British Society for Haematology
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Professor Andrew Pollard
Chair, The Joint Committee on Vaccination and Immunisation

Dear Professor Pollard

BSH statement relating to Haematology Healthcare Professionals and COVID-19/ SARS-CoV-2 Vaccination Dose Scheduling Changes

On 8 December, the UK began a vaccination programme against COVID-19/ SARS-CoV-2. To date, more than 800,000 people have received the first dose of the Pfizer/ BioNTech vaccine. Vaccine recipients have been those vulnerable to develop severe COVID-19, and front-line health and care workers. Among these are doctors, nurses and biomedical scientists working in haematology on whose behalf the BSH is speaking.

Viral infections spread into hospitals whenever prevalence in the community is high, in spite of infection prevention and control measures[1,2]. Clinical staff caring for patients with haematological diseases may be a source of transmission to these patients. It was for this reason that haematology healthcare professionals have been among those included in the first wave of vaccinations.

A large number of the patients we care for in haematology are classified as clinically extremely vulnerable (CEV) to COVID-19 infection with a high mortality if they contract SARS-CoV-2 and a minimal chance of survival if they suffer severe COVID-19 related complications[3]. Methods to protect this group of patients have included shielding, remote consultation and asymptomatic staff testing. However, many patients with blood disorders continue to require inpatient stays or repeated day case attendances to receive chemotherapy, blood transfusion or immunosuppressive treatments. It is a huge concern for staff treating these patients that they might unwittingly pass on the virus to them.

Staff have been greatly relieved, on behalf of their patients, to begin receiving the Pfizer vaccine under the marketing authorisation issued by the MHRA on 2 December. This authorisation stated that recipients should receive their second dose at 21-28 days. Indeed, it was on this basis that healthcare professional recipients gave informed consent. On 31 December, UK Government and JCVI announced plans to extend the dosing interval from 3 to 12 weeks, for both the AstraZeneca vaccine and the Pfizer vaccine. There are no published data relating to the efficacy of the Pfizer vaccine when delivered in this way. The clinical trials of the Pfizer vaccine demonstrated maximum efficacy (95%) after the second dose[4]. In a joint

statement released on Monday 4 January, BioNTech and Pfizer highlighted the absence of data demonstrating that the protection post first dose would be sustained after three weeks[5]. Furthermore, the WHO Strategic Advisory Group of Experts on Immunization continues to recommend two doses of the Pfizer vaccine within 21-28 days.

We understand the motivations that have led to the policy change by the JCVI, as a response to the rapidly rising prevalence of SARS-CoV-2 infection in the UK. However, we believe that healthcare professionals working with extremely vulnerable patients who have received the first dose of the Pfizer vaccine should offered a second vaccine at 3 or 4 weeks after their initial vaccine, in line with currently available published evidence, international recommendations and authorisation by the UK regulator.

The British Society for Haematology calls upon JCVI and CMOs to recommend that all healthcare professionals working with extremely vulnerable patients should be fully vaccinated as soon as possible in order to protect this extremely vulnerable group. This means honouring the planned dosing schedule for those receiving the Pfizer vaccine.

Yours Sincerely

Professor Adele Fielding, President
Dr Josh Wright, Vice President
Dr John Ashcroft, Treasurer
Dr Jim Seale, Trustee
Dr Katrina Farrell, Chair of the Communications Committee
Professor Jo Howard, Chair of the Guidelines Committee

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