

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



ADDENDUM HSS(MD) 34/2024

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward
distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563

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

Our Ref: HSS(MD) 34/2024

Date: 26 September 2024

Dear Colleague

COVID-19 AUTUMN 2024 BOOSTER VACCINATION PROGRAMME

ACTIONS REQUIRED

Chief Executives must ensure this information is drawn to the attention of all staff involved in the COVID-19 Autumn 2024 Booster Vaccination Programme.

The SPPG must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the COVID-19 Autumn 2024 Booster Vaccination Programme.

The RQIA must ensure this information is cascaded to all Independent Sector Care Homes for onward distribution to all staff involved in the COVID-19 Autumn 2024 Booster Vaccination Programme.

Introduction

1. The purpose of this letter is to outline the forthcoming COVID-19 Autumn 2024 Booster Vaccination Programme and includes information on: eligibility criteria; COVID-19 vaccines intended for use; and the operational plans.
2. The COVID-19 Autumn Programme will commence in Northern Ireland on 7 October at the same time as the 2024-25 annual Seasonal Influenza Vaccination Programme. It is expected that most vaccinations will be administered by early December to ensure those most at risk from winter illness are protected.

3. The Vaccination Programme is operating under a Patient Group Direction (PGD) which will be issued by PHA/SPPG. The Vaccination Programme will officially begin on 7 October 2024, however, those administering the vaccine can choose to begin offering the vaccine earlier if they have received their first delivery of vaccine, provided a valid PGD or National Protocol is in place, prioritising groups as specified in this letter.
4. Alternatively, prescribers may choose to use a Patient Specific Direction (PSD) to administer the vaccine in the absence of a PGD or National Protocol.

Background

5. Advice from the Joint Committee on Vaccinations and Immunisations (JCVI) has continued to adapt as the UK has transitioned from pandemic response to recovery.
6. The UK COVID-19 pandemic vaccine programme was initiated in December 2020 with the primary objective to prevent severe disease, hospitalisations, and deaths. Now that the vast majority of the adult population have been vaccinated and seroprevalence studies indicate that most of the adult and childhood population have been naturally infected, the COVID-19 Vaccination Programme is transitioning towards a longer-term more sustainable Programme.
7. In 2024, the current situation remains one of very high levels of population immunity against the SARS-CoV-2 virus and Omicron sub-variants that are not associated with increased disease severity compared with earlier variants.
8. Evidence is becoming clear that all the current vaccines provide modest and short-term protection against infection and therefore cannot effectively interrupt transmission. Protection against mild symptomatic disease is moderate but also only sustained over the short-term.
9. Since the end of the spring 2023 programme, the aim of the longer term COVID-19 Vaccination Programmes will therefore be to reduce severe disease (hospitalisations and death). Vaccination will be a targeted offer only to those considered to be most at risk of serious disease and thereby most likely to directly benefit from vaccination.
10. The risk of developing severe disease continues to be strongly associated with increasing age and underlying health conditions. Adults of older age with underlying health conditions that place them in a clinical risk group are at the highest risk of severe COVID-19, compared to other individuals of a similar age.
11. Further transition to a routine vaccination programme beyond Autumn 2024 will depend on population immunity and COVID-19 vaccines meeting JCVI cost effectiveness standards. If population immunity remains high, most people will experience relatively mild symptomatic or asymptomatic infection.

In such a scenario, a routine COVID-19 Vaccination Programme may be a cost-effective intervention for only a small group of the population who remain at high risk from more severe COVID-19.

Eligibility Criteria for COVID-19 Autumn 2024 Booster Vaccination

12. The JCVI statement of 9 April 2024, published [2 August](#), recommends the following groups for the COVID-19 Autumn 2024 Booster Vaccination Programme:

- All adults aged 65 years and over,
- Residents in a care home for older adults, and
- People aged 6 months to 64 years in a clinical risk group¹

13. The following groups are also included as part of the COVID-19 Autumn 2024 Booster Vaccination Programme:

- frontline Health and Social Care Workers
- Staff working in Care Homes

Change in Eligibility Criteria for Autumn 2024

Health and Social Care Workers

14. For Autumn 2024, whilst not a formal JCVI recommendation, the Department of Health will continue to offer COVID-19 vaccination to frontline Health and Social Care Workers (HSCWs) and staff working in care homes for older adults as part of an Occupational Health Programme.

