



Llywodraeth Cymru  
Welsh Government



**Mae Brechu yn achub bywydau**  
**Vaccination saves lives**

# Phase 3 COVID-19 Vaccination Strategy for Autumn/Winter 2021

October 2021



**DIOGELU CYMRU**  
**KEEP WALES SAFE**



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## SECTION 1 – Ministerial Foreword

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Firstly, I would like to take this opportunity to thank the people of Wales for working together in our fight against the Coronavirus. This includes all the front line health and social care workforce, key workers, and volunteers who have played their part in getting the nation through such a difficult time.

I'd also like to thank all those who came forward to be vaccinated, keeping themselves and their families, friends and neighbours safe.

I do not underestimate the sacrifices people have made and the losses they have endured.

The vaccine has made a huge difference and the high level of uptake across all age ranges has contributed to the easing of restrictions.

This strategy is about how we continue to move forward whilst keeping us all safe, and how vaccination can continue to play a crucial role. It sets out how the vaccination programme will continue to deliver effectively, efficiently and at pace into the autumn and winter months.

We continue to be guided by the latest clinical and scientific evidence. Advice from the Joint Committee on Vaccination and Immunisation (JCVI) and the Chief Medical Officer (CMO) for Wales has guided us during the pandemic and their collective advice has proved to be right and proportionate throughout. We once again turn to them for their advice as we move into the next phase of living with the virus.

In line with advice on how to maintain the maximum levels of protection, the people who are most at risk of catching coronavirus and developing serious illnesses will get a booster vaccine first. Health Boards have been planning throughout the summer. This has allowed them to move quickly and we have already started to vaccinate healthcare staff, care home residents and staff, and those most at risk from coronavirus.

Health boards have also made good progress in vaccinating 16 and 17 year olds, and 12 to 15 year olds most at risk because of underlying health conditions.

We have recently begun offering a first dose to all 12 to 15 year olds and we encourage young people to visit Public Health Wales' website [www.phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/patient-information/covid-19-vaccination-a-guide-for-children-and-young-people/](http://www.phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/patient-information/covid-19-vaccination-a-guide-for-children-and-young-people/) for further information. We also encourage them all to have a conversation about having the vaccine with their family or a trusted adult.

Autumn and winter is a challenging time for the NHS. The situation in Wales remains concerning with COVID-19 cases remaining high. Successful delivery of the next phase of the programme will continue to require a flexible approach to respond to the increasing complexity of the vaccination cohorts. The NHS will need to respond promptly and effectively, as it has done throughout the pandemic, proving it has the agility and flexibility, as well as the highly skilled and experienced workforce necessary to continue to successfully deliver our vaccination programme.

This will only be possible by continuing to work with our key stakeholders – local government, other public services, businesses, the voluntary sector and volunteers. This multi-agency effort is continuing and our scale of delivery is growing all the time so that we can protect more of our population every day.

If you didn't take up your original offer of a vaccine and would now like to do so, check the website for your local health board for advice.

Otherwise, our message remains; please do not contact your health board, GP, pharmacists or local authority for a COVID-19 vaccination appointment, you will be contacted when it is your turn.

This new phase brings us all hope. We will move forward together and once again be able to enjoy the freedoms we have missed. Thank you to all who are giving and receiving these vital vaccines.

**Eluned Morgan MS**

Minister for Health and Social Services

## SECTION 2 – Overview and where we are now

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As we move into autumn and winter, this Strategy takes us into a new Phase of the COVID-19 vaccination programme. It sets out our plans for maintaining protection for our older and more vulnerable residents as well as offering first and second primary doses to those who have not come forward yet. We are also offering a vaccine to our children and young people from 12 years upwards and continuing to ensure anyone who has not yet come forward for their vaccine has the opportunity to do so at any time.

Vaccines have both direct effects benefiting those who are vaccinated and indirect effects benefiting the wider population. As more people are vaccinated we reduce the probability that people will come into contact with someone who is infected. The overall impact of the vaccination programme may therefore, extend beyond that estimated through vaccine effectiveness analyses.

