

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) 89/2021

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)
Community Pharmacies
Director of Pharmacy at the HSC Board (for cascade to
prescribing advisers and community pharmacies)

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Our Ref: HSS(MD) 89/2021

Date: 23 December 2021

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

JCVI UPDATE ON ADVICE FOR COVID-19 VACCINATION OF CHILDREN AND YOUNG PEOPLE

1. JCVI has now issued updated advice in relation to COVID-19 vaccination of children and young people. The full JCVI statement can be found here at: <https://www.gov.uk/government/publications/jcvi-update-on-advice-for-covid-19-vaccination-of-children-and-young-people/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-22-december-2021>
2. This update relates to
 - (I) primary vaccination in children aged 5 to 11 years and
 - (II) booster vaccinations in persons aged 12 to 17 years.

Primary vaccination in children aged 5 to 11 years

3. JCVI have now recommended that children aged five to 11 years in a clinical risk group (as defined in the Green Book); or children who are a household contact of someone who is immunosuppressed (as defined in the Green Book), should be offered **two 10 micrograms doses** of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) with an interval of 8 weeks between the first

and second doses. The minimum interval between any vaccine dose and recent COVID-19 infection should be four weeks.

4. When formulating advice in relation to childhood immunisations, JCVI has consistently held that the main focus of its considerations should be the potential benefits and harms of vaccination to children and young people themselves. The benefits and risks from COVID-19 vaccination in children and young people are finely balanced largely because the risks associated with SARS-CoV2 infection are very low. Of all age groups, children aged five to 11 years are those at lowest risks of serious COVID-19.
5. Further advice will follow in due course on the actual vaccination arrangements for these children in Northern Ireland, including the availability of a paediatric formulation. However, it is recognised that in rare instances a specialist clinician may wish for a child under their care to receive the vaccine sooner. In such circumstances specialist clinicians should engage with the Pharmacy Department in their HSC Trust to agree arrangements for the safe prescribing, supply and administration of a fractional adult dose on an individual named patient basis (10 micrograms equal to 0.1mL, or one third of the adult 30 microgram dose). Should fractional adult doses be offered, healthcare providers should have the necessary skills to deliver such fractional doses, with appropriate guidance, training and systems in place to support vaccine delivery. They should also refer to the most recent version of the Green Book.
6. Teams responsible for the implementation and deployment of COVID-19 vaccination for persons aged 5 to 11 years should be appropriately trained and confident regarding the information relevant to the vaccination of these persons.
7. JCVI will issue further advice at a later date regarding COVID-19 vaccination for all remaining 5 to 11 year olds following consideration of additional data.

Booster vaccination of 12 to 17 year olds

8. JCVI have also advised that the following cohorts of children and young people should be offered **a booster dose of 30 micrograms** Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 months after completion of their primary course:
 - I. All children and young people aged 16 to 17 years;
 - II. Children and young people aged 12 to 15 who are in a clinical risk group or who are a household contact of someone who is immunosuppressed; and
 - III. Children and young people aged 12 to 17 years who are severely immunocompromised and who have had a third primary dose

9. The current focus of the vaccination programme will remain on delivering booster vaccinations to anyone aged 18 years and over but prioritisation of booster vaccination within eligible cohorts should generally be in the order of descending age groups, or clinical risk, whichever is more expedient.
10. Boosting of children in clinical risk groups should commence after the equivalent clinical risk adult groups; higher age is independently associated with a higher risk of complications from COVID-19 and these adults will have received their primary vaccinations earlier in the vaccine programme.
11. In all instances, the offer of vaccination must be accompanied by appropriate information to enable children, and those with parental responsibility, to provide informed consent prior to vaccination.

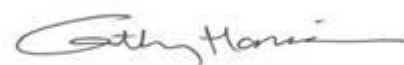
Yours sincerely



Prof Sir Michael McBride
Chief Medical Officer



Linda Kelly
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*)
 Director of Nursing, Public Health Agency
 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
 RQIA (*for onward transmission to all independent providers including independent hospitals*)
 Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)
 Regional Medicines Information Service, Belfast HSC Trust
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General Dental Practitioners)
Raymond Curran, Head of Ophthalmic Services, HSCB (*for distribution to
Community Optometrists*)
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, HSCB

This letter is available on the Department of Health website at
[https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-
advice/hssmd-letters-and-urgent-communications](https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications)