

Dear Colleagues

ADVICE FROM JOINT COMMITTEE ON VACCINATION AND IMMUNISATION (JCVI) ON THE ASTRAZENECA AND PFIZER BIONTECH VACCINE

1. I am writing to provide you with information about the advice received from the Joint Committee on Vaccination and Immunisation (JCVI) on the AstraZeneca and Pfizer BioNTech vaccines.
2. The JCVI, an independent clinical group of experts that provides all Governments in the UK with advice on vaccinations, recommended a maximum interval between the first and second doses of 12 weeks for both the Pfizer BioNTech and AstraZeneca COVID-19 vaccines.
3. This is in recognition of the very high levels of protection offered from the first dose, and that the increased transmission rate of the new strain of coronavirus poses a significant risk of increased case numbers and subsequent deaths.
4. In the published phase III efficacy paper for the Pfizer BioNTech vaccine the vaccine efficacy after dose 1 and before dose 2 was given as 52.4%. However, this figure includes COVID-19 infections occurring shortly after the first dose, when the majority of failures occurred, within an interval where the vaccine could not yet be expected to have its intended effect. When vaccine efficacy is measured from a point when vaccine and placebo arms begin to diverge, at a period of 15-21 days, the vaccine efficacy is shown as 89%. Analysis of Astra Zeneca vaccine suggests vaccine efficacy after first dose is 73% at day 22, demonstrating similar high levels of vaccine efficacy.
5. It is important to note that these figures for vaccine efficacy are **NOT** directly comparable, due to differences in trial design and population, but when looking at research outcomes such as hospitalisation

From Chief Medical Officer

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SGHD/CMO

For action

For information
Presiding Officer
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both vaccines demonstrate similar levels of high efficacy and protection.

6. In a statement released on the 31 December 2020 the JCVI concluded: *“The Committee advises initially prioritising delivery of the first vaccine dose as this is highly likely to have a greater public health impact in the short term and reduce the number of preventable deaths from COVID-19.”*
7. This reflects the need to reach as many people in the shortest possible timeframe, within the available vaccine supplies, against a background of immediate disease activity and high population susceptibility. The JCVI advice is also supported by the four UK Nations’ Chief Medical Officers (CMOs) and further details are outlined in my subsequent letter which can be found on the [Scottish Government website](#), which also covers the timing of second doses.
8. As we roll out the vaccine in Scotland, initially, there will be a limited supply available and, as such, it is crucial we make the best use of what we do receive. This amendment to the dosing schedule will also mean that we are able to protect a greater number of people more quickly than would otherwise be the case. Taking the approach recommended by the JCVI will therefore allow as many first doses as possible to be provided as quickly as possible, providing substantive levels of individual protection while reaching more of those most at risk. This will prevent deaths and hospital admissions.
9. In response to this, any appointments for second vaccinations which were scheduled after the 4 January 2021 are currently being rescheduled. However, everyone will still receive their second dose, which is expected to be as, or more effective, when delivered at an interval of 12 weeks.
10. It is also our intention that people receive the same vaccine for their first and second dose based on the current advice from the Medicines and Healthcare products Regulatory Agency (MHRA) and the JCVI.
11. The Scottish Government will continue to follow the JCVI’s prioritisation list, which recommends that vaccinations should be prioritised in this order:

- 1) Residents in care homes for older adults and their carers
 - 2) All those 80 years of age and over and frontline health and social care workers
 - 3) All those 75 years of age and over
 - 4) All those 70 years of age and over and clinically extremely vulnerable individuals
 - 5) All those 65 years of age and over
 - 6) All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
 - 7) All those 60 years of age and over
 - 8) All those 55 years of age and over
 - 9) All those 50 years of age and over
12. It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.
13. The JCVI's recommendations are designed to protect as many people as possible and that is why we are proceeding at pace on this basis. Both vaccines remain safe and effective and it is therefore important for those who are eligible to get a vaccine.
14. With two vaccines deployed widely, this should reduce severe illness, hospitalisations and mortality.
15. The World Health Organization's European director has recently supported the response of countries including the UK seeking to counter initial low vaccine supplies by extending the gap between first and second doses. He said it was important to strike a balance between making the most of limited supplies and protecting as many people as possible and that it was an imperative for Governments to protect as many people as possible while reducing the burden of any subsequent wave on the health systems. The Scottish Academy, the British Society of Immunology and the Royal Pharmaceutical Society have also issued statements of support.
16. I hope that the above assists you with communications with your constituents, I have outlined a shorter version below that you may wish to use in communications for ease of reference.

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vaccinations, recommended a maximum interval between the first and second doses of 12 weeks for both the Pfizer BioNTech and AstraZeneca COVID-19 vaccines. This is in recognition of the very high levels of protection offered from the first dose, and that the increased transmission rate of the new strain of coronavirus poses a significant risk of increased case numbers and subsequent deaths.'

Yours sincerely,

Dr Gregor Smith
Chief Medical Officer