renal dialysis
- adults with Down's Syndrome
- adult patient with kidney impairment (Stage 5 Chronic Kidney Disease)