

**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)46/2023**

**FOR ACTION**

Chief Executives, Public Health Agency/HSC Trusts/NIAS  
Deputy Secretary 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**

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Our Ref: HSS(MD)46/2023

Date: 6 September 2023

Dear Colleague

**COVID-19 AUTUMN/WINTER BOOSTER VACCINATION PROGRAMME 2023**

**ACTIONS REQUIRED**

**COVID-19 AUTUMN BOOSTER VACCINATION PROGRAMME 2023**

Chief Executives must ensure this information is drawn to the attention of all staff involved in the COVID-19 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 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 vaccination programme.

**Frontline Health and Social Care Worker COVID-19 Vaccination Programme - including Independent Sector**

Chief Executives should ensure all frontline staff are actively encouraged to receive the COVID-19 booster to help protect their families, themselves, their patients and the wider population.

The RQIA should actively encourage all Independent Sector Care Home staff to receive the COVID-19 vaccine when community pharmacy teams visit each Care Home.

## Introduction

1. The purpose of this letter is to outline the eligibility criteria, the vaccines intended to be used and the operational plans for the forthcoming autumn 2023 COVID-19 booster vaccination programme.
2. While the COVID-19 vaccination programme is now entering its third autumn, the primary aim of the programme remains the prevention of severe illness (hospitalisations and death) arising from COVID-19. The objective is therefore to vaccinate those considered to be most at risk of serious disease and thereby most likely to benefit from vaccination.
3. According to the latest risk assessment by the UK Health Security Agency (UKHSA), the BA.2.86 variant first detected in the UK on 18 August 2023 has a high number of mutations and has appeared in several countries in individuals without travel history. While BA.2.86 is not currently classified as a variant of concern, advice from UKHSA suggests that accelerated rollout of the autumn vaccination programme will deliver greater protection, supporting those at greatest risk of severe illness and reducing the potential impact on the health service.
4. The COVID-19 vaccination programme will therefore commence in Northern Ireland on 18 September 2023 to ensure that those most at risk from winter illness i.e. people in care homes, the clinically vulnerable, everyone aged 65 and over, frontline health and social care staff, and carers, will be able to access a COVID-19 vaccine. The annual influenza vaccine will also be made available to these groups to ensure they are protected against flu ahead of winter.
5. To optimise protection over the winter months, JCVI had recommended that the COVID-19 booster programme should be completed by early December 2023, however based on the latest UKHSA advice **we are seeking to have as many people as possible vaccinated by 31st October 2023**. We fully appreciate that this is a big ask given the ongoing pressures on the wider health service but an accelerated payment, in addition to an Item of Service fee, will be available to GPs and community pharmacies to help try and achieve this goal.
6. The risk of developing severe COVID-19 illness 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. All health care professionals should encourage eligible individuals to take up the offer of vaccination in order to maximise uptake rates.
7. We do not underestimate the challenges involved in continuing to deliver a COVID-19 autumn booster programme (and influenza programme) to hundreds of thousands of people over a very short period of time. Where possible, it is recommended co-administration of the COVID-19 and Influenza vaccinations should be encouraged and both vaccinations should be recorded promptly on the Vaccine Management System (VMS).

## Eligibility

8. In their statement of 26 May, which was published on the 8 August, [JCVI statement on the COVID-19 vaccination programme for autumn 2023, 26 May 2023 - GOV.UK \(www.gov.uk\)](#), the JCVI advised that for the 2023 autumn programme, the following groups should be offered a COVID-19 booster vaccine:

- All residents and staff in a care home
- All adults aged 65 and over
- Persons aged 6 months to 64 years in a clinical risk group (as defined in chapters 3 and 4 of the COVID-19 chapter of the Green Book)
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts of people with immunosuppression (as defined in the Green Book).
- Persons aged 16 to 64 years who are carers (as defined in the Green Book)

Unlike in previous years, please note healthy individuals aged 50 to 64 years of age are NOT eligible for a COVID-19 booster dose, unless they fall into one of the categories mentioned above.

