From the Chief Medical Officer
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HSS(MD)13/2021

FOR ACTION
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Dear Colleague

UPDATED GUIDANCE ON TIMING OF COVID-19 VACCINE DOSING INTERVAL IN PATIENTS DUE TO RECEIVE TREATMENT WITH IMMUNOSUPPRESSANTS

1. Previous communications (**HSS(MD) 93/2020**, **HSS(MD) 94/2020** and **HSS(MD) 4/2021**) have set out the rationale for the change in the dosing interval between doses of the COVID-19 vaccine. This position was agreed by the four UK Chief Medical Officers following the updated position statement issued by the Joint Committee on Immunisation and Vaccination (JCVI) on 30 December 2020, which recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.

2. Throughout the initial stages of the vaccination programme, Northern Ireland along with the other UK nations have been guided by the advice of JCVI, which is made following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies.

3. In line with JCVI advice, the current policy position has been that for those individuals receiving their first vaccination from the 31 December, an appointment to receive the second dose should be scheduled at 10 weeks.

4. While this position remains for the vast majority of individuals, the JCVI has updated its advice on the timing of the vaccine interval in individuals who are being given **immunosuppressive treatments**. The updated guidance has been set out in an update to the Green Book, chapter 14a, and states:

Individuals with immunosuppression may not make a full immune response to vaccination. As there is no evidence on response in immunosuppressed individuals there is also no evidence upon which to base advice on the optimal timing of delivery. Specialists may advise their patients based on their knowledge and understanding of their immune status and likely immune response to vaccination, but should also consider the risk from COVID-19 and the patient's likelihood of exposure.

The small number of patients who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy (ideally at least two weeks before), when their immune system is better able to make a response.

Where possible, it would also be preferable for the 2-dose schedule to be completed prior to commencing immunosuppression. This would entail offering the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression.

Any decision to defer immunosuppressive therapy or to delay possible benefit from vaccination until after therapy should not be taken without due consideration of the risks from COVID19 and from their underlying condition. Although the immune correlates of protection are currently unknown, post-vaccination testing may be considered. Until further information becomes available vaccinated patients with immunosuppression should continue to follow advice to reduce the chance of exposure.

5. It is recognised that there may be a small number of individuals that will be scheduled to receive immunosuppressive treatment, such as those individuals scheduled to receive biologic therapies in rheumatology, within 10 weeks of receiving the first dose of the vaccine where it will be appropriate to complete the course of vaccination prior to commencing treatment. This is in order to maximise the immune response to vaccination as well as minimise impact on these individuals who may otherwise be required to defer immunosuppressive therapy or delay the potential benefit from vaccination.

6. In these circumstances, providers of vaccination services should facilitate offering the second dose of vaccine to these individuals earlier than the recommended 10 week interval. These individuals should have been assessed by a specialist clinician with full knowledge of the individual patient's immune status and their likely immune response to vaccination, as well as considering the risk from COVID-19 and the patient's likelihood of exposure.

7. In practice, this will mean offering the second dose of the Pfizer/BioNTech vaccine at least 21 days after the first dose, and offering the second dose of the AstraZeneca vaccine at least 28 days after the first dose.

8. Given the scientific evidence and the continuing public health imperative to protect as many people as quickly as possible I can envisage that there will be very few, if any circumstances, where this advice should not be followed. I expect that the number of individuals to which this advice will apply will be small, and that the dosing interval of 10 weeks will continue to be applied for all other groups.

Yours sincerely

Dr Michael McBride **Chief Medical Officer**	**Professor Charlotte McArdle** **Chief Nursing Officer**	**Mrs Cathy Harrison** **Chief Pharmaceutical Officer**

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