

**From the Chief Medical Officer  
Prof Sir Michael McBride**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**HSS(MD) 89/2021**

**FOR ACTION**

Chief Executives HSC Trusts for onward cascade to  
Medical Directors  
Chief Executives, Public Health Agency/Health and Social  
Care Board  
GP Medical Advisers, Health & Social Care Board  
All General Practitioners and GP Locums (for onward  
distribution to practice staff)  
Community Pharmacies  
Director of Pharmacy at the HSC Board (for cascade to  
prescribing advisers and community pharmacies)

Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ

Tel: 028 9052 0563

Email: [Michael.McBride@health-ni.gov.uk](mailto:Michael.McBride@health-ni.gov.uk)

Our Ref: HSS(MD) 89/2021

Date: 23 December 2021

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

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

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

**Primary vaccination in children aged 5 to 11 years**

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

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

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

### **Booster vaccination of 12 to 17 year olds**

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

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

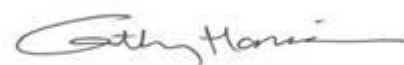
Yours sincerely



**Prof Sir Michael McBride**  
Chief Medical Officer



**Linda Kelly**  
Chief Nursing Officer



**Mrs Cathy Harrison**  
Chief Pharmaceutical Officer

### **Circulation List**

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
 Director of Nursing, Public Health Agency  
 Directors of Pharmacy HSC Trusts  
 Director of Social Care and Children, HSCB  
 Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)  
 Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)  
 Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)  
 Directors of Children's Services, HSC Trusts  
 RQIA (*for onward transmission to all independent providers including independent hospitals*)  
 Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)  
 Regional Medicines Information Service, Belfast HSC Trust  
 Regional Pharmaceutical Procurement Service, Northern HSC Trust  
 Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB  
 Professor Sonja McIlpatrick, Head of School of Nursing, University of Ulster  
 Heather Finlay, CEC  
 Donna Gallagher, Open University  
 Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU  
 Professor Colin McCoy, Head of School, School of Pharmacy, QUB  
 Professor Colin Adair, Postgraduate Pharmacy Dean, NI Centre for Pharmacy

Learning and Development, QUB  
Joe Brogan, Assistant Director of Integrated Care, HSCB  
Michael Donaldson, Head of Dental Services, HSCB (for distribution to all  
General Dental Practitioners)  
Raymond Curran, Head of Ophthalmic Services, HSCB (*for distribution to  
Community Optometrists*)  
Trade Union Side  
Clinical Advisory Team  
Louise McMahon, Director of Integrated Care, HSCB

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