JCVI issues updated advice on COVID-19 booster vaccination

The vast majority of the UK population has received a COVID-19 vaccine since the vaccine programme was launched in December 2020 – including 89.1% of the population who have received a first dose and 81% who have received both doses.

It is expected that coronavirus (COVID-19) infections will continue to circulate in the coming months, alongside seasonal influenza and other respiratory viruses.

The COVID-19 vaccines provide high levels of protection against hospitalisation or dying from the virus. To maintain this high level of protection through the coming winter, the JCVI is advising that booster vaccines be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9).

This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
- adult household contacts of immunosuppressed individuals

The JCVI advises that the booster vaccine dose is offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1.

People vaccinated early during Phase 1 will have received their second dose approximately 6 months ago. Therefore, it would be appropriate for the booster vaccine programme to begin in September 2021, as soon as operationally practical.

Early data in older individuals from Public Health England (PHE) suggests that the protection provided by vaccines against severe COVID-19 decreases gradually over time.

Insufficient time has passed to know what levels of protection might be expected 6 to 12 months after the primary course. Taking a precautionary position, the JCVI considers that on balance it is preferable to maintain a high level of protection in vulnerable adults throughout winter.

The JCVI advises a preference for the Pfizer-BioNTech vaccine for the booster programme, regardless of which vaccine brand someone received for their primary doses. This follows data from the COV-BOOST trial that indicates the Pfizer-BioNTech vaccine is well tolerated as a third dose and provides a strong booster response.

Alternatively, a half dose of the Moderna vaccine may be offered. Where mRNA vaccines cannot be offered, for example due to allergies, the AstraZeneca vaccine may be considered for those who received it previously.

Professor Wei Shen Lim, Chair of COVID-19 Immunisation for the JCVI, said:

> The UK's COVID-19 vaccination programme has been hugely successful in protecting people against hospitalisation and death, and the main aim of the booster programme is to prolong that protection and reduce serious disease as we head towards the colder months.
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> The JCVI is advising that a booster dose be offered to the more vulnerable, to maximise individual protection ahead of an unpredictable winter. Most of these people will also be eligible for the annual flu vaccine and we strongly advise them to take up this offer as well.

The ComFluCOV trial indicates that co-administration of the influenza and COVID-19 vaccines is generally well tolerated with no reduction in immune response to either vaccine. Therefore, the two vaccines may be co-administered where operationally practical.

As most younger adults will only have received their second COVID-19 vaccine dose by late summer or early autumn, the benefits of booster vaccination in this group will be considered at a later time.

This advice is separate from, and does not supersede, recent JCVI advice on a third primary dose for the severely immunosuppressed. The JCVI will review whether this group requires a further booster at a later date, following completion of their 3-dose primary course.

The JCVI will continue to review emerging scientific data, including data relating to the duration of immunity for those less vulnerable to severe outcomes from COVID-19.