## Change to Primary Course vaccination

9. From autumn 2023, JCVI additionally advises that primary course COVID-19 vaccination should consist of a single dose of COVID-19 vaccine. Eligibility for the offer of primary vaccination will be the same as for autumn 2023 booster vaccination. Further details regarding exceptions to this advice for single dose primary course vaccination, such as for those who are immunosuppressed, or the vaccine to be used, will be set out in the [COVID-19 chapter of the Green Book](#).

## COVID-19 vaccines available in 2023/24

10. Following a review of vaccine products which will be available for use in the autumn booster programme subject to regulatory approval, in their updated statement of 7<sup>th</sup> July [JCVI statement](#), (published on 30<sup>th</sup> August), JCVI advised the principles below for vaccine deployments, it should be noted implementation of this advice now has to take into account the latest UKHSA advice regarding an accelerated programme.

- I. The latest available COVID-19 vaccines, updated to a monovalent XBB-lineage, will be the preferred vaccine for the autumn 2023 programme.

**As monovalent XBB vaccines will only become available from early October onwards, subject to regulatory approval, as mentioned in paragraphs 3 and 4 above, the programme will begin from 18<sup>th</sup>**

**September and initially use bivalent BA.4-5 vaccine for all eligible groups, until the XBB vaccines become available.**

- II. These latest vaccines should be prioritised for use in persons at higher risk of severe COVID-19, that is adults aged 75 and over, residents in a care homes and individuals who are immunosuppressed.

**By the time the XBB vaccines become available we expect there to be sufficient quantities to enable the programme to switch to XBB type vaccine for all eligible groups rather than the bivalent Original/Omicron BA.4-5 COVID-19 vaccines.**

- III. The bivalent Original/ Omicron BA.4-5 mRNA COVID-19 vaccines (Comirnaty and Spikevax) are considered appropriate for younger age groups and other eligible groups (i.e those aged 74 years and under who are not a resident in a care home or immunosuppressed).

These vaccines and the AS03 adjuvanted monovalent beta-variant vaccine (VidPrevtyn Beta) used in the spring 2023 booster programme are also suitable for use in persons aged 75 years and over, if necessary.

- IV. More details on vaccine products for the autumn 2023 booster programme can be seen in chapter 14a of the Green Book <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

11. All of the available boosters provide good protection against severe illness from COVID-19. **Timeliness of vaccination is more important than the type of booster vaccine used.** The key priority of the autumn programme should be for eligible individuals to be offered a booster vaccine dose to increase their immunity against severe COVID-19 (hospitalisation and death) ahead of winter 2023/24.

12. Moderna and Pfizer-BioNTech have both sought regulatory approval from the Medicines and Healthcare products Regulatory Agency (MHRA) and the European Medicines Agency (EMA) for their mRNA monovalent XBB vaccines. Subject to regulatory approval, supplies of these vaccines may be available to order from Movianto in the normal way, by early October but a further communication will be issued in due course to confirm this.

13. The JCVI advice, published on 30<sup>th</sup> August, regarding which vaccines are available for use in this year's autumn booster programme states:

**For adults aged 75 years and above:**

- Pfizer-BioNTech (Comirnaty) mRNA monovalent XBB vaccine
- Moderna (Spikevax) mRNA XBB vaccine
- Moderna mRNA (Spikevax) bivalent Original/Omicron BA.4-5
- Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine.

- Sanofi/GSK AS03-adjuvanted monovalent beta variant (VidPrevtyn Beta) booster vaccine authorised for adults

**For use in adults aged 18 to 74 years:**

- Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine.
- Moderna (Spikevax) mRNA XBB vaccine
- Moderna mRNA (Spikevax) bivalent Original/Omicron BA.4-5
- Pfizer-BioNTech mRNA (Comirnaty) monovalent XBB vaccine
- Sanofi/GSK AS03-adjuvanted monovalent beta variant (VidPrevtyn Beta) booster vaccine authorised for adults (when mRNA COVID-19 vaccines are not clinically suitable)

**For use in adults aged 12 to 17 years:**

- Pfizer-BioNTech mRNA monovalent XBB vaccine
- Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine.

