

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



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 76/2021

FOR ACTION

Chief Executives HSC Trusts for onward cascade to Medical Directors.
Chief Executives, Public Health Agency/Health and Social Care Board.
GP Medical Advisers, Health & Social Care Board
All General Practitioners and GP Locums (for onward distribution to practice staff).

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Our Ref: HSS(MD) 76/2021

Date: 23 November 2021

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

UPDATE FROM JCVI REGARDING SECOND DOSES FOR 16 AND 17 YEAR OLDS, BOOSTERS FOR 40 TO 49 YEAR OLDS AND TIMING OF THE INTERVAL FOR BOOSTER DOSES

1. The Joint Committee on Vaccination and Immunisation has recently issued updated advice in relation to:
 - Those aged 40-49 years of age;
 - Those aged 16 and 17 years of age; and
 - Timing of interval for booster dose, including those about to receive immunosuppressive treatment

JCVI issues advice for those aged 40-49 years of age.

2. [JCVI has advised](#) that, in addition to those aged over 50 years and at higher risk from coronavirus (COVID-19), all adults aged 40 to 49 years should now also be offered an mRNA booster, 6 months after their second dose, irrespective of the vaccines given for the first and second doses.
3. Recent UK and international data have provided early signs of a slight fall in the levels of protection against severe disease from the primary doses, in those who had their initial vaccines a long time ago. Booster vaccines are

being offered to eligible groups to help them maintain high levels of protection against hospitalisation, severe illness or dying over the winter.

4. JCVI has previously advised booster vaccination for all adults aged 50 years and over and those in a COVID-19 at-risk group. The offer has now been broadened to include those aged 40 to 49 years.
5. Booster vaccination should be with either the Pfizer-BioNTech vaccine, or the Moderna vaccine, as previously advised. Both of these vaccines are expected to give a good level of extra protection.
6. Recent data published by the UK Health Security Agency (UKHSA) on booster vaccine effectiveness in the UK shows that people who take up the offer of a booster vaccine increase their protection against symptomatic COVID-19 infection to over 90%. Protection against more severe disease is expected to be even higher.
7. Following 2 doses of the vaccine – as yet – there is no robust evidence of a decline in protection against severe COVID-19 (hospitalisation and deaths) in those aged under 40. JCVI will continue to closely review all available data to develop further advice in due course.
8. The majority of people in the 40-49 age cohort are expected to reach the 6 month mark from the date they received their second primary doses from mid- December. In response to this additional cohort being added to the booster programme Trusts will be establishing a number of vaccination hubs across Northern Ireland to help ensure these individuals can receive their booster dose in a timely manner. In the meantime GPs and Community Pharmacists will continue to deliver the booster programme to all adults aged 50 years and over and those in a COVID-19 at-risk group.

JCVI issues advice on second doses for 16 to 17 year olds

9. The [JCVI is advising](#) that all 16 to 17 year olds who are not in an at-risk group should be offered a second dose of the Pfizer vaccine. The second vaccine dose should be given 12 weeks or more following the first vaccine dose.
10. For those in this age group who have had COVID-19 infection, the second vaccine dose should be given 12 weeks or more following the first vaccine dose, or 12 weeks following a positive COVID-19 test result – whichever is later.
11. Anyone who had been vaccinated as a 17 year old but who has now turned 18 years of age should follow the guidance for those aged 18 years and over. For those who turn 18 during the 12 week interval outlined above, should continue to follow the guidance for 16 and 17 year olds until they receive their 2nd dose.

12. This advice is in addition to the existing offer of 2 doses of vaccine to 16 to 17 year olds who are in 'at-risk' groups, [as described in the Green Book](#).
13. It should be noted that anyone under the age of 18 years:
- Who is not in a specific risk group should have an interval of 12 weeks or more:
 - a. between SAR-CoV-2 infection and COVID vaccine irrespective of the dose (dose 1 or dose 2)
 - b. between dose 1 and dose 2 for those eligible (i.e. 16-17 year olds)
 - If they are in are on specific risk groups (as outlined in table 3 of Green Book) they should continue to be offered 2 doses with an interval of 8 weeks between them irrespective of SAR-CoV-2 infection history
14. The decision to advise the second dose is based on a review of the latest evidence of the benefits of the vaccine programme, compared to the risks of any side effects. A second vaccine dose increases the level of protection and is important for extending the duration of protection. As protection from the first dose will eventually start to decline, the benefits from the second vaccine dose will become more important over time. A second dose may also offer a reduction in the risk of hospitalisation and onward transmission to vulnerable close contacts.
15. In reports originating from outside the UK, extremely rare adverse reactions, such as myocarditis (inflammation of the heart) have been reported more frequently after the second vaccine dose compared to the first vaccine dose. However, in countries such as Canada and the UK, who have a longer interval between the first and second doses, rates following the second vaccine dose are closer to the reporting rate after the first dose.
16. The latest available data indicate that myocarditis following vaccination usually resolves within a short time, most cases respond well to treatment and where information is available, no major complications have been identified in the medium term (months).
17. Taking these factors into consideration, JCVI has concluded that the balance of risks and benefits supports offering a second dose of the Pfizer-BioNTech COVID-19 vaccine in persons aged 16 to 17 years who are not in an at-risk group.

Timing of interval for booster dose, including those about to receive immunosuppressed treatment

18. The Green Book has recently been updated in relation to the interval period for booster doses – see page 23 of the attached link

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

19. The JCVI is still recommending that booster vaccines are scheduled at a six month interval from completing the primary course. This interval will automatically help to prioritise older and more vulnerable patients. For operational reasons, administration may be brought forward to a minimum of five months in certain circumstances including:
- in a care home setting to enable all residents to be vaccinated in the same session.
 - where an otherwise eligible individual attends for another reason (for example to receive influenza vaccine)
20. For those about to receive immunosuppressive treatment where the booster may be brought forward to a minimum of four months (~120 days) to avoid giving the booster when the immune system is less able to respond. Third doses given to those who were severely immunosuppressed at/around the time of their first or second primary dose do not count as booster doses. These individuals are expected to also require a booster after another six months, but JCVI will review evidence from trials of boosting in this population and issue further advice on the optimal timing for this group.
21. I wish to once again thank everyone involved in the ongoing COVID-19 primary and booster vaccination programme. The evidence is very clear and unequivocal, COVID-19 vaccines are very effective in reducing the chances of an individual developing the disease and they also reduce the severity of disease for those who become infected. While I do not underestimate the pressures being faced right across the Health and Social Care system, it is essential that we do all we can to maximise the uptake of primary and booster doses over the next few weeks and months in order to save lives and protect the health service.

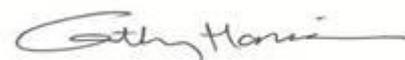
Yours sincerely



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Chief Pharmaceutical Officer

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