15. During the early phase of the pandemic Vaccination Programme, JCVI recommended COVID-19 vaccination for frontline HSCWs to protect them against severe COVID-19, to protect the resilience of health services, and to reduce the risk of transmission from HSCWs to vulnerable persons under their care.

16. The evidence now shows that HSCWs are now no longer at greater risk of severe COVID-19 compared to the rest of the population and the vaccination only provides modest and short-term protection against infection, so does not effectively interrupt transmission.

17. As a result, JCVI did not recommend frontline HSCWs would be included as one part of the national COVID-19 Autumn 2024 Booster Vaccination Programme. However, Occupational Health Vaccination Programmes are outside the scope of JCVI recommendations. The JCVI did acknowledge that there may be potential benefit in offering COVID-19 vaccine to HSCWs for occupational health purposes, to protect health services from staff absences due to COVID-19 during the winter months.

¹ defined in tables 3 and 4 of the [COVID-19 chapter of the Green Book](#)

18. Based on wider advice from JCVI and the four UK Chief Medical Officers, we will continue to offer COVID-19 vaccination to frontline HSCWs for this year's COVID-19 Autumn Booster Programme. Further consideration of the continued inclusion of COVID-19 vaccination as an occupational health programme for frontline health and social care workers will need to be undertaken for future years.

Unpaid carers or household contacts of people with immunosuppression

19. JCVI does not advise offering the COVID-19 Autumn 2024 Booster vaccination to unpaid carers or household contacts of people with immunosuppression.

Primary Course of COVID-19 Vaccination

20. Only those who currently meet the eligibility criteria for a COVID-19 vaccination during the Autumn 2024 programme continue to be eligible for a primary vaccination (as set out in paragraphs 12 and 13).

21. For the Autumn 2024 Programme, the primary course consists of a single dose of COVID-19 vaccine. Further details regarding exceptions to this advice, are outlined in the [COVID-19 Greenbook chapter 14a](#).

22. Those in the eligible groups who have not yet come forward for primary vaccination may attend any vaccination provider to be vaccinated.

Co-administration with Influenza vaccine

23. The Department of Health is also offering the annual Seasonal Influenza Vaccination Programme for 2024-2025. Those eligible for the COVID-19 Autumn 2024 vaccination will also be eligible for the seasonal Influenza 2024-2025 vaccine. Definition of the over 65-year-old cohort eligible for both of the vaccination programmes has been aligned to assist with operational delivery. i.e. individuals aged 65 years and over, by the 31 March 2025, are eligible for seasonal Influenza and COVID-19 Autumn 2024 Booster vaccinations. The HSS Seasonal Influenza 2024-25 Letter recently issued and can be found [here](#).

24. This year the 2024-2025 Seasonal Influenza Vaccination Programme will also officially start on 7 October, with the majority of the population to be vaccinated by early December. These dates have been informed by the JCVI recommendation that older adults and adults in clinical risk groups should not receive Influenza vaccine before October due to evidence that the effectiveness of seasonal Influenza vaccinations can wane over time in adults.

25. Growing evidence shows that co-administration of the inactivated COVID-19 vaccine can safely take place with one or more inactivated vaccines. The timings for the COVID-19 Autumn 2024 Booster Programme have therefore been aligned with the Seasonal Influenza Vaccination Programme to enable co-administration of the two vaccines.

COVID-19 vaccines available for Autumn 2024

26. The JCVI statement, published on [2 August](#), outlines the following vaccines available for the COVID-19 Autumn 2024 Booster Programme:

For all individuals aged 18 years and over (at the time of vaccination):

- Moderna mRNA (Spikevax) vaccine. Dose: 50 micrograms
- Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 30 micrograms

For young people aged 12 to 17 years and over (at the time of vaccination):

- Pfizer-BioNTech mRNA (Comirnaty). Dose: 30 micrograms

For children aged 5 to 11 years and over (at the time of vaccination):

- Pfizer-BioNTech mRNA (Comirnaty). Dose: 10 micrograms

For children aged 6 months to 4 years and over (at the time of vaccination) :

- Pfizer-BioNTech mRNA (Comirnaty). Dose: 3 micrograms

27. There are very few individuals who cannot receive approved COVID-19 vaccines. This year, there is no non-mRNA vaccine alternative available. Patients with a history of allergy following COVID-19 vaccination should seek professional advice on the need for referral to an allergy specialist. Further advice can be found in the Green Book [COVID-19 Greenbook chapter 14a](#).