**For use in persons aged 5 to 11 years:**

- Pfizer-BioNTech mRNA monovalent XBB vaccine paediatric formulation – **please also see para 27.**

**For use in persons aged 6 months to 4 years:**

- Pfizer-BioNTech mRNA monovalent XBB vaccine infant formulation - **please also see para 28.**

When mRNA COVID-19 vaccines are not considered clinically suitable, Sanofi/GSK AS03-adjuvanted monovalent beta variant (VidPrevtyn Beta) booster vaccine is a suitable alternative for adults aged 18 years and over.

## Deployment Plans

14. The autumn 2023 COVID-19 booster vaccination programme will follow the deployment model that has worked well over the last few seasonal programmes. The programme will be implemented using a combination of GPs, community pharmacies and Trusts.
15. All vaccinations should be promptly recorded on the Vaccine Management System (VMS) to ensure multiple vaccinations are not administered by different providers as well as enabling accurate progress monitoring of the vaccination programme.
16. A small pool of Sessional Vaccinators who are employed by the Public Health Agency are available to support GP's and Community Pharmacies with the co-administration of COVID-19 and Influenza vaccines throughout the campaign. Further information on this workforce and requests for support can be raised by contacting [PHAVaccinesitrep@hscni.net](mailto:PHAVaccinesitrep@hscni.net)

17. All service providers can commence the autumn COVID-19 booster vaccination programme from **18<sup>th</sup> September**. The following vaccines should be administered:-

**For use in persons aged 12 and over:**

- Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine – **until XBB vaccines become available.**
- Pfizer-BioNTech mRNA monovalent XBB vaccines – **when available**

**For use in persons aged 5 to 11 years:**

- Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine paediatric formulation – **until the XBB vaccine paediatric formulation becomes available**
- Pfizer-BioNTech mRNA monovalent XBB vaccine paediatric formulation - **when available**

**For use in persons aged 6 months to 4 years:**

- Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine paediatric formulation – **until the XBB vaccine infant formulation becomes available**
- Pfizer-BioNTech mRNA monovalent XBB vaccine infant formulation – **when available**

COVID-19 vaccines should be co-administered with the flu vaccine where possible.

**Once mRNA monovalent XBB vaccines become available they should take preference for all groups over bivalent Original/Omicron BA.4-5 vaccines**

### **General Practitioners**

18. GPs are being asked to invite for vaccination:

- i. All eligible patients aged 65 or older (i.e. those born before 31 March 1959)
- ii. Patients aged 16 to 64 in clinical at risk groups
- iii. Anyone aged 16-64 who is a known carer
- iv. Issue a notification to their immunosuppressed patients advising them that their household contacts aged 12 to 64 years are eligible for vaccination – the notification will confirm eligibility.
- v. Issue a notification to their patients aged 5 to 15 years in clinical risk groups advising they may be eligible for vaccination and they can attend a Trust clinic to receive the vaccine.

GPs can also vaccinate their own frontline staff.

19. GPs should try and vaccinate their eligible patients, but particularly those aged 75 years and over, by 31<sup>st</sup> October.
20. GPs are also asked to identify their housebound patients and notify Trust vaccination teams by the end of September, if possible, to ensure Trusts can facilitate vaccinations of all housebound patients by the end of October, in line with the latest UKHSA advice.

## Community Pharmacies

21. Community pharmacies will be responsible for the vaccination of all care home residents and staff, including mop-up visits. As a high priority patient group **care homes resident should be vaccinated early in the programme** and community pharmacies should aim to complete all care home vaccinations by 31<sup>st</sup> October 2023. 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.
22. 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.
23. In addition, community pharmacies can vaccinate anyone
  - a. aged 65 years or older,
  - b. those under 65 who are clinically at risk - based on evidence supplied by the patient such as a GP letter, hospital letter or medication etc.
  - c. Immunosuppressed patients and their household contacts aged 18 to 64 years who provide evidence of eligibility by way of correspondence from their GP,
  - d. frontline health and social care staff, (as set out in the Green Book definition)
  - e. pregnant women,
  - f. carers who seek vaccination (as set out in the Green Book definition).

