**Publications gateway number: GOV-16167**

**National protocol for COVID-19 vaccine (adults)**

Reference no: COVID-19 vaccine (adults) protocol

Version no: v5.00

Valid from: 8 April 2024

Expiry date: 30 June 2024

This protocol is for the administration of COVID-19 vaccine to individuals 18 years and over in accordance with the national COVID-19 vaccination programme.

This protocol is for the administration of COVID-19 vaccines by appropriately trained persons in accordance with [regulation 247A](https://www.legislation.gov.uk/uksi/2020/1125/regulation/14/made) of the [Human Medicines Regulations 2012](https://www.legislation.gov.uk/uksi/2012/1916/contents) (HMR 2012), inserted by [The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020](https://www.legislation.gov.uk/uksi/2020/1125/contents/made)

**The UK Health Security Agency (UKHSA) has developed this protocol for** **authorisation** **by or on behalf of the Secretary of State for Health and Social Care to facilitate the delivery of the national COVID-19 vaccination programme commissioned by NHS England (NHSE)**

This protocol may be followed wholly from assessment through to post-vaccination by an appropriately registered healthcare professional (see [Characteristics of staff](#_Characteristics_of_staff)). Alternatively, multiple persons may undertake stages in the vaccination pathway in accordance with this protocol. Where multiple person models are used, the service provider or contractor must ensure that all elements of the protocol are complied with in the provision of vaccination to each individual. The provider or contractor is responsible for ensuring that persons are trained and competent to safely deliver the activity they are employed to provide under this protocol. As a minimum, competence requirements stipulated in the protocol under [Characteristics of staff](#_Characteristics_of_staff) must be adhered to.

The provider or contractor and registered healthcare professionals are responsible for ensuring that they have adequate and appropriate indemnity cover.

Persons must be authorised by name to work under this protocol. They must ensure they meet the staff characteristics for the activity they are undertaking, make a declaration of competence and be authorised in writing. This can be done by completing [Section 4](#PractitionerAuthorisationSheet) of this protocol or maintaining an equivalent electronic record.

A clinical supervisor, who must be a registered doctor, nurse or pharmacist trained and competent in all aspects of the protocol, must be present and take overall responsibility for provision of vaccination under the protocol at all times and be identifiable to service users. The drawing up of the vaccine has its own supervision requirements in accordance with [Part 1](https://www.legislation.gov.uk/uksi/2012/1916/part/1) of the HMR 2012 and will need to be done by, or under the supervision of a registered doctor, nurse or pharmacist. If a vaccination service is being provided at scale, the clinical supervisor should only take on specific supervision requirements in relation to the drawing up of the vaccine if this can be done safely alongside their overarching role. Any time the protocol is used, the name of the clinical supervisor taking responsibility and all the people working under different stages of the protocol must be recorded for the session. The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the protocol. Staff working under the protocol may be supported by additional registered healthcare professionals, but the clinical supervisor retains overall responsibility. Staff working to the protocol must understand who the clinical supervisor for their practice at any time is and can only proceed with their authority. The clinical supervisor may withdraw this authority for all members of staff or individual members of staff at any time and has authority to stop and start service provision under the protocol as necessary. Every member of staff has a responsibility to and should, report immediately to the clinical supervisor any concerns they have about working under the protocol in general or about a specific individual, process, issue or event.

Operation under this protocol is the responsibility of service providers or contractors. Provider organisations or contractors using this protocol should retain copies, along with the details of those authorised to work under it, for 8 years after the protocol expires.

Individual users must check that they are using the current version of this protocol and current versions of any documents this protocol refers to. Amendments may become necessary prior to the published expiry date. Current versions of national protocols for COVID-19 vaccines, authorised by or on behalf of the Secretary of State for Health and Social Care in accordance with regulation 247A of the HMR 2012, can be found via: [COVID-19 vaccination programme](https://www.gov.uk/government/collections/covid-19-vaccination-programme)

Any concerns regarding the content of this protocol should be addressed to: [immunisation@ukhsa.gov.uk](mailto:immunisation@phe.gov.uk)

**Change history**

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| **Version** | **Change details** | **Date** |
| v1.00 and v2.00 | See previous versions for this protocol for details of the change history. | 27 March 2023 to 7 September 2023 |
| v3.00 | UKHSA combined (adults) COVID-19 vaccine protocol updated to:   * include dose, handling, administration and storage details for Comirnaty® Omicron XBB.1.5 (30 micrograms/dose) dispersion for injection * reflect change in manufacturer shelf life from 18 months to 24 months and change in licensing for Comirnaty® Original/Omicron BA.4-5 (15/15 micrograms)/dose dispersion for injection * clarify that individuals about to commence or undergo new or intensified immunosuppressive treatment should receive a dose under PSD (added to [Criteria for exclusion](#criteria_exclusion)) | 19 September 2023 |
| v4.00 | UKHSA combined (adults) COVID-19 vaccine protocol updated to:   * include dose, handling, administration and storage details for Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection | 4 October 2023 |
| v5.00 | UKHSA combined (adults) COVID-19 vaccine protocol updated to:   * include eligible cohorts for the Spring 2024 campaign * reflect changes in recommended vaccines; removal of Comirnaty® Original/ Omicron BA.4-5, Spikevax® bivalent Original/Omicron BA.4-5 and VidPrevtyn Beta® * remove publications withdrawn since the last seasonal vaccination campaign * reflect increased transportation limits for Spikevax® XBB.1.5 (0.1mg/ml dispersion for injection); previously capped at 12 hours * reflect the new title of NHSE ([HTM 07-01](https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/)) guidance | 25 March 2024 |

**1. Ministerial authorisation**

This protocol is not legally valid, in accordance with [regulation 247A](https://www.legislation.gov.uk/uksi/2020/1125/regulation/14/made) of the [HMR 2012](https://www.legislation.gov.uk/uksi/2012/1916/contents), inserted by the [Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020](https://www.legislation.gov.uk/uksi/2020/1125/contents/made), until it is approved by or on behalf of the Secretary of State for Health and Social Care.

On 25 March 2024, Department of Health and Social Care Ministers approved this protocol in accordance with [regulation 247A](https://www.legislation.gov.uk/uksi/2020/1125/regulation/14/made) of HMR 2012.

Any provider or contractor administering COVID-19 vaccines under this protocol must work strictly within the terms of this protocol and contractual arrangements with the commissioner, for the delivery of the national COVID-19 vaccination programme.

Assembly, final preparation and administration of vaccines supplied and administered under this protocol must be subject to NHS governance arrangements and standard operating procedures which ensure that the safety, quality or efficacy of the product is not compromised. The assembly, final preparation and administration of the vaccines should also be in accordance with the manufacturer’s instructions in the product’s UK Summary of Product Characteristics ([SPC](http://www.medicines.org.uk)) and in accordance with official national recommendations.

