

## Your CEG companion to resources and FAQs to support the Covid-19 vaccination campaign in 2020/21 – 9<sup>th</sup> March 2021

**Who is eligible in the priority cohorts (phase 1)?** – [Check the latest JCVI guidance](#). On 12<sup>th</sup> Feb 2021 (v7):

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (Table 3)
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

**Who are the clinically extremely vulnerable individuals?** These are variably referred to as CEV, shielding patients, or patients at high risk of complications from Covid-19 infection. The list is held centrally but it is updated in GP systems weekly. GPs can remove and add patients to this list.

To add, use code 1300561000000107 | High risk category for developing complication from coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 infection (finding).

To remove: add either 300571000000100 | Moderate risk category for developing complication from coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 infection (finding) or 1300591000000101 | Low risk category for developing complication from coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 infection (finding).

**Why did my shielding list / cohort 4 jumped up on 19<sup>th</sup> Feb?** Because a new Covid risk assessment tool known as QCovid has been developed and applied nationally and as a result thousands of patients have been added, many of them coming off cohort 6. These patients and their carers should be prioritised for vaccination.

**Why have you divided cohorts 4 and 6 in your recall searches?** For two reasons: first because some users want to approach the elderly and the CEV in different ways, second because the Oxford vaccine is not licensed for 16- and 17-year-olds, so you should only call them when you can offer the Pfizer vaccine.

**Where can I find Table 3, detailing who is in an at-risk group (also known as at moderate risk, cohort 6)?** On page ten of chapter 14a of the [Green Book](#). Please note that this is a narrative or description of groups, not an itemised list of conditions or coding business rules. The business rules were released by PRIMIS on 12<sup>th</sup> February and were then applied by clinical system suppliers. We have just borrowed their definitions to update our search for cohort 6.

NEL COVVAC has appointed CEG as the data definition provider for this campaign, which means you should only be using CEG searches as a basis both to generate your calling lists and to check your performance. CEG welcomes your feedback which is used to improve definitions and usability, but we are constrained by national and local guidance.

**Why am I finding patients with conditions I do not consider relevant for cohort 6?** It can be because there is a glitch in the business rules or in the way they have been applied by the clinical system suppliers, it is very difficult in SNOMED to exclude some child codes that are very hidden, this is the case for example for Post-concussion Syndrome which is being picked up under a Dementia tree code. Fatty liver has been another reported case that exemplifies this. You can report your queries to PRIMIS and/or EMIS/TPP. But it could also be that the assessment of risk for Covid has recently changed; for example, gestational diabetes is now quite a high-risk factor.

**Why are so many of my asthma patients not included in a priority cohort?** Because the guidance was very tightened on 12<sup>th</sup> Feb. Patients with severe asthma, which does not

respond to normal treatment (about 4% of asthma sufferers) are included in the shielding list (cohort 4); out of the rest, only people who have had 3 prescriptions for oral steroids over a 3-month period, or people who have ever had an emergency admission with their asthma, will be included in cohort 6. All the rest will be vaccinated when it comes to their age group. The government has just announced that all adults will have their first vaccination by the end of July.

**What if I think that one of my patients should be in cohort 6 but they aren't?** First, you can check whether their condition is coded in their record and add it if it is missing. But also, there is room for clinical judgement. The Green Book says: *The prescriber should apply clinical judgment to take into account the risk of COVID-19 exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from COVID-19 itself.* PRIMIS/PHE have not indicated how this should be coded. We suggest you add the code below to a patient's record if you are booking them for vaccination, but they are not included in the cohort 6 definition:

Requires vaccination

High priority for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination  
(finding)

Concept ID: 1240601000000108  
Description ID: 2826751000000114

**Why are health and care home workers not in the CEG searches?** Because GP practices are not responsible for calling these patients, and because there is no reliable data in GP systems to allow doing so anyway. Most healthcare occupation codes found in GP clinical systems have turned out to be coding errors; for example, 'midwife' to signify the patient saw a midwife rather than that the patient works as a midwife.

**Pregnancy, breastfeeding, children:** always check the Green Book for the latest [guidance](#)

Although the available data do not indicate any harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. JCVI has advised that vaccination in pregnancy should be considered, however, where the risk of exposure to SARS-CoV2 infection is high

and cannot be avoided, or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19.

As a result of the Green Book advice quoted above, CEG have removed pregnant women from the list of cohort 6 patients that can be input in AccuBook, and placed them in a separate search so that you know who they are and you can approach them in line with your CCG's guidance.

We suggest that you review your pregnancy register to ascertain whether the women are indeed pregnant. If they are not, add a code such as Termination of pregnancy, Miscarriage, or Birth, to remove them from the pregnancy register so that they can go back to normal call/recall.

JCVI advises that breastfeeding women may be offered vaccination.

Because of very limited data availability, and as children and young people have a very low risk of COVID-19, severe disease or death due to SARS-CoV-2 compared to adults, COVID-19 vaccines are not routinely recommended for children and young people under 16 years of age. Vaccination (Pfizer) may be considered for children aged 12-15 with severe neuro-disabilities who tend to get recurrent respiratory tract infections and who frequently spend time in specialised residential care settings for children with complex needs.

### **Older Adults Care Homes register – Impact on Covid vaccine roll out.**

Both the Care Homes DES and the WEL Care Homes LIS require you to keep a care homes register. A Care Home is defined as one registered with the CQC.

In EMIS, to put someone on the register you can use one of these codes:

- 394923006 | Lives in a residential home
- 160734000 | Lives in a nursing home
- 1240291000000104 | Living temporarily in care home

In EMIS, to remove them from the register, you can use one of these codes:

- No longer lives in a residential home
- No longer lives in a nursing home

If someone lives in a home that is not registered with the CQC, you can use any other codes instead, for example:

- Lives in a children's home
- Lives in an old peoples home
- Lives in staffed home
- Lives in supported home

It is important that you clean your care home register, removing and adding patients as required to facilitate the smooth running of the Covid vaccination campaign. This is because arrangements are different for patients who live at their home from those who live in a care home. For example, **if your care home patient is not in the register, they will receive a text message inviting them to book an appointment** to have a Covid vaccination. And **a patient appearing in your care home register who in fact lives independently will miss out their invitation to book an appointment** for a Covid vaccine.

You can find the CEG searches to help you update your register under ‘# COVID-19 Support’ in your CEG Practice Support folder. You need to check this even if you do not think you have patients in a care home, as some of your patient may have a care home code applied in a previous practice that is no longer appropriate.

**Housebound patients:** as with the care home register, you need to make sure this register is up to date as hubs will not send text messages to invite for vaccination to patients coded as housebound. And it would be distressing for a housebound patient to be contacted in this way. If a patient is housebound, add: 60689007 | Housebound (finding), if they are no longer housebound, add: 76066100000106 | No longer housebound (finding)

You can add the 428415003 | Temporarily housebound (finding) code to patients who are shielding or are aged over 70 who are hesitant to go out to get their Covid vaccination. You will get paid an extra £10 for going to vaccinate them at home, on top of the £12.58 item of service fee. It will also apply retrospectively, and for the second dose, more details [here](#).

#### Carers:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/C1182-sop-covid-19-vaccine-deployment-programme-unpaid-carers-icvi-priority-cohort-6.pdf>