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Dear Colleagues

**COVID-19 VACCINATION PROGRAMME: JCVI ADVICE ON THE VACCINATION OF CLINICALLY VULNERABLE 12 TO 15 YEAR OLDS AND NATIONAL POLICY ON OFFERING COVID-19 VACCINATIONS TO 12 – 15 YEAR OLDS**

This letter provides a further update on the delivery of the COVID-19 vaccination programme.

**KEY OBJECTIVES**

1. To update on the advice from the [JCVI](#) on expanding the list of underlying health conditions which they advise should make clinically vulnerable 12 to 15 year olds eligible for vaccination.
2. To advise on recently approved national policy to offer COVID-19 vaccinations to all 12-15 year olds in Scotland.
3. To set out the national approach and clarify operational guidance to support this policy.

**COVID-19 Vaccinations for 12-15 year olds with underlying health conditions**

4. Previously, the JCVI advised that children with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, profound and multiple learning disabilities (PMLD), severe learning disabilities or who are on the learning disability register, should be offered COVID-19 vaccination. These children were identified and offered vaccination over August 2021.
5. JCVI has reviewed further UK data on hospital admission, paediatric intensive care unit (PICU) admissions, and deaths in children aged 12 to 15 years. For the vast majority of children aged 12 to 15 years, SARS-CoV2 is self-limiting.
6. An analysis of UK data estimates that the incidence of PICU admission for children aged 12 to 15 years without

**From the Chief Medical Officer**  
Dr Gregor Smith

17 September 2021

SGHD(2021)26

**Addresses**

For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery, NHS Boards  
Chief Officers of Integration Authorities  
Chief Executives, Local Authorities  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
Practice Nurses  
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For information

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**Further Enquiries**

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underlying health conditions is two per million, compared to over 100 per million for those with underlying health conditions. The precision of these estimates have margins of uncertainty due to the overall small number of children requiring PICU admission over the course of the pandemic.

7. Following consideration of the updated data, JCVI advises that the offer of a course of COVID-19 vaccination should be expanded to include children aged 12 to 15 years with the following;
  - Haematological malignancy;
  - Sickle cell disease;
  - Type 1 diabetes;
  - Congenital heart disease;
  - Poorly controlled asthma;
  - Other health conditions identified as clinical risk groups for children aged 12 to 15 years.( see Annex A and paragraph 8 below)
8. It is recognised that there are a number of less common conditions in children, often due to congenital or metabolic defects, where respiratory infections of any sort can result in severe illness. Clinical judgement should be applied in identifying these children, and they should also be offered a course of COVID-19 vaccination.
9. Green Book chapter 14a has already been updated to reflect this advice. A full list of the COVID-19 clinical risk groups for children aged 12 to 15 years can be found in Annex A.
10. A course of COVID-19 vaccination refers to a 2-dose primary schedule unless the individual is severely immunosuppressed when a 3-dose primary schedule is advised in accordance with the latest JCVI advice on third primary vaccine doses for the severely immunosuppressed (see the [Green Book chapter 14a](#))
11. A cohort file is being created for Health Boards to identify these additional children that will be offered the 2 doses.

## **Universal Offer of COVID-19 Vaccinations for all 12-15 year**

### **JCVI Advice**

12. On 3 September 2021, the Joint Committee on Vaccination and Immunisation (JCVI) announced that, from an individual's health-based perspective, JCVI does not recommend universal COVID-19 vaccination for 12 to 15 year olds without underlying health conditions at this time.
13. However, within their advice, the JCVI has emphasised that it is constituted with expertise to allow consideration of the health benefits and risks of vaccination and it is not within its remit to incorporate in-depth considerations on wider societal impacts, including educational benefits.
14. As such, the advice suggested that the government may wish to seek further views on the wider societal and educational impacts from the Chief Medical Officers of the four nations, with representation from JCVI in these subsequent discussions.

