**The autumn booster campaign 2022**

For the 2022 autumn booster programme, the primary objective is to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID19, specifically hospitalisation and death, over winter 2022/23.

The following groups should be offered a COVID-19 booster vaccine in the autumn of 2022:

* residents in a care home for older adults and staff working in care homes for older adults
* frontline health and social care workers
* all adults aged 50 years and over
* persons aged 5 to 49 years in a clinical risk group, as set out in Tables 3 and 4
* persons aged 5 to 49 years who are household contacts of people with immunosuppression (as defined in Tables 3 and 4)
* persons aged 16 to 49 years who are carers (as defined in Table 3).

The booster should ideally be offered from September, allowing a minimum of three months from the previous dose.

The aim should be to complete the campaign before December to provide additional protection in time for the expected winter peak of other seasonal viruses.

Someone in the eligible groups above who has received a full course of primary vaccination (two or three doses) but has not received a booster before September 2022, may be given the autumn booster in the campaign provided there is at least three months from the previous dose. Additional doses are not then required.

**Age specific recommendations on vaccine type**

1. **Children aged 5-11 years (including some who have turned 12 years)**

For children aged 5-11 years, a childhood dose of Pfizer (Comirnaty® 10micrograms) is recommended.

JCVI have advised that the lower dose of vaccine is preferred for those aged 12 years alongside those aged 11 years in the same academic year (year 7 in England and Wales). Using the same vaccine dose for pupils in the same academic year should help simplify any school-based immunisations and increase overall safety.

Children aged 5-11 years who have commenced immunisation with the paediatric dose of Pfizer and then turn 12 years of age should also complete vaccination with the paediatric dose. An adult/adolescent dose is an acceptable alternative if this is the only supply available.

1. **Children and young people aged 12-17 years**

An adult/adolescent (30micrograms) dose of the Pfizer has approval for use from 12 years old and currently has the most extensive safety data in those aged 12-17 years. This vaccine is therefore the preferred vaccine for children and young people.

Although Moderna vaccine is also approved in children, Pfizer is currently preferred due to a lower reported rate of side effects. Children aged 12 years of age who have commenced vaccination with the 30 microgram dose who are being vaccinated alongside their peers from the same academic year may complete with the 10 microgram dose (see above).

Young people aged 16-17 years who have had a first dose of AstraZeneca vaccine, and are eligible for a second dose, can complete with the same vaccine or with an mRNA product.

1. **Healthy adults aged 18 years and over**

Evidence suggests that the risk of serious COVID-19 disease is strongly related to age, and the risk of COVID-19 mortality, hospitalisation and ICU admission is lower in younger adults. Based on current supply, a full dose mRNA vaccine (Pfizer 30 micrograms or Moderna 100 micrograms) is recommended for primary vaccination. This advice may change if there is a change in the epidemiology or an interruption in the supply of the mRNA vaccines.

AstraZeneca vaccine is no longer being supplied for routine use in the UK. When mRNA vaccines are not considered clinically suitable, Novavax COVID-19 vaccine may used for primary vaccination of adults over 18 years.

**Pregnant women in eligible groups**

Pfizer and Moderna vaccines are the preferred vaccines for eligible pregnant women (for those under 18 years, Pfizer is preferred), because of more extensive experience of their use in pregnancy. When mRNA vaccines are not considered clinically suitable, Novavax COVID-19 vaccine may be used for primary vaccination of pregnant women, including to complete a course or as a booster, although experience in pregnancy is relatively limited.