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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(Notes of Meeting of a Sub-Group of the Cell)

(Business conducted via Microsoft Teams)17th February 2022**PART A (Non-Exempt)**

The following members were present:

Professor P. Bradley, Director of Public Health (Chair)
 Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
 A. Khaldi, Interim Director, Public Health Policy, Strategic Policy,
 Planning and Performance Department
 E. Baker, Head of Vaccination Programme, Strategic Policy, Planning
 and Performance Department

In attendance -

L. Plumley, Secretariat Officer, States Greffe
 P. Le Conte, Secretariat Officer, States Greffe

Note: The Minutes of this meeting comprise Part A only.

Vaccination of
5 to 11 year
olds.

A1. Professor P. Bradley, Director of Public Health (Chair) advised that the Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 14th February 2022, had agreed that a sub-group of the Cell ('the Sub-Group') should be convened to consider advice expected to be issued by the Joint Committee on Vaccination and Immunisation ('JCVI') with regard to extending vaccination against COVID-19 to all children aged 5 to 11 years. This would enable the JCVI's recommendation to be reviewed and a decision arrived at on behalf of the Cell in a timely manner.

Pursuant to the publication on 16th February 2022 of the JCVI's recommendation that vaccination be extended to this cohort, the extant Sub-Group of the Cell had accordingly been convened to consider whether such recommendation should be advised and adopted in Jersey. It was noted that the Cell had delegated authority to the Sub-Group to consider the matter and arrive at a recommendation on its behalf, and the Sub-Group's recommendation would in turn be considered by the Vaccination Board, following which the Cell would be formally notified.

The Sub-Group received a presentation, entitled 'COVID-19 Vaccination Programmes, Briefing to STAC Sub-Group', dated 17th February 2022, which had been prepared by Ms. E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department and heard from her in connexion therewith.

The Sub-Group was apprised of the JCVI's recommendation, which advised a non-urgent offer of two 10 mcg doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) to children aged 5 to 11 years of age who were not in a clinical risk group, with an interval of at least 12 weeks between doses. The Sub-Group was informed that a cohort of approximately 8,000 children would be eligible in Jersey and operational planning parameters, including a vaccination location assessment,

were being considered. From an operational perspective, it was relevant to note that any supply of paediatric vaccine would be supplied in a thawed state and therefore would have a limited shelf life, estimated to be 8 weeks from its arrival in Jersey. It was also noted that no indication had been given in the United Kingdom as to when vaccination of children aged 5 to 11 years would begin there, and if it was decided to recommend the same locally, the relevant vaccine doses would likely arrive in the Island no earlier than the end of March 2022. It was noted, that due to the limited shelf life of the paediatric vaccine doses, it would be incumbent upon the Vaccination Programme team to ensure minimal wastage by judicious planning prior to the rollout of the vaccine.

It was recalled that vaccination against COVID-19 was already being offered at the Jersey General Hospital to children aged 5 to 11 years in a clinical risk group, or who were a household contact of someone who was immunosuppressed and the members of the Sub-Group noted that the timelines for potential delivery of the vaccine to the wider cohort of children aged 5 to 11 years would enable careful planning and preparation of both the operational aspects of vaccine delivery and supporting communications.

It was noted that 3 of the members present had participated in JCVI discussions regarding the vaccination of children aged 5 to 11 years and all the members present had independently researched the subject.

One of the members noted that the JCVI had exercised a great deal of caution in its assessments of the risks and benefits of COVID-19 vaccination, and this had been particularly so as the extension of the vaccination programme to younger age groups had been considered. It was noted that the experience of a number of other jurisdictions where vaccination of children aged 5 to 11 years had already been implemented could be drawn upon and the risk of myocarditis in this cohort appeared to be extremely low, and lower than it was for older age groups, including those aged 12 to 15 years, a cohort to whom vaccination had already been extended both in the UK and Jersey.

All of the members present confirmed that, following their analysis of the research and the JCVI recommendation, they supported the JCVI's recommendation to offer COVID-19 vaccination to children aged 5 to 11 years and advised that it should be similarly recommended and implemented in Jersey. It was therefore agreed to recommend the same to the Vaccination Board.

It was agreed that, prior to the arrival of paediatric vaccine doses in the Island, it would not be desirable to use fractional doses of adult vaccine doses for the purposes of paediatric vaccination due to the risk of dosing errors and the importance of ensuring safe delivery of the vaccines to children, whose risk of severe disease as a result of COVID-19 was lower than that of older cohorts. It was also agreed that it would be desirable to ensure that Jersey's approach was aligned with that of the United Kingdom, where this was appropriate, to ensure a degree of consistency in the approach to vaccination of children.

There being no further business to discuss, the meeting of the Sub-Group was concluded.