### **UK CMOs Recommendation**

15. The 4 Nations' governments did instruct their 4 CMOs to undertake this work, which they then undertook with representatives from JCVI and related Royal Colleges, Faculties and Associations. The outcome of this work was a published statement from the 4 CMOs on Monday 13th of September – with the recommendation to offer a 1st dose covid vaccination to all 12-15 year olds in the United Kingdom. [Universal vaccination of children and young people aged 12 to 15 years against COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19)
16. While at this stage, the evidence strongly indicates almost all children and young people are at very low direct clinical risk from COVID-19, and the incident of severe outcomes is very low, the current prevalence of the virus remains a concern in preserving educational continuity and attainment and the public health benefit that is derived from this.
17. The UK CMOs have now considered this matter and formed the view that the additional likely benefits of reducing educational disruption, and the consequent reduction in public health harm from educational disruption, on balance provide sufficient extra advantage to recommend in favour of offering vaccination to this group. This is in addition to the marginal advantage at an individual level identified by the JCVI.
18. In formulating our view, we have been informed by the independent expertise of leaders of the clinical and public health profession from across the UK. In addition, we have examined data from the Office for National Statistics as well as published data on the impact of COVID-19 on education, and other relevant published sources and have benefited from having data available from the USA, Canada and Israel, which have already offered vaccines universally to children and young people aged 12-15.
19. The UK CMOs, in common with the clinical and wider public health community, consider education one of the most important drivers of improved public health and mental health. Evidence from clinical and public health colleagues, general practice, child health and mental health consistently makes clear the massive impact that absent, or disrupted, face-to-face education has had on the welfare and mental health of many children and young people.
20. The UK CMOs judge that it is likely vaccination will help reduce transmission of COVID-19 in schools, which are attended by children and young people aged 12-15 years. COVID-19 is a disease, which can be very effectively transmitted by mass spreading events, especially with Delta variant. Having a significant proportion of pupils vaccinated is likely to reduce the probability of such events, which are likely to cause local outbreaks in, or associated with, schools. They will also reduce the chance an individual child gets COVID-19. This means vaccination is likely to reduce (but not eliminate) education disruption.
21. However, we have also noted that, if deployed, vaccination should only be seen as an adjunct to other actions to maintain children and young people in secondary school and minimise further education disruption and therefore medium and longer-term public health harm.
22. UK CMOs advice is that children and young people aged 12-15 years, without underlying health conditions, should be offered a first dose of the Pfizer-Biotech vaccine at this time.
23. Pending further evidence on effectiveness and safety in this age group, a second vaccine dose is anticipated to be offered later to increase the level of protection and contribute to

longer term protection.

24. As with JCVI, the CMOs across the four nations have carefully considered reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart) following the second dose in this age group. Those affected are disproportionately male and there are very few reported cases after the first dose.
25. Further data and advice from JCVI, including the potential availability of alternative vaccine options, will inform future. These details will be provided in an update of this advice when available.

### **Informed consent**

26. In all instances, the offer of vaccination to children and young people must be accompanied by appropriate information to enable children and young people, and those with parental responsibility, to be adequately appraised of the potential harms and benefits of vaccination as part of the informed consent process prior to vaccination.
27. This issue of consent in this instance is complex. In Scotland, the legal age of capacity is 16. However, children under the age of 16 can consent to medical treatment if they understand what is being proposed. In line with current established practice, seeking advice from their Immunisation Co-ordinator and, if necessary, legal advisers on consent as required.
28. UK CMOs recognise that the overwhelming benefits of vaccination for adults, where risk-benefit is very strongly in favour of vaccination for almost all groups, are not as clear-cut for children and young people aged 12-15. Children, young people, and their parents will need to understand potential benefits, potential side effects, and the balance between them.
29. Key to informed consent is clear information that has been written to be understood by the young person and their parent/carer. Public Health Scotland are developing a suite of information for young people, parents/carers. This has been developed in partnership with Public Health England who worked on behalf of the 4 Nations with professional bodies and Royal Colleges as request by the UK CMO advice.

### **Operational Considerations**

30. The full 12-15 cohort has been extracted and is being de-duplicated for anyone already vaccinated. This will be provided to Boards on the 16<sup>th</sup> of September 2021.
31. The list of children aged 12-15 with the additional medical conditions detailed above is being extracted from GP IT systems this weekend and will be provided to Boards next week.
32. As the overall cohort file will be available prior to the more detailed list, Boards are asked to progress with preparations to appoint and vaccinating all 12-15 year olds other than those already offered the vaccine during August 2021 as per JCVI's recommendation.
33. Each 12-15 year old young person will be sent an invite and leaflet to attend for this universal 1st dose offer. This may be sent via school systems (home with the young person) or via the National Vaccination Scheduling System (NVSS) generating a postal invite in the blue envelopes to each young person for a community appointment.