Real world effectiveness data has consistently shown high levels of protection of COVID-19 vaccines against clinical disease, and above all, against severe disease outcomes such as hospitalisation and mortality. Several studies of vaccine effectiveness have been conducted in the UK which indicate that two doses of vaccine are up to 95% effective at preventing severe disease including from the Delta variant, with higher levels of protection against severe disease, hospitalisation and death.<sup>1</sup>

With increasing confidence on vaccine supply we can now set out more clearly our ambitions for autumn and winter 2021, as the numbers of those being offered a first, second, third and booster vaccination once again ramps up significantly.

We will again focus on these key areas:

- **Our priorities** – we continue to work towards the overarching aim of safely delivering as quickly as we can to as many as we can, with as little waste as possible. We have set out in this document our ambitions on how we will achieve this.
- **Our vaccination infrastructure** – making sure that people know where to get vaccinated and that they can access their vaccination offer. Also moving to a digital booking system to give people flexibility and ensure maximum take up.
- **Keeping up to date and informed about the vaccination programme** – we are committed to continue to provide information to keep everyone in Wales updated about this next phase of the vaccination programme.

### Where we are now

We have given more than 4,612,000 COVID-19 vaccinations. This equates to 92% of the over-16 population of Wales vaccinated with one dose and 85% with two doses. Our vaccination programme has been amongst the fastest in the world and has one of the highest uptakes.

**Applying the latest PHE estimates to Wales would indicate that the vaccination programme may have directly averted around 7,000 deaths and 10,000 hospital admissions.<sup>2</sup>**

Currently, in common with other nations, overall cases of COVID-19 remain high across Wales, with COVID-19 pressure on the NHS generally increasing.

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<sup>1</sup> S1359\_VEEP\_Vaccine\_Effectiveness\_Table\_\_1\_.pdf (publishing.service.gov.uk) [www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1017253/S1359\\_VEEP\\_Vaccine\\_Effectiveness\\_Table\\_\\_1\\_.pdf](http://www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017253/S1359_VEEP_Vaccine_Effectiveness_Table__1_.pdf)

<sup>2</sup> COVID19- vaccine surveillance report – week 38 (publishing.service.gov.uk) [www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1019992/Vaccine\\_surveillance\\_report\\_-\\_week\\_38.pdf](http://www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019992/Vaccine_surveillance_report_-_week_38.pdf)

As at 2 October, it is estimated that 77% of people of all ages in Wales have some immunity against COVID-19 infection. This estimate assumes immunity is acquired via COVID-19 infection, vaccination or both. If no vaccines had been administered, it is estimated that only 41% of people of all ages would have a degree of immunity and that would probably not last as long.<sup>3</sup>

It is currently estimated that up to 90% of the population, spread evenly across Wales and all its population groups and ages, must be immune to COVID-19 before population immunity effects would be observed<sup>4</sup>.

Based on the current rates observed and current trends with current restrictions<sup>5</sup>:

- The probability of incidence reaching greater than 500 per 100,000 between 10 October and 16 October is above 80% for 5 of the 22 local authorities<sup>6</sup>.
- Deaths per day are projected to reduce to around 5 per day over the next three weeks<sup>7</sup>.
- Hospitalisations per day are projected to decrease to around 10 to 40 per day over the next three weeks<sup>8</sup>.

These are not forecasts or predictions but are projections so we can focus our efforts, including the impact of vaccines, as we move forward. However, it cannot capture behaviour trends or any future increases in transmission resulting from new variants which may compromise the effectiveness of the vaccines we use.

The Scientific Advisory Group for Emergencies (SAGE)<sup>9</sup> has found that two doses of vaccine are between 80% and 90% effective at preventing symptomatic disease of COVID-19 with the Delta variant, with higher levels of protection against severe disease including hospitalisation and death. Earlier studies have reported that antibodies are detectable for at least 6 months and probably 8 months or more<sup>10</sup>. The SIREN study of healthcare workers reported that a previous history of COVID-19 infection was associated with an 84% lower risk of infection, with protective effect observed 7 months following primary infection<sup>11</sup>. The Vivaldi study of care home residents and staff indicated that natural immunity to COVID-19 substantially reduced the risk of reinfection for approximately 10 months following primary infection<sup>12</sup>.

