Midlands Partnership NHS Foundation Trust

Children & Young People Covid Vaccination Programme

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Autumn Covid Vaccination Programme

November 2022

Dear Parent / Guardian

The CYP Covid Vaccination team are carrying out a community clinic at **Tunstall Vaccination Centre, ST6 4JU** on **Wednesday 23rd November 2022** between **5.30pm and 7:30pm** to administer Covid vaccinations. This includes 1st dose, 2nd dose and autumn boosters to those children between the ages of 5 and 17 if they are eligible

Your child is eligible for 1st or 2nd dose if:

- They are aged between 5 years and 17 years (had to be 5 years old on or before 31st August 2022)
- Have not received a Covid vaccination before
- If had a 1st dose needs to be 12 weeks before 2nd dose (8 weeks if Clinically vulnerable)
- Have not had Covid 19 infection within last 12 weeks (28 days if clinically vulnerable

Your child is eligible for an autumn booster if:

- Aged 5 years and over are clinically vulnerable and had last vaccine 91 days or 13 weeks prior
- Aged 5 years and over and live with someone who is immunosuppressed** (see table below) and had last vaccine 91 days or 13 weeks prior
- Young Carers between 16 and 17 years defined as those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID 19 mortality and therefore clinically vulnerable
- If your child meets the above criteria and has not had Covid in the last 28 days if clinically vulnerable or within last 12 weeks

Consent will be obtained at the clinic by a registered professional. Consent needs to be given by a parent or guardian with parental responsibility or delegated authority.

PARENTAL RESPONSIBILITY:

The person(s) with parental responsibility will usually, but not always, be the child's birth parents.

People with parental responsibility for the child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they acquired it through a court order or parental responsibility agreement.

After the 30th November 2003 unmarried fathers have automatic parental responsibility for their children if they are named on the birth certificate. For a child born before the 30th November 2003, they can be re-registered and the father named on the birth certificate, after which the father will have automatic parental responsibility.

DELEGATED AUTHORITY:

In particular circumstances, the person(s) who hold(s) parental responsibility may have given delegated authority to a foster carer to be able to give consent for immunisations. Where a foster carer does not hold delegated authority for immunisations please arrange for the local authority to complete and sign the enclosed form.

Table 4 *Clinical and other risk groups for children and young people aged 5-17 years

Chronic Respiratory disease	Including those with poorly controlled asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, cystic fibrosis, ciliary dyskinesias and bronchopulmonary dysplasia
Chronic heart conditions	Haemodynamically significant congenital and acquired heart disease, or less severe heart disease with other co-morbidity. This includes: • single ventricle patients or those palliated with a Fontan (Total Cavopulmonary Connection) circulation • those with chronic cyanosis (oxygen saturations <85% persistently) • patients with cardiomyopathy requiring medication • patients with congenital heart disease on medication to improve heart function • patients with pulmonary hypertension (high blood pressure in the lungs) requiring medication
Chronic conditions of the kidney, liver or digestive system	Including those associated with congenital malformations of the organs, metabolic disorders and neoplasms, and conditions such as severe gastrooesophageal reflux that may predispose to respiratory infection
Chronic Neurological disease	This includes those with • neuro-disability and/or neuromuscular disease that may occur as a result of conditions such as cerebral palsy, autism, epilepsy and muscular dystrophy • hereditary and degenerative disease of the nervous system or muscles, other conditions associated with hypoventilation • severe or profound and multiple learning disabilities (PMLD), Down's syndrome, including all those on the learning disability register • neoplasm of the brain
Endocrine disorders	Including diabetes mellitus, Addison's and hypopituitary syndrome
Immunosuppression**	Immunosuppression due to disease or treatment, including:

	• those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients • genetic disorders affecting the immune system (e.g. deficiencies of IRAK-4 or NEMO, complement disorder, SCID) • those with haematological malignancy, including leukaemia and lymphoma • those receiving immunosuppressive or immunomodulating biological therapy • those treated with or likely to be treated with high or moderate dose corticosteroids • those receiving any dose of non-biological oral immune modulating drugs e.g. methotrexate, azathioprine, 6-mercaptopurine or mycophenolate • those with auto-immune diseases who may require long term immunosuppressive treatments Children who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy
Asplenia or dysfunction of the spleen	Including hereditary spherocytosis, homozygous sickle cell disease and thalassemia major
Serious genetic abnormalities that affect a number of systems	Including mitochondrial disease and chromosomal abnormalities
Pregnancy	All stages (first, second and third trimesters)
Other risk groups	
**Household contacts of people with immunosuppression	Individuals who expect to share living accommodation on most days (and therefore for whom continuing close contact is unavoidable) with individuals who are immunosuppressed (defined as immunosuppressed in table's 3 or 4). **Table 3** - Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma. Those who require long term immunosuppressive treatment for conditions including, but not limited to, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma and psoriasis.

	Some immunosuppressed patients may have a suboptimal immunological response to the vaccine (see Immunosuppression and HIV).

If you have any queries please contact the team on 12-15covidimms@mpft.nhs.uk