Note: The national COVID-19 vaccination programme may also be provided under patient group direction or on a patient-specific basis (that is, by or on the directions of an appropriate independent prescriber, such as under a patient-specific direction (PSD)). Supply and administration in these instances should be in accordance with contractual arrangements with the Commissioner for the delivery of the national COVID-19 vaccination programme and are not related to this protocol.

1. **Characteristics of staff**

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| Classes of persons permitted to administer medicinal products under this protocol |
| This protocol may be followed wholly from assessment through to post-vaccination by an appropriately registered healthcare professional (see [Table 2](#Table2)). Alternatively, multiple persons may undertake stages in the vaccination pathway in accordance with this protocol. Where multiple person models are used, the service provider or contractor must ensure that all elements of the protocol are complied with, in the provision of vaccination to each individual. The service provider or contractor is responsible for ensuring that there is a clinical supervisor present at all times and that persons are trained and competent to safely deliver the activity they are employed to provide under this protocol. As a minimum, competence requirements stipulated in the protocol must be adhered to.  The provider or contractor and registered healthcare professionals are responsible for ensuring that they have adequate and appropriate indemnity cover.  This protocol is separated into operational stages of activity as outlined in [Table 1](#Table1).  The clinical supervisormust be a registered doctor, nurse or pharmacist trained and competent in all aspects of the protocol and provide clinical supervision (see [page 1](#Page1ClinicalSupervisor) and 2), for the overall provision of clinical care provided under the legal authority of the protocol.  **Table 1: Operational stages of activity under this protocol**   |  |  |  | | --- | --- | --- | | Stage 1 | 1. Assessment of the individual presenting for vaccination 2. Provide information and obtain informed consent[[1]](#footnote-2) 3. Provide advice to the individual | Specified registered healthcare professionals only (see [Table 2](#Table2)) | | Stage 2 | * Vaccine preparation | Registered or non-registered persons | | Stage 3 | * Vaccine administration | Registered or non-registered persons | | Stage 4 | * Record keeping | Registered or non-registered persons |   Persons must only work under this protocol where they are competent to do so.  Non-professionally qualified persons operating under this protocol must be adequately supervised by experienced registered healthcare professionals.  Protocols do not remove inherent professional obligations or accountability. All persons operating under this protocol must work within their terms of employment at all times; registered healthcare professionals must also abide by their professional code of conduct.  To undertake the assigned stage(s) of activity under this protocol, persons working to this protocol must meet the criteria specified in [Table 2](#Table2) (see below).  **Table 2: Protocol stages and required characteristics of persons working under it**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Persons working to this protocol must meet the following criteria, as applicable to undertake their assigned stage(s) of activity under this protocol:** | **Stage 1** | **Stage 2** | **Stage 3** | **Stage 4** | | must be authorised by name as an approved person under the current terms of this protocol before working to it, see [Section 4](#PractitionerAuthorisationSheet) | Y | Y | Y | Y | | must be competent to assess individuals for suitability for vaccination, identify any contraindications or precautions, discuss issues related to vaccination and obtain informed consent1 and must be an appropriately qualified prescriber or one of the following registered professionals who can operate under a PGD or as an occupational health vaccinator in accordance with [HMR 2012](https://www.legislation.gov.uk/uksi/2012/1916/contents):   * nurses, nursing associates and midwives currently registered with the Nursing and Midwifery Council (NMC) * pharmacists currently registered with the General Pharmaceutical Council (GPhC) * chiropodists/podiatrists, dieticians, occupational therapists, operating department practitioners, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC) * dental hygienists and dental therapists registered with the General Dental Council * optometrists registered with the General Optical Council. | Y | N | N | N | | must be a doctor, nurse or pharmacist or a person who is under the supervision of, a doctor, nurse or pharmacist (see [Page 1](#Page1ClinicalSupervisor)) | N | Y | N | N | | must be competent in the handling of the vaccine product and use of the correct technique for drawing up the correct dose | N | Y | N | N | | must be familiar with the vaccine product and alert to any changes in the manufacturer’s Summary of Product Characteristics ([SPC](http://www.medicines.org.uk)) and familiar with the national recommendations for the use of this vaccine | Y | Y | Y | N | | must be familiar with and alert to changes in relevant chapters of Immunisation Against Infectious Disease: the [Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) | Y | Y | Y | N | | must be familiar with and alert to changes in the relevant Standard Operating Procedures (SOPs) and commissioning arrangements for the national COVID-19 vaccination programme | Y | Y | Y | N | | must have undertaken training appropriate to this protocol and relevant to their role, as required by local policy and national SOPs and in line with the [Training recommendations for COVID-19 vaccinators](https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations/training-recommendations-for-covid-19-vaccinators) | Y | Y | Y | N | | must have completed the [national COVID-19 vaccination e-learning programme](https://www.e-lfh.org.uk/programmes/covid-19-vaccination/), including the relevant vaccine specific session and/or locally-provided COVID-19 vaccine training | Y | Y | Y | N | | must be competent in the correct handling and storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine | N | Y | Y | N | | must be competent in intramuscular injection technique if they are administering the vaccine | N | N | Y | N | | must be competent in the recognition and management of anaphylaxis, have completed basic life support training and able to respond appropriately to immediate adverse reactions | Y | N | Y | N | | must have access to the protocol and relevant [COVID-19 vaccination programme](https://www.gov.uk/government/collections/covid-19-vaccination-programme) online resources such as the [Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book), particularly [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) of the Green Book and the [COVID-19 vaccination programme: Information for healthcare practitioners](https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners) document | Y | Y | Y | N | | must understand the importance of making sure vaccine information is recorded on the relevant data system, meeting relevant competencies of the [COVID-19 vaccinator competency assessment tool](https://www.gov.uk/government/publications/covid-19-vaccinator-competency-assessment-tool) | Y | Y | Y | Y | | must have been signed off as competent using the [COVID-19 vaccinator competency assessment tool](https://www.gov.uk/government/publications/covid-19-vaccinator-competency-assessment-tool) if new to or returning to immunisation after a prolonged period (more than 12 months), or have used the tool for self-assessment if an experienced vaccinator (vaccinated within past 12 months) | Y | Y | Y | Y | | should fulfil any additional requirements defined by local or national policy | Y | Y | Y | Y | |  |  |  |  |  | |