More recent studies from Public Health England, Public Health Wales and Israel have investigated waning vaccine effectiveness at an earlier stage. However, vaccine effectiveness against hospitalisations and deaths remain high after 20 weeks<sup>13</sup> after the 2nd dose of a COVID-19 vaccination.

As we continue to learn more about the virus, its variants and how effective the vaccines are, it has become increasingly clear that managing the virus is likely to be a long-term challenge.

3 COVID19- Wales situational report: 30 September 2021 | GOV.WALES slide 9

[www.gov.wales/covid-19-wales-situational-report-30-september2021-](https://www.gov.wales/covid-19-wales-situational-report-30-september2021)

4 COVID19- Wales situational report: 30 September 2021 | GOV.WALES slide 9

[www.gov.wales/covid-19-wales-situational-report-30-september2021-](https://www.gov.wales/covid-19-wales-situational-report-30-september2021)

5 COVID19- Wales situational report: 30 September 2021 | GOV.WALES

[www.gov.wales/covid-19-wales-situational-report-30-september2021-](https://www.gov.wales/covid-19-wales-situational-report-30-september2021)

6 Source: Imperial College London

7 Source: Modelled medium term projections, SAGE/SPI-M, 14 September

8 Source: Modelled medium term projections, SAGE/SPI-M, 14 September

9 S1359\_VEEP\_Vaccine\_Effectiveness\_Table\_\_1\_.pdf (publishing.service.gov.uk) [www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1017253/S1359\\_VEEP\\_Vaccine\\_Effectiveness\\_Table\\_\\_1\\_.pdf](https://www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017253/S1359_VEEP_Vaccine_Effectiveness_Table__1_.pdf)

10 NERVTAG: Immunity certification update, 4 February 2021 – GOV.UK (www.gov.uk) [www.gov.uk/government/publications/nervtag-immunity-certification-update-4-february2021/nervtag-immunity-certification-update-4-february#2021-fn:24](https://www.gov.uk/government/publications/nervtag-immunity-certification-update-4-february2021/nervtag-immunity-certification-update-4-february#2021-fn:24)

11 SARS-CoV2- infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN) – The Lancet [www.thelancet.com/journals/lancet/article/PIIS9-00675\(21\)6736-0140/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS9-00675(21)6736-0140/fulltext)

12 Vivaldi 2: COVID19- reinfection in care homes study report – GOV.UK (www.gov.uk) [www.gov.uk/government/publications/vivaldi-2-coronavirus-covid-19-reinfections-in-care-homes-study-report/vivaldi-2-covid-19-reinfection-in-care-homes-study-report](https://www.gov.uk/government/publications/vivaldi-2-coronavirus-covid-19-reinfections-in-care-homes-study-report/vivaldi-2-covid-19-reinfection-in-care-homes-study-report)

13 PHE: Duration of protection of COVID19- vaccines against clinical disease, 9 September 2021 – GOV.UK (www.gov.uk)

[www.gov.uk/government/publications/phe-duration-of-protection-of-covid-19-vaccines-against-clinical-disease-9-september2021-](https://www.gov.uk/government/publications/phe-duration-of-protection-of-covid-19-vaccines-against-clinical-disease-9-september2021)

## SECTION 3 – Our Priorities for Autumn and Winter

The current context, the transmissibility of the Delta virus and evidence of waning immunity for the oldest and most vulnerable people means that speed continues to be important.