Deployment Plans

28. The COVID-19 Autumn 2024 Booster Vaccination Programme will follow the deployment model that has worked well over the last number of booster programmes. The programme will be delivered by a range of providers including General Practice, Community Pharmacy and Trusts.

29. All vaccinations must be promptly recorded on the Vaccine Management System (VMS) to ensure multiple vaccinations are not administered by different providers. This is also essential to enable accurate monitoring of vaccination uptake.

30. A small pool of sessional vaccinators who are employed by the Public Health Agency are available to support GPs and Community Pharmacies with the co-administration of COVID-19 and Influenza vaccines throughout the Autumn 2024 Programme. Further information on this workforce and requests for support can be raised by contacting PHAVaccinesitrep@hscni.net

31. All service providers should commence the COVID-19 Autumn 2024 Booster Vaccination Programme from 7 October and aim to have the majority of the eligible population vaccinated by early December.

General Practitioners

32. GPs should identify, invite and administer vaccination to:
- i. All eligible individuals aged 65 years or older (i.e. born before 31 March 1959)
 - ii. Individuals aged 18 (at the time of vaccination) to 64 years in clinical at-risk groups
33. GPs should identify and refer housebound patients who require vaccination by Trust District Nursing or Vaccination Teams as soon as possible and by 31 September 2024 using the normal processes, to ensure that Trust Vaccination Teams can administer the vaccination by early December.
34. GPs should identify all individuals aged 5 to 17 years in clinical risk groups and send written communication to notify them that they are eligible for the COVID-19 vaccination this Autumn 2024. This cohort should attend Trust Vaccination Clinic to receive the vaccine.
35. GPs should also identify and vaccinate their own frontline staff.

Community Pharmacies

36. Community Pharmacies will be responsible for vaccination of all care home residents and staff, including mop-up visits. Care home residents are one of the most vulnerable groups at risk of severe disease and so are high priority for timely vaccination. Community Pharmacies should start vaccinating care homes residents from 7 October and aim to complete as quickly as possible
37. Many care homes will already have effective medicines management arrangements with Community Pharmacies, and it is anticipated that these existing partnerships will continue through the offer of COVID-19 vaccination to care homes.
38. For care homes operated by HSC Trusts, Trusts are asked to ensure that local arrangements are made with Community Pharmacies offering the COVID-19 vaccination service.
39. Community Pharmacies can also vaccinate anyone:
- a. aged 65 years or older
 - b. those under 65 years who are clinically at risk - based on evidence supplied by the patient such as a GP letter, hospital letter or medication etc.

- c. frontline health and social care staff²
- d. pregnant women.

Trusts

40. Trusts will run a number of vaccination clinics and mobile clinics/pop up clinics to vaccinate anyone who attends for vaccination.

Trusts are responsible for:

41. Identifying and administering vaccine to:

- Frontline Health and Social Care Workers²
- Pregnant women through maternity services
- individuals aged 6 months to 4 years in clinical at risk groups

42. Administering vaccine following referral to:

- Individuals 5-17 years of age in a clinical at-risk group
- Housebound patients through vaccination teams
- Individuals aged 65 years and over that are registered at a GP practice that is not participating in the programme

43. Providing an alternative offer for receiving the vaccine to:

- Individuals aged 65 years and over
- Individuals with an allergy to available COVID-19 vaccines if a specialist determines they should receive the vaccine under clinical supervision.

Publicity and Public Information Materials

44. The PHA is responsible for delivery of the COVID-19 Autumn 2024 Vaccination Programme Communication Plan which is delivered in line with wider HSC communications for Winter. From October 2024, publicity messages will be launched for eligible children, adults, and health and social care workers to encourage those eligible to take up the offer of the vaccine.

45. As before, PHA will also produce public information leaflets which will be distributed by the PHA to all GPs, community pharmacies and Trusts for the programme, in line with normal arrangements. Leaflets will also be available at the PHA website at: www.publichealth.hscni.net/publications

46. As in previous years, funding is provided to GP practices to enable them to actively inform their patients that they are eligible for a COVID-19 vaccination (e.g., by letter, email, phone call, text) to ensure as high an uptake as possible is achieved this year. The benefits of COVID-19 vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible.