**Stage 1: Assessment of the individual presenting for vaccination**

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| **Activity stage 1a:** | **Assess the individual presenting for vaccination. If they are not eligible for vaccination or need to return at a later date, advise them accordingly.** |
| **Clinical condition or situation to which this protocol applies** | COVID-19 vaccination is indicated for the active immunisation of individuals for the prevention of coronavirus disease (COVID-19) caused by the SARS-CoV-2 virus. Immunisation is indicated in accordance with the national COVID-19 vaccination programme (see [COVID-19 vaccination programme page](https://www.gov.uk/government/collections/covid-19-vaccination-programme)), recommendations given in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) of the Immunisation Against Infectious Disease: the Green Book (hereafter referred to as [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)), and subsequent correspondence and publications from the UKHSA and NHSE. |
| **Criteria for inclusion** | COVID-19 vaccination should be offered to individuals aged 18 years and over, in accordance with the recommendations in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).  **The following criteria apply to all individuals irrespective of prior COVID-19 immunisation status.**  **Individuals who have not already received a dose during the current seasonal campaign,** who are**:**   * aged 75 years and over, including those due to turn 75 years of age on or before 30 June 2024 * residents in a care home for older adults * individuals aged 18 to 74 years who are immunosuppressed, as defined in the immunosuppression section of Table 3, [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) * included in the recommended cohort(s) for vaccination, if and when JCVI, DHSC or other appropriate authority recommend an emergency surge vaccine response is required |
| **Criteria for exclusion[[2]](#footnote-3)** | Individuals for whom valid consent, or a ‘best-interests’ decision in accordance with the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents), has not been obtained (for further information on consent see [Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) of the Green Book). Several UKHSA resources are available to inform consent (see [Written information to be given to individual or carer](#Written_information_to_be_given_to_indiv) section).  Individuals who:   * are under 18 years of age * do not meet any of the [criteria for inclusion](#CriteriaForInclusion), irrespective of prior vaccination status or previous vaccine eligibility * have received a dose of COVID-19 vaccine in the last 3 months * have had a previous systemic allergic reaction (including immediate-onset anaphylaxis to a previous dose of a COVID-19 vaccine or to any component or residue from the manufacturing process[[3]](#footnote-4) in the vaccine * have experienced myocarditis or pericarditis determined as likely to be related to previous COVID-19 vaccination * are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for vaccination) |
| **Cautions, including any relevant action to be taken**  (continued over page)  **Cautions including any relevant action to be taken**  (continued) | Facilities for management of anaphylaxis should be available at all vaccination sites (see [Chapter 8](https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8) of the Green Book and advice issued by the [Resuscitation Council UK](https://www.resus.org.uk/about-us/news-and-events/rcuk-publishes-anaphylaxis-guidance-vaccination-settings)).  The 15 minute observation period following vaccination with COVID-19 vaccines has been suspended for individuals who have no history of an allergic reaction (see [off-label use](#Allergy) section and [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)).  Following COVID-19 vaccine administration, individuals without a history of allergy should be:   * observed for any immediate reactions whilst they are receiving any verbal post-vaccination information and exiting the premises * informed about the signs and symptoms of anaphylaxis and how to access immediate healthcare advice in the event of displaying any symptoms. In some settings, for example domiciliary vaccination, this may require a responsible adult to be present for at least 15 minutes after vaccination.   Individuals with a personal history of allergy should be managed in line with [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) Table 5.  Special precautions, such as those outlined in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) (flowchart for managing patients who have allergic reactions to a previous dose of COVID-19 vaccine) are advised for individuals with a personal history of allergy, including a:   * prior non-anaphylaxis allergic reaction to COVID-19 vaccine * history of immediate anaphylaxis to multiple different drug classes, with the trigger unidentified (this may indicate polyethylene glycol (PEG) allergy) * history of anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (such as depot steroid injections, laxatives) * history of idiopathic anaphylaxis   Individuals with undiagnosed PEG allergy often have a history of immediate-onset unexplained anaphylaxis or anaphylaxis to multiple classes of drugs. Unless at least one dose of the same vaccine has been previously tolerated, it is advisable to seek advice from an allergy specialist (for further information see [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)).  Where individuals experienced a possible allergic reaction to a dose of COVID-19 vaccine, follow the guidance in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) in relation to the administration of subsequent doses.  Individuals with non-allergic reactions (vasovagal episodes, non-urticarial skin reaction or non-specific symptoms) to a COVID-19 vaccine can receive subsequent doses of vaccine in any vaccination setting. Observation for 15 minutes is recommended for these individuals.  No specific management is required for individuals with a family history of allergies.  Syncope (fainting) can occur following, or even before, any vaccination as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.  As fainting can occur following vaccination, all those vaccinated with any of the COVID-19 vaccines should be advised not to drive for 15 minutes after vaccination.  Individuals with a bleeding disorder may develop a haematoma at the injection site. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (23 or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual’s anticoagulant therapy.  If the registered professional clinically assessing the individual is not the vaccinator, they must ensure the vaccinator is aware of the individual’s increased risk of haematoma and the need to apply firm pressure to the injection site for at least 2 minutes. The individual or carer should be informed about the risk of haematoma from the injection.  Very rare reports have been received of Guillain-Barré Syndrome (GBS) following COVID-19 vaccination (further information is available in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)). Healthcare professionals should be alert to the signs and symptoms of GBS to ensure correct diagnosis and to rule out other causes, to initiate adequate supportive care and treatment. Individuals who have a history of GBS should be vaccinated as recommended for their age and underlying risk status. In those who are diagnosed with GBS after the first dose of vaccine, the balance of risk-benefit is in favour of vaccination. On a precautionary basis, where GBS occurred within 6 weeks of an Astra Zeneca© vaccine, mRNA COVID-19 vaccines are preferred for subsequent doses. Where GBS occurs following either of the mRNA vaccines, further vaccination can proceed as normal, once recovered.  Guidance produced by the UK Immune Thrombocytopenia (ITP) Forum Working Party advises discussing the potential for a fall in platelet count in individuals with a history of ITP receiving any COVID-19 vaccine and recommends a platelet count check 2 to 5 days after the vaccine is given ([British Society for Haematology-COVID-19](https://b-s-h.org.uk/about-us/news/covid-19-updates/)).  **Past history of COVID-19 infection**  There are no safety concerns from vaccinating individuals with a history of COVID-19 infection, or with detectable COVID-19 antibody.  Vaccination of individuals who may be infected or asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness, though those with suspected COVID-19 infection should not attend vaccination sessions to avoid infecting others. There is no need to defer immunisation in individuals after recovery from a recent episode of compatible symptoms, whether or not they are tested for COVID-19.  During care home outbreaks, vaccination of residents with confirmed COVID-19 can proceed, provided that individuals are clinically stable and infection control procedures can be maintained. These populations are likely to be highly vulnerable and this approach maximises vaccination coverage without the need for multiple visits.  Having prolonged COVID-19 symptoms is not a contraindication to receiving COVID-19 vaccine but if the individual is seriously debilitated, still under active investigation, or has evidence of recent deterioration, deferral of vaccination may be considered to avoid incorrect attribution of any change in the person’s underlying condition to the vaccine. |
| **Dose and frequency of administration**  (continued over page)  **Dose and frequency of administration**  (continued) | Vaccination should be offered to individuals eligible for the current campaign as part of the national COVID- 19 vaccination programme in accordance with the recommendations from the [JCVI](https://www.gov.uk/government/publications/covid-19-spring-2024-and-future-vaccination-programmes-jcvi-advice-4-december-2023/jcvi-statement-on-covid-19-vaccination-in-spring-2024-and-considerations-on-future-covid-19-vaccination-4-december-2023#considerations-on-future-covid-19-vaccination-programmes-beyond-spring-2024) and in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a), at a minimum interval of 3 months from the previous dose of COVID-19 vaccine.  In line with [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a), there is no requirement to administer the same vaccine brand as previously administered.    **Table 3: Summary of dosing regimes**   |  |  | | --- | --- | | **Vaccine[[4]](#footnote-5)** | **Recommended dose** | | **Comirnaty® Omicron XBB.1.5 (30 micrograms/ dose)** | 0.3ml | | **Spikevax® XBB.1.5 (0.1mg/ml)** | 0.5ml |   Note: use of alternative variant vaccines is not covered by this protocol and requires a PSD.  **Vaccination in incompletely vaccinated or previously unvaccinated individuals**  If the primary course was interrupted or delayed before the current vaccination campaign, doses should neither be repeated or the course resumed, in line with [JCVI](https://www.gov.uk/government/publications/covid-19-autumn-2023-vaccination-programme-jcvi-advice-26-may-2023/jcvi-statement-on-the-covid-19-vaccination-programme-for-autumn-2023-26-may-2023) recommendations to change to a single dose regime. Previously unvaccinated individuals should be offered a single dose of COVID-19 vaccine as recommended in [Table 3](#Table3) above.  The main exception would be for those about to commence immunosuppressive treatment (see [Special considerations and additional information](#AdditionalInformation)). |
| **Action to be taken if the individual is excluded**    (continued over page)  **Action to be taken if the individual is excluded**  (continued) | The risk to the individual of not being immunised must be considered. The indications for risk groups are not exhaustive and the healthcare practitioner should consider the risk of COVID-19 exacerbating any underlying disease that an individual may have, as well as the risk of serious illness from COVID-19 itself. Where appropriate, such individuals should be referred for assessment of clinical risk. Where risk is identified as equivalent to those currently eligible for immunisation, vaccination may only be provided by an appropriate prescriber or on a patient-specific basis, under a PSD.  For individuals who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to a previous dose of COVID-19 mRNA vaccine, or any component of the vaccine, advice should be sought from an allergy specialist. Any subsequent dose should be provided by an appropriate prescriber, under a PSD.  Individuals who have experienced myocarditis or pericarditis following COVID-19 vaccination should be assessed by an appropriate clinician to determine whether it is likely to be vaccine related. As the mechanism of action and risk of recurrence of myocarditis and pericarditis are being investigated, the current advice is that an individual’s subsequent doses should be deferred pending further investigation. Following investigation, any subsequent dose should be provided by an appropriate prescriber or on a patient-specific basis, under a PSD (see [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) for further details).  Individuals who have never received a dose of COVID-19 and do not meet [inclusion criteria](#CriteriaForInclusion), or who were previously eligible for a booster during previous campaigns but not the present one, should be reassured (or their carer reassured) that the evidence does not currently support a need to vaccinate them. If new evidence means that they are considered to be at high risk during a future campaign, they will then be invited for vaccination.  When the seasonal vaccination campaign has ended, individuals with severe immunosuppression (as defined in Box 1 of [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)) can be considered for vaccination outside of campaign periods, as described in the Green Book. A decision to proceed would be subject to individual clinical decision and therefore a PSD should be used to administer the vaccine  If COVID-19 vaccine has been given in the preceding 3 months, advise the individual to return when they are next invited forward for vaccination, which may coincide with the next seasonal COVID-19 campaign.  In case of postponement due to acute illness, advise when the individual can be vaccinated and if possible, ensure another appointment is arranged.  Document the reason for exclusion and any action taken. |
| **Action to be taken if the individual or carer declines treatment** | Informed consent, from the individual or a person legally able to act on the person’s behalf, must be obtained for each administration and recorded appropriately. Where a person lacks the capacity, in accordance with the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents), a decision to vaccinate may be made in the individual’s best interests. For further information on consent, see [Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) of the Green Book.  Advise the individual or carer about the protective effects of the vaccine, the risks of infection and potential complications if not immunised.  Document advice given and the decision reached.  Inform or refer to the GP or a prescriber as appropriate. |
| **Arrangements for referral** | As per local policy. |

**Stage 1b: Description of treatment**

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| **Activity stage 1b:** | **Consider any relevant cautions, interactions or adverse drug reactions.**  **Provide advice to the individual and obtain informed consent1**  **Record individual’s consent1 and ensure the vaccinator (if another person) is informed of the vaccine product and dose to be administered.** |
| **Name, strength and formulation of drug** | **Comirnaty® Omicron XBB.1.5 (30 micrograms/dose) dispersion for injection COVID-19 mRNA vaccine (nucleoside modified)**  One dose (0.3ml) contains:  30 micrograms of raxtozinameran (embedded in lipid nanoparticles)  **Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection**  One dose (0.5ml) contains:  50 micrograms of andusomeran (embedded in SM-102 lipid nanoparticles). |
| **Legal category** | Prescription only medicine (POM). |
| **Black triangle** | All recommended COVID-19 vaccines are currently black triangle products. As new vaccine products, the Medicines and Healthcare products Regulatory Agency (MHRA) has a specific interest in the reporting of adverse drug reactions for these products. |
| **Off-label use**  (continued over page)  **Off-label use**  (continued) | **Allergy**  According to the Comirnaty® [SPCs](http://www.medicines.org.uk), it is recommended that all recipients of COVID-19 vaccines are kept for observation and monitored for a minimum of 15 minutes. Following careful review of the safety data by the MHRA and advice from the Commission on Human Medicines, the 15 minute observation period following vaccination with all COVID-19 vaccines has since been suspended for individuals who have no history of an allergic reaction. However, vaccinated individuals should be informed about the signs and symptoms of anaphylaxis and how to access immediate healthcare advice in the event of displaying any symptoms. In some settings, for example domiciliary vaccination, this may require a responsible adult to be present for at least 15 minutes after vaccination.  As fainting can occur following vaccination, all those vaccinated with any of the COVID-19 vaccines should be advised not to drive for 15 minutes after vaccination.  Individuals with a personal history of allergy, should be managed in line with [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) Table 5. No specific management is required for individuals with a family history of allergies.  The MHRA will continue to closely monitor anaphylaxis post-COVID-19 vaccination; reporting of adverse events via the [Coronavirus Yellow Card reporting scheme](https://coronavirus-yellowcard.mhra.gov.uk/) is strongly encouraged.  **Storage**  Vaccines should be stored according to the conditions detailed in the [Storage](#Storage) section below. However, in the event of an inadvertent or unavoidable deviation of these conditions, refer to [Vaccine Incident Guidance](https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors). Where vaccines are assessed in accordance with these guidelines as appropriate for continued use, this would constitute off-label administration under this protocol.  In the event that available data supports extension to the vaccine shelf life, any resulting off-label use of expiry extended vaccine under this protocol should be supported by NHS operational guidance or standard operating procedures.  Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual or carer that the vaccine is being offered outside of product licence but in accordance with national guidance. |
| **Drug interactions** | Immunological response may be diminished in those receiving immunosuppressive treatment, but it is important to still immunise this group.  Although no data for co-administration of COVID-19 vaccine with other vaccines exists, in the absence of such data, first principles would suggest that interference between inactivated vaccines with different antigenic content is likely to be limited. Based on experience with other vaccines, any potential interference is most likely to result in a slightly attenuated immune response to one of the vaccines. There is no evidence of any safety concerns, although it may make the attribution of any adverse events more difficult.  Similar considerations apply to co-administration of inactivated (or non-replicating) COVID-19 vaccines with live vaccines such as MMR. In particular, live vaccines which replicate in the mucosa, such as live attenuated influenza vaccine (LAIV) are unlikely to be seriously affected by concomitant COVID-19 vaccination.  For further information about co-administration with other vaccines, see [Additional Information](#AdditionalInformationCoAdministration) section. |
| **Identification and management of adverse reactions** | The most frequently reported adverse reactions are injection-site pain, swelling or redness, fatigue, headache, myalgia, arthralgia, chills, pyrexia, nausea, diarrhoea and vomiting. These reactions are usually mild or moderate in intensity and resolve within a few days after vaccination.  Very rare cases of myocarditis and pericarditis have been observed following vaccination with both Comirnaty® and Spikevax®. These cases have primarily occurred within 14 days following vaccination, more often after the second vaccination and more often in younger men. Available data suggest that the course of myocarditis and pericarditis following vaccination is not different from myocarditis or pericarditis in general. Healthcare professionals should be alert to the signs and symptoms of myocarditis and pericarditis. Vaccinated individuals should be instructed to seek immediate medical attention if they develop symptoms indicative of myocarditis or pericarditis such as acute and persisting chest pain, shortness of breath, or palpitations following vaccination. Healthcare professionals should consult [guidance](https://www.gov.uk/government/publications/covid-19-vaccination-myocarditis-and-pericarditis-information-for-healthcare-professionals) and/or specialists to diagnose and treat this condition.  Heavy menstrual bleeding has been reported after COVID-19 vaccination. In most cases, this is self-limiting.  Individuals should be provided with the advice within the leaflet [What to expect after your COVID-19 vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination), which covers the reporting of adverse reactions and their management, such as with analgesic and/or antipyretic medication.  A detailed list of adverse reactions is available in the product’s [SPC](http://www.medicines.org.uk). |
| **Reporting procedure of adverse reactions** | As new products, MHRA has a specific interest in the reporting of all adverse drug reactions for all COVID-19 vaccines.  Healthcare professionals, individuals and carers should report suspected adverse reactions to the MHRA using the [Coronavirus Yellow Card reporting scheme](https://coronavirus-yellowcard.mhra.gov.uk/) or by searching for MHRA Yellow Card in the Google Play or Apple App Store.  Any adverse reaction to a vaccine should also be documented in the individual’s record and the individual’s GP should be informed.  The Green Book [Chapter 8](https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8) and [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) provide further details regarding the clinical features of reactions to be reported as anaphylaxis. Allergic reactions that do not include the clinical features of anaphylaxis should be reported as an allergic reaction. |
| **Written information to be given to individual or carer** | Ensure the individual or carer has been provided appropriate written information such as the:   * patient information leaflet (PIL) for [Comirnaty® Omicron XBB.1.5 (30 micrograms/dose)](https://www.medicines.org.uk/emc/product/15042/pil#about-medicine) or [Spikevax® XBB.1.5 (0.1mg/ml)](https://www.medicines.org.uk/emc/product/15085/pil#about-medicine) COVID-19 vaccine as applicable * [COVID-19 vaccination record card](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovidvaccinerecordcard2doses) * [what to expect after your COVID-19 vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination) * [COVID-19 vaccination: women who are pregnant or breastfeeding](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding)   For resources in accessible formats and alternative languages, please visit [Home-Health Publications](https://www.healthpublications.gov.uk/). Where applicable, inform the individual or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the [electronic Medicines Compendium](https://www.medicines.org.uk/emc/xpil#gref). |
| **Advice and follow up treatment** | The 15 minute observation period following vaccination with COVID-19 vaccines has been suspended for individuals who have no history of an allergic reaction (see [off-label use](#OffLabelUse) section).  Following COVID-19 vaccine administration, individuals without a history of allergy should be:   * observed for any immediate reactions whilst they are receiving any verbal post- vaccination information and exiting the premises * informed about the signs and symptoms of anaphylaxis and how to access immediate healthcare advice in the event of displaying any symptoms (see the leaflet [What to expect after your COVID-19 vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination))   Individuals with a personal history of allergy should be managed in line with [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) Table 5.  Inform the individual or carer of possible side effects and their management.  As fainting can occur following vaccination, all those vaccinated with any of the COVID-19 vaccines should be advised not to drive for 15 minutes after vaccination.  The individual or carer should be advised to seek appropriate advice from a healthcare professional in the event of an adverse reaction. In some settings, for example domiciliary vaccination, this may require a responsible adult to be present for at least 15 minutes after vaccination.  Vaccinated individuals or their carers should be advised to seek immediate medical attention should the vaccinated individual experience new onset of chest pain, shortness of breath, palpitations or arrhythmias.  Advise the individual or carer that they can report side effects directly via the national reporting system run by the MHRA known as the [Coronavirus Yellow Card reporting scheme](https://coronavirus-yellowcard.mhra.gov.uk/) or by searching for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects, they can help provide more information on the safety of medicines.  As with all vaccines, immunisation may not result in protection in all individuals. Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine.  When applicable, advise the individual or carer when to return for vaccination or when a subsequent vaccine dose is due. |
| **Special considerations and additional information**  **Special considerations and additional information**  (continued)  (continued over page)  **Special considerations and additional information**  (continued) | Ensure there is immediate access to an anaphylaxis pack including adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination.  Minor illnesses without fever or systemic upset are not valid reasons to postpone vaccination. If an individual is acutely unwell, vaccination should be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness (including COVID-19) by wrongly attributing any signs or symptoms to the adverse effects of the vaccine.  **Pregnancy**  There is no known risk associated with being given a non-live vaccine during pregnancy (see [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)).  In December 2021, following the recognition of pregnancy as a risk factor for severe COVID-19 infection and poor pregnancy outcomes during the Delta wave, pregnancy was added to the clinical risk groups recommended for COVID-19 vaccination. Because of wider experience with mRNA vaccines, these are the preferred vaccines to offer to those who are pregnant.  **Breastfeeding**  There is no known risk associated with being given a non-live vaccine whilst breastfeeding. JCVI advises that breastfeeding women may be offered any suitable COVID-19 vaccine. Emerging safety data is reassuring: mRNA was not detected in the breast milk of recently vaccinated women and protective antibodies have been detected in breast milk.  The developmental and health benefits of breastfeeding are clear and should be discussed with the woman, along with her clinical need for immunisation against COVID-19.  **Previous incomplete vaccination**  Vaccination can be resumed provided a minimum interval of 3 months has been observed and the individual continues to be eligible for the current seasonal campaign. There is no need to administer extra doses to compensate for previously missed doses, even if the individual was previously eligible.  **Participants in clinical trials**  Trial participants who are eligible for a booster dose should be offered vaccination in line with the general population, at least 3 months after any previous doses.  **Individuals vaccinated abroad**  Individuals who have been vaccinated abroad are likely to have received an mRNA or vector vaccine based on the spike protein, or an inactivated whole viral vaccine. Specific advice may be found in [COVID-19 vaccination programme: information for healthcare practitioners](https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners).  **Co-administration with other vaccines**  Where individuals in an eligible cohort present having recently received one or more inactivated or live vaccines, COVID-19 vaccination should still be given. The same applies for other live and inactivated vaccines where COVID-19 vaccination has been received first or where an individual presents requiring 2 or more vaccines. It is generally better for vaccination to proceed to avoid any further delay in protection and avoid the risk of the individual not returning for a later appointment. This includes but is not limited to vaccines commonly administered around the same time or in the same settings including influenza, shingles and pneumococcal polysaccharide vaccine in those aged over 65 years and pertussis-containing vaccines and influenza vaccines in pregnancy.  Where co-administration does occur, individuals should be informed about the likely timing of potential adverse events relating to each vaccine.  **Immunosuppressed**  Immunological response may be lower in immunocompromised individuals, but they should still be vaccinated.  Individuals who had received brief immunosuppression (≤40mg prednisolone per day) for an acute episode (such as asthma or COPD) and individuals on replacement corticosteroids for adrenal insufficiency are not considered severely immunosuppressed sufficient to have prevented response to vaccination.  **Individuals with severe immunosuppression**  Regardless of the time of year or previous vaccination history, additional doses of COVID-19 vaccine may be considered for individuals with severe immunosuppression (as defined by Box 1: Criteria for additional doses of COVID-19 vaccine in those aged 12 years and above, [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)).  The need for additional doses and the optimal dose intervals should be at the discretion of the individual’s specialist. In such circumstances, the dose should be given under a PSD. More information on timing of additional doses may be found in [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).  Due consideration must be given to the risk of delaying COVID-19 vaccination against that of delaying treatment.  Individuals who have received a bone marrow transplant after vaccination should be considered for a re-immunisation programme for all routine vaccinations and for COVID-19 (see [Chapter 7](https://www.gov.uk/government/publications/immunisation-of-individuals-with-underlying-medical-conditions-the-green-book-chapter-7) of the Green Book). Revaccination with COVID-19 vaccine is not covered by this protocol and should be provided on a patient-specific basis, such as a PSD. |

**Stage 2: Vaccine preparation**

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| **Activity stage 2:** | **Vaccine preparation** |
| **Vaccine presentation** | **Comirnaty® Omicron XBB.1.5 (30 micrograms/dose) dispersion for injection COVID-19 mRNA vaccine (nucleoside modified)**  2.25 ml ready to use dispersion is contained in a 2ml clear multidose vial (type 1 glass) with a stopper (synthetic bromobutyl rubber) and a grey flip-off plastic cap with aluminium seal. Each vial contains 6 doses of 0.3ml. |
| **Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection**  2.5ml dispersion in a multidose vial (type 1 or type 1 equivalent glass) with a stopper (chlorobutyl rubber) and a blue flip-off plastic cap with aluminum seal. Each vial contains 5 doses of 0.5ml. |
| **Supplies** | Providers will receive COVID-19 vaccines via the nationally appointed supply route for delivery of NHS-commissioned services.  NHS standard operating procedures should be followed for appropriate supply, storage, handling, preparation, administration and waste minimisation of COVID-19 vaccines and to ensure use is in accordance with the product’s [SPC](http://www.medicines.org.uk) and official national recommendations. Further information is also available in the Green Book [Chapter 3](https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3). |
| **Storage**  (continued over page)  **Storage**  (continued)  **Vaccine preparation**  (continued over page)  **Vaccine preparation**  (continued) | **General advice**  Store at 2°C to 8°C. Do not freeze. Thawed vials should not be re-frozen.  Store in original packaging to protect from light if not in use.  Manufacturer storage details relate to storage requirements and available stability data at the time of product authorisation. Refer to NHS standard operating procedures for the service and the most up to date manufacturer’s recommendations in the product’s [SPC](http://www.medicines.org.uk/). The SPC also contains further information on stability to guide healthcare professionals only in case of temporary temperature excursion.  **Table 4: Summary of vaccine handling and storage (thawed product)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Vaccine product** | **Transportation time** | **Product shelf life** | | | | **Thawed vial (unopened)** | **Punctured vial** | **Temperature deviations** | | **Comirnaty® Omicron XBB.1.5**  **(30 micrograms/dose)** | Up to 10 weeks at 2°C to 8°C (within the 18 month shelf life)  Punctured vial: up to 6 hours at 2°C to 30°C | 10 weeks at 2°C to 8°C | Up to 12 hours  at  2°C to 30°C | Up to 24 hours  at  8°C to 30°C (includes up to 12 hours following first puncture) | | **Spikevax® XBB.1.5 (0.1mg/ml)** | Up to 36 hours at 2°C to 8°C (within the 30 day\* post-thaw expiry) of which 30 hours is by road | 30 days\* at 2°C to 8°C | Up to 6 hours at 2°C to 25oC | Up to 24 hours  at  8°C to 25°C |   **\***where Spikevax® XBB.1.5 has been stored at -50°C to -15°C for between 9 to 12 months, the unopened vial must be used within a maximum of 14 days and not exceeding a total storage time of 12 months, provided once thawed, the vial is protected from light and stored at 2°C to 8°C throughout.  In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal. Refer to [Vaccine Incident Guidance](https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors).  Specific directions pertinent to each vaccine are outlined below. |
| 1. **Comirnaty® XBB.1.5 (30 micrograms/dose) dispersion for injection COVID-19 mRNA vaccine**   **Thawed vial**  Thawed unopened vials have a 10 week shelf-life at 2°C to 8°C, including for transportation.  If the vaccine is received at 2°C to 8°C it should be stored at 2°C to 8°C. Except where a shelf-life extension applies, the 10 week shelf life should not exceed the printed manufacturer’s expiry date (EXP) on the outer carton.  Prior to use, the unopened vials can be stored for up to 12 hours at temperatures between 8°C to 30°C.  Thawed vials can be handled in room light conditions.  Once thawed, the vaccine cannot be re-frozen.  **Punctured vial**  Shelf life of the punctured vial is 12 hours at 2°C to 30°C, which includes up to 6 hours transportation time.  From a microbiological point of view, the product should be used as soon as practicably possible once opened.  **Special precautions for storage**  Store in original packaging to protect from light.  During storage, minimise exposure to room light and avoid exposure to direct sunlight and ultraviolet light. |
| 1. **Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection**   **Thawed vial**  Thawed unopened vials must be stored at 2°C to 8°C and used within the post thaw expiry date, indicated on the outer packaging. (Note: vials kept in a frozen state for between 9 and 12 months will be given a reduced 14 day thaw expiry).  Within this period, up to 36 hours may be used for transportation; a maximum of 30 hours by road and 6 hours by airfreight. The post thaw expiry should not exceed the manufacturer printed expiry date (EXP) on the outer carton, except where a shelf-life extension is advised.  Prior to use, the unopened vial can be stored for up to 24 hours at 8°C to 25°C.  Once thawed at 2°C to 8°C, vials must not be refrozen.  **Punctured vial**  After initial puncture, the shelf life of the punctured vial is 6 hours at 8°C to 25°C, within a 24 hour expiry if stored unopened between 8°C to 25°C and not exceeding the post-thaw expiry date. From a microbiological point of view, the product should be used as soon as practicably possible. In-use storage times and conditions are the responsibility of the user. |
| Vaccines should be prepared in accordance with the manufacturer’s recommendations as per the product [SPC](http://www.medicines.org.uk) and NHS standard operating procedures for the service.  The vial should be inspected for foreign particulate matter and other variation of expected appearance before preparation and administration. Should either occur, discard the vial in accordance with local procedures.  The vaccine should not be mixed in the same syringe with any other vaccines or medicinal products.  Check product name, batch number and expiry date.  Aseptic technique should be used to withdraw each dose of vaccine from the vial, using a new sterile needle and syringe for each injection to prevent transmission of infectious agents from one person to another. The dose in the syringe should be used promptly.  The vaccine may be drawn up and administered by the same person or separate persons with the required competence and supervision. If the vaccine is to be administered by a person other than the person preparing it, ensure that there are clear procedures for transferring the vaccine to the vaccinator in a safe way, allowing for appropriate checks of vaccine particulars, batch number and expiry by both parties.  Specific handling requirements of each vaccine are outlined below. |
| 1. **Comirnaty® XBB.1.5 (30 micrograms/dose) dispersion for injection COVID-19 mRNA vaccine**   Verify that the vial has a grey plastic cap and the product name reads as Comirnaty® Omicron XBB.1.5 (30 micrograms/dose) dispersion for injection.  The vaccine should be used or discarded by the post-thaw expiry date. Thawed vials can be handled in room light conditions.  Gently mix by inverting vials 10 times prior to use. Do not shake.  **Do not dilute the vial contents.**  Prior to mixing, the vaccine may contain white to off-white opaque amorphous particles. After mixing, the vaccine should present as a white to off-white dispersion with no particulates available.  Using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab. Withdraw 0.3 ml of Comirnaty® Omicron XBB.1.5. The vaccine dose should be drawn up from the vial immediately prior to administration. Each dose must contain 0.3 ml of vaccine.  Low dead-volume syringes and/or needles should be used to extract 6 doses from a single vial. The low dead-volume syringe and needle combination should have a dead volume of no more than 35 microlitres. If standard syringes and needles are used, there may not be sufficient volume to extract a sixth dose from a single vial.  If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 ml, discard the vial and any excess volume. Do not pool excess vaccine from multiple vials.  Record the date and time of first puncture on the vial and discard unused vaccine within 12 hours of puncture (if stored between 2°C and 30°C). From a microbiological point of view, the product should be used as soon as practicably possible once opened. |
| 1. **Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection**   Verify the vial has a blue flip-off cap and bears the correct name. Each vial contains 5 doses of 0.5ml.  Thawed vials and filled syringes may be handled in room light conditions.  After removing the flip-off cap, using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab. **Do not shake or dilute** – the vial should be gently swirled after thawing and before each administration.  Prior to injection, inspect each dose to confirm the vaccine is white to off-white in colour in both vial and syringe. The vaccine may contain white or translucent product-related particulates.  Withdraw 0.5ml of Spikevax® XBB.1.5. The dose should be used immediately.  Once the vial is punctured, the vial should be discarded after 6 hours.  Record the date and time the vial is to be discarded onto the vial label. From a microbiological point of view, the product should be used as soon as practicably possible once opened.  An additional overfill is included in each vial to ensure 5 doses of 0.5ml can be delivered. Any remaining should be discarded in line with local procedures.  Where possible, the stopper should be pierced at a different site each time, to minimise the chances of dislodging a fragment of the bung. |
| **Disposal** | Follow local clinical waste policy and NHS standard operating procedures to ensure safe and secure waste disposal.  Equipment used for vaccine preparation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely and securely, according to local authority arrangements and NHSE guidance (HTM 07-01): [safe and sustainable management of healthcare waste](https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/). |

**Stage 3: Vaccine administration**

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| **Activity stage 3:** | **Before administering the vaccine, ensure:**   1. **The individual has been assessed in accordance with stage one of this protocol.** 2. **The vaccine to be administered has been identified, by the registered practitioner consenting the individual.** 3. **Consent for vaccination has been provided and documented.1**   **Administer the COVID-19 vaccination recommended by the assessing practitioner. Provide any post-vaccination advice.** |
| **Vaccine to be administered** | **Comirnaty® Omicron XBB.1.5 (30 micrograms/dose) dispersion for injection COVID-19 mRNA vaccine (nucleoside modified)**  One dose (0.3ml) contains:  30 micrograms of raxtozinameran (embedded in lipid nanoparticles).  **Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection**  One dose (0.5ml) contains:  50 micrograms of andusomeran (embedded in SM-102 lipid nanoparticles). |
| **Quantity to be supplied and administered** | As per [Table 3](#Table3) |
| **Route and method of administration** | **General principles**  Administer the required dose of COVID-19 vaccine (as indicated in [Table 3](#Table3) above) by intramuscular injection only, preferably into the deltoid muscle of the upper arm.  Vaccinators should prepare the dose in accordance with [Stage 2](#Stage2) and as advised by the registered practitioner consenting the individual. Where it is within their competence, experienced vaccinators may draw the required dose from a vial diluted by another person, under the supervision of a doctor, nurse or pharmacist.  If vaccine is not drawn up by the vaccinator, safe procedures must be in place for the vaccinator to safely receive, check and use the vaccine immediately after preparation.  Where the individual has been identified by the assessing registered professional as being at increased risk of bleeding, a fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual or carer should be informed about the risk of haematoma from the injection.  Care should be taken to ensure a full 0.3ml or 0.5ml is administered. Where a full dose cannot be extracted, the remaining vial volume must be discarded. Do not pool excess vaccine from multiple vials.  Recheck the product name, batch number and expiry date prior to administration.  Specific handling requirements of each vaccine is outlined in the [Storage](#Storage) and [Vaccine preparation](#vaccineprep) sections above. |
| **Disposal**  (continued over page)  **Disposal**  (continued) | Follow local clinical waste policy and NHS standard operating procedures and ensure safe and secure waste disposal.  Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely and securely according to local authority arrangements and NHSE guidance [(HTM 07-01): safe and sustainable management of healthcare waste](https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/) |
| **Post-vaccination advice** | Ensure the individual or carer has been provided with appropriate written information such as the:   * patient information leaflet for [Comirnaty® Omicron XBB.1.5 (30 micrograms/dose](https://www.medicines.org.uk/emc/product/15042/pil#about-medicine)) or [Spikevax® XBB.1.5 (0.1mg/ml)](https://www.medicines.org.uk/emc/product/15085/smpc) * [COVID-19 vaccination record card](https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovidvaccinerecordcard2doses) * [what to expect after your COVID-19 vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination)  * [COVID-19 vaccination: women who are pregnant or breastfeeding](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding)   For resources in accessible formats and alternative languages, please visit [Home-Health Publications](https://www.healthpublications.gov.uk/). Where applicable, inform the individual or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the [electronic Medicines Compendium](https://www.medicines.org.uk/emc/xpil#gref). |

**Stage 4: Recording vaccine adminstration**

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| **Activity stage 4:** | **Complete a record of vaccination for the individual and in accordance with local policy.**  **The required records should be completed by the person who is undertaking the recorded activity or a designated record keeper who is a witness to the activity undertaken.** |
| **Records** | The practitioner must ensure the following is recorded:   * that valid informed consent was given or a decision to vaccinate was made in the individual’s best interests in accordance with the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) * name of individual, address, date of birth and GP with whom the individual is registered (or record where an individual is not registered with a GP) * name of supervisor, immuniser and, where different from the immuniser, ensure the professional assessing the individual, person preparing the vaccine and person completing the vaccine record are identified * name and brand (including variant) of vaccine * date of administration * dose, form and route of administration of vaccine * quantity administered * batch number and expiry date * anatomical site of vaccination * advice given, including advice given if the individual is excluded or declines immunisation * details of any adverse drug reactions and actions taken * supplied via national protocol   Records should be signed and dated (or password-controlled on e-records).  All records should be clear, legible and contemporaneous.  It is important that vaccinations are recorded in a timely manner on appropriate health care records for the individual. Systems should be in place to ensure this information is returned to the individual’s general practice record in a timely manner to allow clinical follow up and to avoid duplicate vaccination.  A record of all individuals receiving treatment under this protocol should also be kept for audit purposes in accordance with local and national policy. |

1. **Key references**

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| **Key references** | * [Summary of Product Characteristics, Comirnaty® Omicron XBB.1.5 (30 micrograms/dose)](https://www.medicines.org.uk/emc/product/15042/smpc#about-medicine) dispersion for injection COVID-19 mRNA vaccine, last updated 8 January 2024 * [Summary of Product Characteristics, Spikevax® XBB.1.5 (0.1mg/ml) dispersion for injection](https://www.medicines.org.uk/emc/product/15085/smpc), last updated 21 February 2024 * Immunisation Against Infectious Disease: The Green Book, [Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a). Updated 21 February 2024   <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>   * UK Chief Medical Officers [Report](https://www.gov.uk/government/publications/suspension-of-the-15-minute-wait-for-vaccination-with-mrna-vaccine-for-covid-19-uk-cmos-opinion/suspension-of-the-15-minute-wait-for-vaccination-with-mrna-vaccine-for-covid-19-uk-cmos-opinion); suspension of the 15 minute wait for vaccination with mRNA vaccine for COVID-19. 14 December 2021 * [Joint Committee on Vaccination and Immunisation (JCVI) statement on COVID-19 vaccination in spring 2024 and considerations on future COVID-19 vaccination, 4 December 2023](https://www.gov.uk/government/publications/covid-19-spring-2024-and-future-vaccination-programmes-jcvi-advice-4-december-2023/jcvi-statement-on-covid-19-vaccination-in-spring-2024-and-considerations-on-future-covid-19-vaccination-4-december-2023). Published 7 February 2024 * COVID-19 vaccination programme. Updated 9 February 2024   <https://www.gov.uk/government/collections/covid-19-vaccination-programme>   * Training recommendations for COVID-19 vaccinators. Updated 20 October 2022   <https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations/training-recommendations-for-covid-19-vaccinators>   * National COVID-19 vaccination e-learning programme   <https://www.e-lfh.org.uk/programmes/covid-19-vaccination/>   * COVID-19 vaccinator competency assessment tool. Updated 20 October 2022   <https://www.gov.uk/government/publications/covid-19-vaccinator-competency-assessment-tool>   * COVID-19 vaccination programme: information for healthcare practitioners. Updated 9 May 2023   <https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners>  **General**   * NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste. Updated 7 March 2023 <https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/> * UK Statutory Instrument 2012 No. 1916 The Human Medicines Regulations 2012   <https://www.legislation.gov.uk/uksi/2012/1916/regulation/247A>   * UK Statutory Instrument 2020 No. 1125, The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020   <https://www.legislation.gov.uk/uksi/2020/1125/contents/made>   * UK Statutory Instrument 2020 No. 1594, The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020   <https://www.legislation.gov.uk/uksi/2020/1594/regulation/4/made>   * Vaccine Incident Guidance: responding to errors in vaccine storage, handling and administration. Updated 7 July 2022. <https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors> |

**4. Practitioner/ staff authorisation sheet**

**COVID-19 Vaccine protocol (adults) v5.00**

**Valid from: 8 April 2024 Expiry: 30 June 2024**

This authorisation sheet should be retained to serve as a record of those persons authorised to work under this protocol.

By signing this protocol, you are indicating that you agree to its contents and that you will work within it.

Protocols do not remove inherent professional obligations or accountability. All persons operating under this protocol must work within their terms of employment at all times; registered healthcare professionals must abide by their professional code of conduct.

It is the responsibility of each person operating under this protocol to do so within the bounds of their own competence.

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| I confirm that I have read and understood the content of this protocol and that I am willing and competent to work to it. | | | | | | | |
| Name | Designation | Activity stage: | | | | Signature | Date |
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**Authorising registered healthcare professional**

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| I confirm that I, as a registered healthcare professional who is familiar with the competence required in all aspects of this protocol, provide authority on behalf of the below named provider organisation, that the persons named above are competent to work under this protocol and may provide vaccination in accordance with this protocol in the course of working for **insert name of organisation / service** | | | |
| Name | Designation | Signature | Date |
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**Note to authorising registered healthcare professional**

Score through unused rows in the list of persons to prevent additions post authorisation.

If the clinical supervisor is also the authorising registered healthcare professional, they may make a self-declaration of competency above.

1. For those lacking mental capacity, a decision may be made in the individual’s best interests in accordance with the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) (for further information on consent see [Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) of the Green Book). [↑](#footnote-ref-2)
2. Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required [↑](#footnote-ref-3)
3. Refer to the product’s [SPC](#references) for a full list of excipients. [↑](#footnote-ref-4)
4. As outlined in the Green Book, vaccines that target the latest variant are preferable. However, an available, authorised and age-appropriate vaccine should be offered without delay, in preference to a substantial delay to vaccination with a slightly better matched vaccine [↑](#footnote-ref-5)