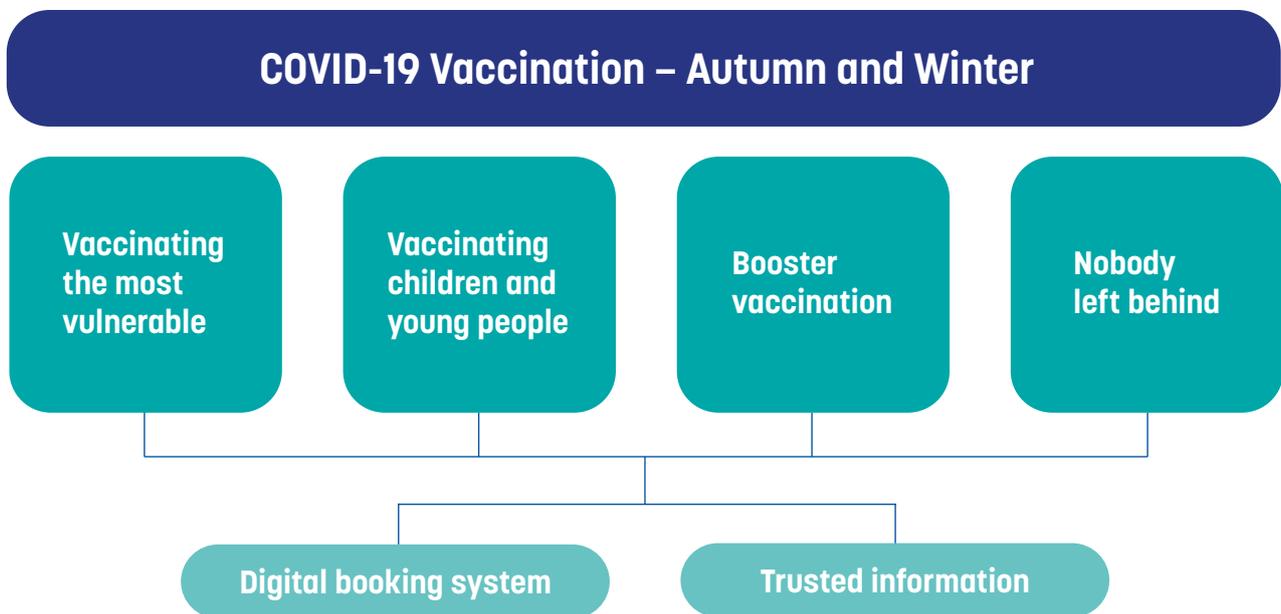
We have been working with our seven health boards over the summer months to plan for this next phase, with the assumption that we would need a booster vaccine in the autumn to protect the most vulnerable and elderly and front line staff. They were also asked to plan for the possibility of vaccinating children and young people from the age of 12 years.

As part of this planning, health boards have had to consider their workforce, ensuring training requirements are met, Joint Committee for Vaccination and Immunisation (JCVI) and other guidance, logistics for vaccine consumables and PPE, as well as the supporting infrastructure required to deliver this next phase. Their planning has had to consider what best meets the needs of their local population.

This continues to be a whole NHS Wales approach, with Welsh Government and Public Health Wales working closely on all medical, technical and public health aspects. NHS Wales Shared Services, the Welsh Blood Service and Welsh Health Courier Service will continue to be vital to logistics and distribution. Our Digital Health and Care Wales, Wales Immunisation System continues to support and underpin all health boards' efforts and enable surveillance and pharmaceutical tracking.

### Priorities

The Wales COVID-19 Vaccination Programme will need to be delivered alongside other important vaccination programmes such as the seasonal influenza and catch up school-aged immunisation programmes as we progress into the autumn period. We will work closely with our health boards on these aspects, focusing in particular on the following.



## Vaccinating the Most Vulnerable

Some individuals who are severely immunosuppressed due to underlying health conditions or medical treatment may not mount a full immune response to COVID-19 vaccination. The JCVI has advised<sup>14</sup> that they be offered a third primary dose before being offered a Booster dose later. We have identified these individuals and are working with their clinicians to ensure they are offered the vaccine during periods of minimum immunosuppression (where possible) when they are more likely to generate better immune responses. The third primary dose should ideally be given at least 8 weeks after the second dose, with special attention paid to current or planned immunosuppressive therapies.

### Our Aim

All individuals identified as severely immunosuppressed, as set out in the JCVI advice, will be prioritised for an urgent appointment at the time best for them.