## Trusts

24. As with last autumn's programme, Trusts will primarily vaccinate their frontline staff while in addition they will run a number of vaccination clinics and mobile clinics/pop up clinics to vaccinate anyone who attends for vaccination. This includes those from an eligible group who have not yet received their primary course of vaccination.
25. During the pandemic emergency phase, frontline health and social care workers (HSCWs) were prioritised for COVID-19 vaccination in order 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. Currently, most HSCWs are no longer at much greater risk of severe COVID-19 compared to the rest of the population and vaccination is of limited

benefit in protecting against transmission. There remains potential benefit in offering vaccination to HSCWs in order to protect health services from staff absences due to COVID-19 during the winter months.

26. Trusts are therefore asked to vaccinate:

- Frontline Health and Social Care Workers, as defined in chapter 14A of the Green Book: [COVID-19 greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91221/green-book-chapter-14a.pdf) ;
- Housebound patients (via District Nursing Teams and based on referral from GP);
- Pregnant women via maternity services;
- Those aged 5 - 15 years of age identified in clinical at risk groups
- Identify and vaccinate those aged 6 months to 4 years in clinical at risk groups.
- Those aged 12-15 identified as household contacts of the immunosuppressed.
- Alternative offer for those aged 65 and over
- Alternative offer for those aged 65 and over in areas where GPs are not participating in the programme.
- Offer of a non-mRNA vaccination when mRNA COVID-19 vaccines are not considered clinically suitable.

27. Eligible individuals aged between 5 and 11 years of age can continue to receive the Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine paediatric formulation until the Pfizer-BioNTech mRNA monovalent XBB vaccine paediatric formulation becomes available.

28. Infants aged 0 to 4 years of age attending Trust clinics for a vaccine during the autumn programme can continue to receive the Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine infant formulation until the Pfizer-BioNTech mRNA monovalent XBB vaccine infant formulation becomes available.

29. Trusts should arrange specific allergy clinics for those individuals who it is deemed an mRNA vaccine is not clinically suitable. In these instances, Sanofi/GSK AS03-adjuvanted monovalent beta variant (VidPrevtyn Beta) booster vaccine is a suitable alternative for adults aged 18 years and over.

## Conclusion

30. Vaccination remains the best form of defence against severe illness, hospitalisation and death as a result of COVID-19. The autumn COVID-19 booster vaccination programme (and influenza vaccination programme), are a critical element in helping to reduce the pressures on our health and care services during the winter months. The COVID-19 vaccination is aimed at protecting the most vulnerable in society and the latest UKHSA advice recommending an accelerated rollout is a precautionary measure following the identification of a new COVID-19 variant. A high uptake rate will help to reduce GP consultations, unplanned hospital admissions, pressure on Emergency



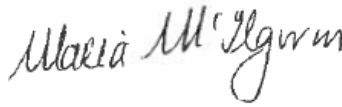
Departments as well as staff sickness levels and I would therefore encourage all healthcare professionals to promote vaccination at every opportunity.

31. Future transition of the programme from pandemic to routine will be dependent on COVID-19 vaccines meeting standard cost effectiveness criteria, in line with other vaccination programmes. Should population immunity to SARS-CoV-2 continue to increase over time, it is anticipated that most people will experience relatively mild symptomatic or asymptomatic infection when exposed to the virus. In such a scenario, future routine COVID-19 immunisation may be a cost effective intervention for only a relatively small population group who remain at high risk from more severe COVID-19.

Yours sincerely



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



**Ms Maria McIlgorm**  
**Chief Nursing Officer**



**Professor Cathy Harrison**  
**Chief Pharmaceutical Officer**

