

Official

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## **COVID-19 vaccination programme: FAQs on second doses**

Version 1 – 19 March 2021

### **LOCATION OF SECOND DOSE**

#### **Does second dose vaccination need to happen at the same place as the first dose?**

- People using the National Booking Service (booking into a vaccination centre or designated community pharmacy) are given their closest available appointment locations. While we expect most people will book both appointments at the same location, there is an option for the second dose appointment to be booked at a different location. This applies to the COVID-19 AstraZeneca vaccine only.
- People who had their first dose through a GP service should be invited for their second dose through the same GP service.
- People who had their first dose at a Hospital Hub site should be invited or be able to book their second dose at the same location.
- There are other circumstances in which it may be appropriate for a patient to receive their second dose in a different location to their first dose, for example, discharged outpatients, students, doctors in training on rotation to hospitals, people who have become housebound or moved into a care home since their first dose, or patients who have moved to a new house to somewhere a long way away from where they had their first dose.
- Local systems should take a common-sense approach to these cases, eg trying to reduce extensive travel for elderly patients where possible.

### **SECOND DOSE INTERVAL PERIOD**

#### **What is the second dose interval period?**

- The agreed dose interval period is set at 77-84 days [as outlined in the Chief Medical Officer's letter](#). Vaccine will be supplied for second dose clinics to take place 11 weeks post first dose clinics, so that the 12-week time period between doses is achieved.

#### **Can clinics be scheduled early to vaccinate outside of the interval period?**

- Clinics should not schedule second dose appointments earlier than 77 days post the first dose, unless there are exceptional circumstances, as this is not in line with the agreed dose interval.

#### **Are there any circumstances when individual patients can receive their second dose outside of the standard interval period?**

- The [Green Book](#) states that second dose should in almost all cases be given between 77 and 84 days after the first dose. However, there are a small number of

circumstances when the second dose can be given at a different time interval, for example:

#### Some patients with planned immunosuppressive therapy

- There are a small number of patients who are about to receive **planned immunosuppressive therapy and**, where clinically appropriate, should be considered for vaccination prior to commencing therapy (ideally at least two weeks before), when their immune system is better able to make a response.
- Where possible, it would also be preferable for the two-dose-schedule to be completed prior to commencing immunosuppression.
- This would entail offering the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression.

#### Homeless people and rough sleepers

- Given the vulnerabilities of **homeless people and rough sleepers**, local teams should exercise operational judgement and consider a universal offer, where those experiencing homelessness or rough sleeping are vaccinated alongside priority group 6 (as far as local teams consider appropriate).
- To maximise coverage in this group, JCVI also advise a first vaccine dose should be given, even if follow up for a second dose is likely to be uncertain, and that the dosing schedule can be compressed if that makes delivery of a second dose more certain.
- If an interval longer than the recommended interval is left between doses, the second dose should still be given. The course does not need to be restarted.

#### **Can patients be vaccinated sooner than 77-84 days if it is operationally convenient?**

- Second doses should be offered within 77-84 days. The clinical evidence for the COVID-19 AstraZeneca vaccine shows better efficacy following a 12-week gap, which is the basis of the JCVI recommendation.
- However local areas should agree a pragmatic approach to giving doses earlier than this following a clinical assessment and weighing up risks and benefits.

### **SCHEDULING AND ADMINISTERING SECOND DOSES**

#### **Can different vaccines be used for first and second doses?**

- The [Green Book](#) states that the same vaccine used for the first dose must be used for the second, except in very exceptional circumstances. These exceptional circumstances are:
  - If the first product received is unknown or if they received a brand that is not available in the UK. In these circumstances every effort should be made to determine which vaccine the individual received for their first dose and to complete the two-dose course with the same vaccine.

- If the patient initially had the Pfizer Vaccine in an LVC or HH clinic and has since become housebound. In these circumstances as the COVID-19 vaccine AstraZeneca can be transported, a second dose with this vaccine can be given.
- Those who experienced anaphylaxis reactions with the first dose of one brand of vaccine may be offered another vaccine if advised by an allergy specialist.

## **CONSENT**

### **Does consent need to be obtained for the second dose, in particular in the case of care home residents?**

- The [Standard Operating Procedure](#) for Covid vaccination in community settings states that “the giving and obtaining of consent is viewed as a process, not a one-off event. Consent should still be sought on the occasion of each immunisation visit. Consent must be given voluntarily and freely”. It is not necessary for care home staff to obtain a second consent form. The original consent forms include the second dose, as they describe consent for the full course. However, patients should have the opportunity to refuse the second dose – this may occur in the rare case of a side effect. Further details are available on NHS Futures web platform issued by the clinical workstream.
- If care home residents do not have capacity and the decision to vaccinate has been made on best interests or through an attorney, this would have been for the full course, so would not necessarily require a second process. However, at the time of the vaccination, there should be the opportunity for an individual or advocate to refuse consent. We expect this to be unlikely in most cases.

## **DATA AND RECORDING**

### **How are first and second dose vaccination events recorded?**

- First and second dose vaccinations are to be recorded in the points of care system in an accurate and timely manner in order to start the allocation calculations. This is important for Pfizer in particular, as its supply is finite.
- Outcomes4Health differentiates between first and second doses.
- Once a first dose event has been recorded on the system this will trigger a second dose allocation requirement 11 weeks later.
- It is important that doses are recorded onto the points of care system at the point of vaccination to ensure clinical safety, eg ensuring that a patient receives the correct second dose.

## **VACCINE ALLOCATIONS AND SUPPLY**

### **How do we manage any surplus doses?**

- Where there is surplus vaccine following second dose clinics, this should be used for first doses in the prevailing priority cohorts, for those patients who have been vaccinated prior to starting immunosuppression and who need a shorter interval between doses.
- For LVS in particular, every effort is being made to right-size Pfizer supply with the use of pack down in order to minimise surplus.

### **How will we separate first and second dose vaccines on site?**

- Vaccine deliveries will not be separated into first and second doses. This will need to be done on site on arrival, informed by the allocation planning process. Sites will receive their regular weekly allocation information which will include first and second dose summaries in order to do this.
- Care must be taken to ensure that volume allocated for second dose activity is appropriately identified and directed to second dose clinics.
- HHs' and VCs' Immform accounts will show total allocation per site – there is no differentiation between first and second dose on Immform.

### **When will second dose allocations be available?**

We are trying to provide visibility of four weeks' worth of allocations ahead of time, to be finalised about two weeks in advance of delivery to Local Vaccination Services, or availability to order in the case of Vaccination Centres or Hospital Hubs. Exact timelines will be communicated shortly through the usual cascade routes. For Local Vaccination Services and Pfizer vaccine we are making efforts to extend to more than four weeks' worth of allocations ahead of time.

### **What if we don't have sufficient supplies to cover patients who didn't have their first dose at that site?**

In the unlikely event that supply is insufficient please urgently escalate through the normal routes.

### **Who do I contact if I have a query around final second dose allocations?**

- If your query is related to final dose allocation, it should follow the standard comms route, ie from SVOC, to RVOC, to NVOC which is then shared with the central team.
- Please do not bypass this process, to ensure your queries and requests are actioned as soon as possible.
- The role of Customer Services remains unchanged, same routes apply for second dose as those for first dose.