## Vaccinating Children and Young People

The JCVI has also advised<sup>15</sup> that children and young people over 12 years old who have specified underlying health conditions should be offered a 2-dose primary schedule unless the individual is severely immunosuppressed when a 3-dose primary schedule is advised, in accordance with the latest JCVI advice on third primary vaccine doses. We are now offering this schedule to eligible children.

The UK Chief Medical Officers (CMOs) gave advice<sup>16</sup> to each respective UK government to offer the COVID-19 vaccine to all 12 to 15 year olds. This recommendation was given after careful consideration, informed by independent senior clinical and public health input from across the UK. The JCVI also advised<sup>17</sup> that the direct health benefits from vaccination are marginally greater than the potential known harms in this age group. The CMOs took children and young people's mental health and disruption to education into consideration.

The Minister for Health and Social Services accepted this recommendation and this group are being offered a first dose of Pfizer-BioNTech COVID-19 vaccine. Vaccinations for 12 to 15 year olds have now gathered pace and the feedback from the vaccination centres is very positive.

The vaccine is not mandatory and people can choose whether to have the vaccine or not. Age appropriate information is available for children and young people and their parents to make up their minds about vaccination. This has been attached to the appointment letter and shared through school communications via emails / text / social media to pupils and parents. It is important that both children and parents have time to consider the information and have the discussion together before deciding whether to have the vaccine.

We have a blended model of delivery with all health boards primarily inviting this age group to vaccination centres with some areas also providing vaccinations in special schools. The strength of this model is that it is informed by local knowledge and is flexible and agile so it can change dependent on the circumstances.

14 [www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice](https://www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice)

15 [www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement](https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement)

16 Universal vaccination of children and young people aged 12 to 15 years against COVID19- – GOV.UK ([www.gov.uk](https://www.gov.uk))

[www.gov.uk/government/publications/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid19-](https://www.gov.uk/government/publications/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid19-)

17 JCVI statement on COVID19- vaccination of children aged 12 to 15 years: 3 September 2021 – GOV.UK ([www.gov.uk](https://www.gov.uk)) [www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september2021-](https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september2021-)

All 16 and 17 year olds in Wales have been offered a vaccine (1 dose only as advised by the JCVI<sup>18</sup>) and to date more than 71% have taken up their offer. When they are 3 months from their 18th birthday they will be offered their second dose.

The JCVI will be considering further, when they have more trial findings, if children and young people who are currently only eligible for one dose, will be offered a second dose.

### Our Aim

We will offer the vaccine to all 12 to 15 year olds by 1 November with the majority of those who come forward vaccinated in October.

## Booster Vaccination

The JCVI has advised<sup>19</sup> that individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1-9) should be offered a COVID-19 booster vaccine, no earlier than six months after their second dose. 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 (as set out in the Green Book), and adult carers
- adult household contacts of immunosuppressed individuals.

JCVI has advised using mRNA (Pfizer-BioNTech and Moderna) vaccines for the booster programme, irrespective of which vaccine was given as a primary dose. This is in line with the vaccines procured for deployment and we have received confirmation that there is sufficient supply to cover Wales' eligible booster cohort. For the small number of individuals who may not be able to have an mRNA vaccine, because of allergy for example, an effective alternative will be offered.

Appointments for the booster programme began to issue from the week commencing 20 September. All health boards are now vaccinating residents and staff in care homes and are inviting others who are eligible to vaccination centres.

While we have the capacity planned to deliver the booster, we need to be mindful that we are approaching a very unusual autumn/winter period for the NHS in Wales of which we have never faced before and the effects of flu and other respiratory viruses circulating in the community may impact on our staffing levels at different times. We will keep this under review and bring in appropriate measures as needed.

Uptake of the vaccine amongst the health and social care workers has been high throughout with over 90% of staff in care homes for older adults taking up both doses. While COVID-19 vaccination rates remain at such high levels in these groups, we are not considering compulsory measures.

The JCVI will be considering further, when they have more trial findings, if individuals under 50 years old should be offered a booster dose.