34. A targetted second letter will follow to individuals identified in the new additional cohort file. This will explain that they are strongly encouraged to come forward for vaccination due to their underlying condition and that they will receive a second dose eight weeks after the first.
35. The following delivery approach has been agreed with Board Planning Leads :
- Online material will be promoted to young people, parents/carers from Friday 17<sup>th</sup> September – this will allow them to be read up on the information.
  - Drop in clinics across Scotland will accept young people from Monday 20<sup>th</sup> of September onwards, ideally attending with their parent/carer. These people who want to come in this earlier week of drops ins will receive a personal appointment regardless via the national offer.
  - A smaller number of more rural Boards have opted to undertake school based delivery models and they will send the national invite letter, leaflet and consent form home in the school bags within the week of the 20<sup>th</sup> for sessions commencing in the following week of the 27<sup>th</sup> of September. These Boards will also make an offer to the parents via enhanced schools and local communications that parents/carers are welcome to come to any drop in clinic in advance if they wish to discuss vaccination further to ensure they are able to provide informed consent for the school session.
  - The majority of Boards will be sending personal NVSS invitations through Royal Mail in the traditional blue envelopes, which will contain a scheduled appointment and information leaflet. These will be for appointments commencing in the week of the 27<sup>th</sup> of September and onwards.
  - Following the period of scheduled activity, Boards will undertake some mop up sessions in communities and schools to ensure that young people who wish to be vaccinated are able to have this – for instance if they have missed their session linked to infection period.

## Communications

36. For those individuals who are within the criteria specified as having underlying health conditions, there will be a combination of messaging routes. NHS Inform has been updated with information about the conditions and clinical circumstances included and information leaflets will be provided by Public Health Scotland. News releases by Scottish Government have been issued and communication material has been issued to Health Boards – further materials will follow.
37. For the universal offer, there will be a mixture of local Board and Nationally coordinated social media and marketing – this is aimed at providing the key information to support people being aware of what is being offered and how NHS Scotland is delivering this.

## Action

38. Health Boards should now accept 12 to 15 year olds for COVID-19 vaccinations from Monday 20<sup>th</sup> of September at drop in facilities.
39. Boards should make ready their scheduled community or schools based activities to commence in the week of the 27<sup>th</sup> of September.

Thank you for your continued support in delivering the COVID-19 vaccination programme.

Yours sincerely

*Gregor Smith*

Dr Gregor Smith  
**Chief Medical Officer**



## JCVI ADVICE ON THE VACCINATION OF CLINICALLY VULNERABLE 12 TO 15 YEAR OLDS

### CLINICAL RISK GROUPS FOR CHILDREN AGED 12-15 YEARS

1. Chronic respiratory disease
  - Including those with poorly controlled asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, cystic fibrosis, ciliary dyskinesias and bronchopulmonary dysplasia.
2. Chronic heart conditions
  - Haemodynamically significant congenital and acquired heart disease, or less severe heart disease with other co-morbidity.
3. Chronic conditions of the kidney, liver or digestive system
  - Including those associated with congenital malformations of the organs, metabolic disorders and neoplasms, and conditions such as severe gastro-oesophageal reflux that may predispose to respiratory infection.
4. Chronic neurological disease. This includes those with:
  - neuro-disability and/or neuromuscular disease including cerebral palsy, autism, epilepsy, and muscular dystrophy.
  - hereditary and degenerative disease of the nervous system or muscles. Or other conditions associated with hypoventilation.
  - severe or profound and multiple learning disabilities (PMLD), Down's syndrome, those on the learning disability register,
  - neoplasm of the brain.
5. Endocrine disorders
  - Including diabetes mellitus, Addison's and hypopituitary syndrome
6. Immunosuppression - due to disease or treatment, including:
  - those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients
  - genetic disorders affecting the immune system (e.g. deficiencies of IRAK-4 or NEMO, complement disorder, SCID)
  - those with haematological malignancy, including leukaemia and lymphoma
  - those receiving immunosuppressive or immunomodulating biological therapy
  - those treated with or likely to be treated with high or moderate dose corticosteroids
  - those receiving any dose of non-biological oral immune modulating drugs e.g. methotrexate, azathioprine, 6-mercaptopurine or mycophenolate
  - those with auto-immune diseases who may require long term immunosuppressive treatment
7. Asplenia or dysfunction of the spleen
  - Including hereditary spherocytosis, homozygous sickle cell disease and thalassemia major
8. Serious genetic abnormalities that affect a number of systems
  - Including mitochondrial disease and chromosomal abnormalities