² defined in chapter 14A of the Green Book: [COVID-19 Green Book chapter 14a](#)

Training for Health Professionals

47. The PHA will produce professional information to support the delivery of the Programme, which will be available on the PHA website: [Professional information | HSC Public Health Agency \(hscni.net\)](#)
48. The Green Book chapter on COVID-19 is available online, see attached link: [COVID-19 Greenbook chapter 14a](#) It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

Vaccine Equity

49. The COVID-19 Autumn 2024 Booster Programme should aim to maximise uptake across all groups, with a particular focus on ensuring vaccination equity.
50. Regional vaccine uptake monitoring should include uptake according to socioeconomic status, geographical residence and any other factors that contribute to vaccine inequity.
51. Providers delivering the Booster Programme should have access to data relating to uptake monitoring, either through arrangements with PHA or through their own monitoring arrangements, so that they can direct Programme delivery to ensure maximum uptake.

Surveillance and reporting

52. All providers administering the COVID-19 vaccine should record administration on VMS.
53. The PHA vaccine surveillance team should extract data from VMS to provide regular reports of uptake.

Summary

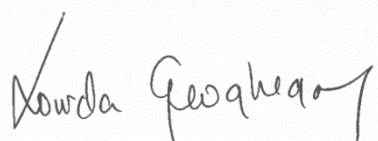
| | Provider | Start Date | Complete |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|----------------|
| Individuals aged 65 or older | <ul style="list-style-type: none">• GP• Community Pharmacy• Trust Clinics | 7 October | Early December |
| Individuals aged 18 to 64 in clinical at-risk groups | <ul style="list-style-type: none">• GP• Community Pharmacy• Trust Clinics | | |
| Individuals aged 6 months to 17 in clinical at-risk groups | Trust Clinics | | |

| | | | |
|---------------------|-------------------------------------|------------------------------------------------------------------------------------------|---------------------|
| Frontline HSCWs | Trust Clinics or Community Pharmacy | | |
| Care Home staff | Community Pharmacy Trust Clinics | | |
| Care Home residents | Community Pharmacy | | As soon as possible |
| Housebound | Trust Vaccination Teams | *GP referral as soon as possible, with most being referred by the end of September 2024. | Early December |

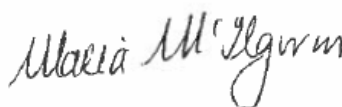
Conclusion

42. Vaccination remains the best form of defence against severe illness, hospitalisation, and death as a result of COVID-19. The COVID-19 vaccination is aimed at protecting the most vulnerable in our society.
43. The COVID-19 Autumn 2024 Booster (and Influenza) Vaccination Programmes are a critical element in helping to reduce the pressures on our health and care services during the winter months. A high uptake rate will help to reduce GP consultations, unplanned hospital admissions, pressure on Emergency Departments as well as staff sickness levels. We would therefore encourage all healthcare professionals to promote vaccination at every opportunity.
44. We do not underestimate the challenges involved in continuing to deliver a COVID-19 Autumn 2024 Booster Programme (and Influenza Programme) to a large cohort of people over a very short period of time and would like to express our sincere appreciation to all who continue to work hard to deliver these key Vaccination Programmes. Thank you for your continued hard work and dedication to these programmes.

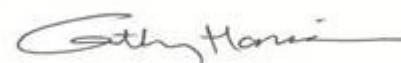
Yours sincerely



PP – Professor Lourda Geoghegan
Deputy Chief Medical Officer



Ms Maria McIlgorm
Chief Nursing Officer



Professor Cathy Harrison
Chief Pharmaceutical Officer

Professor Sir Michael McBride
Chief Medical 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, SPPG (*for onward distribution to Community Pharmacies*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG (*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
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG) (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB
Professor Neal Cook, Head of School of Nursing, Ulster University
Heather Finlay, CEC
Maurice Devine, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University
Professor Gavin Andrews, Head of School, School of Pharmacy, QUB
Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG (*for distribution to all General Dental Practitioners*)
Raymond Curran, Head of Ophthalmic Services, SPPG (*for distribution to Community Optometrists*)
Trade Union Side
Clinical Advisory Team
Louise McMahan, Director of Integrated Care, SPPG
Dr Camille Harron, NIMDTA
Prof Pascal McKeown, QUB
Prof Alan Smyth, QUB
Prof Louise Dubras, Ulster University