<sup>18</sup> JCVI statement on COVID19- vaccination of children and young people aged 12 to 17 years: 4 August 2021 – GOV.UK ([www.gov.uk/government/publications/jcvi-statement-august-2021-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-4-august2021](https://www.gov.uk/government/publications/jcvi-statement-august-2021-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-4-august2021))

<sup>19</sup> JCVI statement, September 2021: COVID19- booster vaccine programme for winter 2021 to 2022 – GOV.UK ([www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-booster-vaccine-programme-for-winter-2021-to2022](https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-booster-vaccine-programme-for-winter-2021-to2022))

## Co-administration with the Flu vaccine

The flu vaccination programme is now well underway. We would encourage people, if eligible, to get their flu vaccine, regardless of their eligibility for a COVID-19 booster vaccine. There is an increased risk to those infected with both flu and COVID-19 at the same time.

More information on the flu vaccination is at <https://phw.nhs.wales/topics/immunisation-and-vaccines/flu-vaccine/>

While most people who are eligible to receive a free flu vaccine on the NHS will also be eligible to receive the COVID-19 booster, there are some slight differences as flu and COVID-19 are different viruses, meaning the JCVI recommendations on who should get the jabs are slightly different. For example, all asthmatics that require regular steroid inhalers or tablets are eligible for the flu vaccine but for the current booster programme, only those with poorly controlled asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission are eligible.

Children and young people in school years Reception to Year 11 will be offered the flu nasal spray in schools while over 12 year olds will mostly be offered a COVID-19 vaccine injection in a vaccination centre. Children aged two and three years old are eligible for the flu nasal spray.

All cohorts eligible for the flu vaccination are able to get their vaccination at any time during the flu vaccination programme. Meanwhile, the JCVI advice is that COVID-19 boosters are phased starting with those who are most likely to become seriously ill from COVID-19.

The JCVI has advised co-administration is safe and should be pursued where this would lead to operational expediency. However, they also made it clear that co-administration should not slow down or disrupt the deployment of the annual flu vaccination programme or the rollout of the booster programme. For Wales, this will mean co-administration is only likely in care homes and for frontline health and social care staff.

### Our Aim

By 31 December, we will have offered the majority of those who are eligible for a booster a vaccine appointment.

Eligible Care Homes residents will be offered their vaccination by 1 November.

## Nobody Left Behind

Vaccine equity continues to be a key principle of this strategy.

It is important that we take collective action to promote equitable uptake of the COVID-19 vaccine to address any disproportionate impact that COVID-19 can have on under-served groups such as those from minority ethnic backgrounds, people with disabilities and people who live in economically disadvantaged households or are experiencing deprivation in other ways.

The commitment to ensuring that people in Wales have fair access and opportunity to take up their offer of the vaccine is set out in the Vaccine Equity Strategy:

<https://gov.wales/covid-19-vaccination-equity-strategy>

Our Vaccine Equity Committee, health boards and a wide range of valued partners are working together to provide access to accurate, trusted information. There have, for example, been a range of engagement events, faith led webinars and materials have been produced in a number of different languages. In this way, we want to ensure that anyone who remains unvaccinated can make an informed choice about the vaccine.

We know that the biggest gaps in take up are between ethnic groups in adults aged 30-39 years and there is also a difference in levels of take up between those living in the most deprived and least deprived areas of Wales<sup>20</sup>. We will continue to work with partners to improve take up in these groups.

<sup>20</sup> Rapid COVID19- virology – Public | Tableau Public

<https://www.public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID19-virology-Public/Headlinesummary>

We continue to address concerns about access to the vaccine. Working with partners, health boards have been offering vaccination through many pop-up, mobile and out-reach clinics often in faith or cultural centres right throughout Wales. Vaccination centres throughout Wales offer extended hours at evenings and are open at weekends to offer a flexible service. Transport or travel initiatives are in place in many areas. Outreach services, pop up clinics and mobile services are taking the vaccine to communities who may otherwise not take up their offer.

It is never too late to have the vaccine. We will be taking forward targeted action and continuing to tackle the barriers which are stopping some people from taking up their offer of a vaccine.

We will also be encouraging those whose second dose is overdue to come forward to ensure they have the fullest protection. The younger cohorts, who are being vaccinated later in phase 2 will still need their second vaccination during phase 3.

The JCVI has advised that pregnant women should be offered COVID-19 vaccines at the same time as people of the same age or clinical risk group. About two-thirds of women who test positive for COVID-19 in pregnancy have no symptoms at all. However, some pregnant women become seriously ill and are admitted to hospital with COVID-19, particularly if they have underlying medical conditions. In the later stages of pregnancy, women are at increased risk of becoming seriously unwell with COVID-19. If this happens, it is about three times more likely that the baby will be born prematurely, which can affect their long-term health.

There has been a rise in the number of unvaccinated pregnant women being admitted to hospital suffering serious illness as a result of COVID-19. The vaccine can protect mothers and babies from avoidable harm. With growing evidence showing that pregnant women may be at risk of severe illness if they get COVID-19

compared to the rest of the population, particularly in the third trimester, the Royal College of Obstetrics and Gynecology (RCOG) and the Royal College of Midwives (RCM) both recommended vaccination as one of the best defenses against severe infection. The Chief Medical Officer and Chief Nursing Officer have appealed to pregnant women to say yes to the COVID-19 vaccine when offered and we have been working with Public Health Wales and health boards to share information with pregnant women and those who care for them. There is no evidence that the COVID-19 vaccines will affect fertility or the chance of becoming pregnant.

While we have seen equity gaps narrowing over time, there is more to do.

### Our Aim

We will continue to work to ensure no-one is left behind and maximise vaccine coverage in Wales for the protection of individuals, their families and the communities in which they live.

## Covid Vaccine Pass

From 11 October, adults 18 and over will need a COVID pass to enter certain premises in Wales such as nightclubs and indoor events for more than 500 people. Being fully vaccinated is one of the ways you can get a COVID pass. Being fully vaccinated also means that you can obtain a COVID pass for use when travelling internationally.

Get more information here : Get your NHS COVID Pass | GOV.WALES <https://gov.wales/get-your-nhs-covid-pass#section-73755>

## Digital Booking System

Building a bespoke and robust digital infrastructure for booking appointments, recording of vaccination, and reporting on vaccination activity is vital to underpin this next phase, as we continue to try to make it as easy of possible for people to come forward.

This will build on the experience of our current approach and enable the public to amend their appointment if necessary and book their own vaccine appointments.

This aims to meet current and future needs for the vaccine programme and other vaccination programmes, which will endure long after this programme has completed.

First, we will launch a text service enabling people to change their appointment by text, an online service will follow. This is currently in the development phase. We want to make it as easy as possible for people to have appointments at a time and place that suits their lifestyle.

### Our Aim

To have a text service to help citizens rearrange appointments in November.

To have a digital booking system online to help schedule appointments in January.

## Supply

Subject to continuity of supply, we will ensure sufficient vaccine for primary doses for children aged 12 to 17, any remaining second doses, for third primary doses and boosters, and vaccination of anyone who has not yet already taken up their offer. We will continue to keep waste to a minimum, ensuring our programme is as efficient as possible and that we utilise every available dose of vaccine

## SECTION 4 – Infrastructure: Where and How to Get Vaccinated

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### The vaccination delivery model as we move into the autumn & winter

The COVID-19 Vaccination delivery model built by NHS Wales has proved to be extremely effective to date. It is a blended model providing a mix of sites in order to maximise speed of roll out, ensure safety, meet the needs of the characteristics of the vaccines, be as conveniently located as possible and make sure we give equitable access across the country and all communities.

As we move into the autumn and winter, we will continue to have this blended model:

- **Vaccination Centres (VCs)** can vaccinate a lot of people quickly and safely. There is now a blend of large vaccination centres and smaller satellite centres. Health boards have planned their vaccination centres to flex their opening times, to open on evening and weekends to make sure there is as little disruption to young people's education and as much flexibility as possible as adults return to work.
- **Primary Care** have played a significant part throughout the COVID-19 vaccination programme. Every year GP practices in Wales deliver hundreds of thousands of seasonal influenza vaccinations in just a few months. They are experts at running immunisation programmes and have the existing infrastructure to do so. Some will continue to support the COVID-19 vaccination of vulnerable people in care homes and some will be involved in vaccinating in the more remote areas of Wales where it may be more difficult to get to a vaccination centre. Predominantly though, COVID-19 vaccinations will take place in vaccination centres which allows primary care to remain the first point of care for more than 90% of peoples' contact with the NHS in Wales.
- **Schools** – currently the intention is to only offer a vaccination to children and young people with certain underlying health conditions in special schools. Some children who attend these schools are more comfortable and less distressed having the vaccine in familiar surroundings with people they know. These will be in small numbers. The majority of children and young people will receive their vaccine at a vaccination centre.
- **Mobile Units** – We know it can be difficult for some people who don't have a car, work different hours, live in remote areas or have caring responsibilities. To reach out into communities and ensure nobody is left behind, we have mobile units which allow pop-up vaccination clinics. This model also enables us to get the vaccines into our care homes and to our older populations as soon as possible.
- **Workforce** – Our COVID-19 vaccination programme has been running for almost a year, all our vaccination teams are experienced and qualified. Health boards will be optimising their recruitment and workforce models over the autumn and winter period.

## SECTION 5 – Keeping up to date on the vaccination programme

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We continue to work with our partners in the NHS and Public Health Wales to make sure there is factual information easily available about the vaccine. It is crucial that people feel informed about the effects of the vaccine, their eligibility and know how to access their vaccine when called.

Until recently, UK and 4 nation vaccination rates were worked out on the percentage of the vaccinated population aged 16 years and over. Now that we are vaccinating 12 to 15 years olds, the calculation is based on the percentage of the 12 years plus population.

For comparison and consistency between UK nations, and to overcome the different systems used, the ONS 2020 mid-year population estimates are used to calculate the share of people that received first and second doses.

It is also important to note that the universal offer for 12 to 17 year olds is for a first dose of vaccine. However, the whole 12 to 17 population will be included in the 2nd dose rate calculation, this is despite there only being limited exceptions where someone this age would be currently be offered a second dose, however the category is necessary to track those who are eligible.

We remain committed to being transparent and keeping everyone up to date with progress. We will continue to:

- **Release data** on the number of people who have received vaccinations. This will be published on the **Public Health Wales Rapid COVID-19 Surveillance dashboard\***. This will show the total cumulative number of vaccinations administered, although the actual number of people vaccinated will be higher due to ongoing data entry<sup>21</sup>.
- Continuing to publish **weekly, more detailed data on vaccinations** through the Public Health Wales Rapid COVID-19 Surveillance dashboard. This will include data at local health board level and will be expanded to cover other topics as more good quality data becomes available, such as take up by cohort.

- Publish **data on the supply and stock of vaccines** in Wales, including waste [www.gov.wales/covid-19-vaccination-programme-stock-and-distribution](http://www.gov.wales/covid-19-vaccination-programme-stock-and-distribution)
- Publish **Ministerial Statements** setting out when there are new developments or changes to the vaccination programme.
- Publish **Vaccination Updates** fortnightly [www.gov.wales/covid-19-vaccination-programme-updates](http://www.gov.wales/covid-19-vaccination-programme-updates)

You will also find more information here:

- COVID-19 Situational reports [www.gov.wales/covid-19-situational-reports](http://www.gov.wales/covid-19-situational-reports)
- Advice from the Technical Advisory Cell [www.gov.wales/technical-advisory-cell](http://www.gov.wales/technical-advisory-cell)
- Statistics reports on COVID-19 [www.gov.wales/statistics-and-research](http://www.gov.wales/statistics-and-research)
- UK dashboard includes data from all Four Nations [www.coronavirus.data.gov.uk/details/vaccinations](http://www.coronavirus.data.gov.uk/details/vaccinations)
- Chief Statistician's blog [www.digitalanddata.blog.gov.wales/category/chief-statistician/](http://www.digitalanddata.blog.gov.wales/category/chief-statistician/)

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<sup>21</sup> [www.public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID19-virology-Public/Headlinesummary](http://www.public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID19-virology-Public/Headlinesummary)