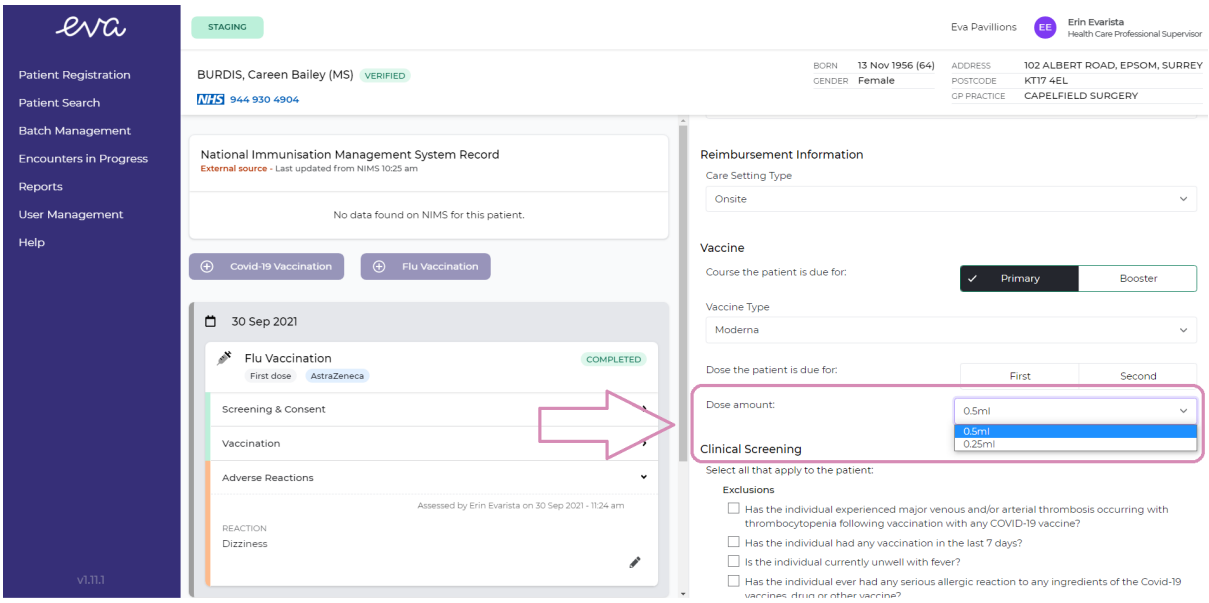
1.11 Release Notes

Overview

Much of the UK population has now received a COVID-19 vaccine since the vaccine programme was launched in December 2020. The JCVI advises that the booster vaccine dose should be offered no earlier than 6 months after completion of the Primary vaccine course, and that Moderna Boosters should be administered as a half-dose.

In order to support this and differentiate between doses administered for Primary and Booster courses, Eva Health has made a small number of changes to the COVID-19 vaccination recording process within the eVacc application, and these changes form the main feature uplift of the V1.11 release.

Vaccine Dose Selection for Primary and Booster Courses



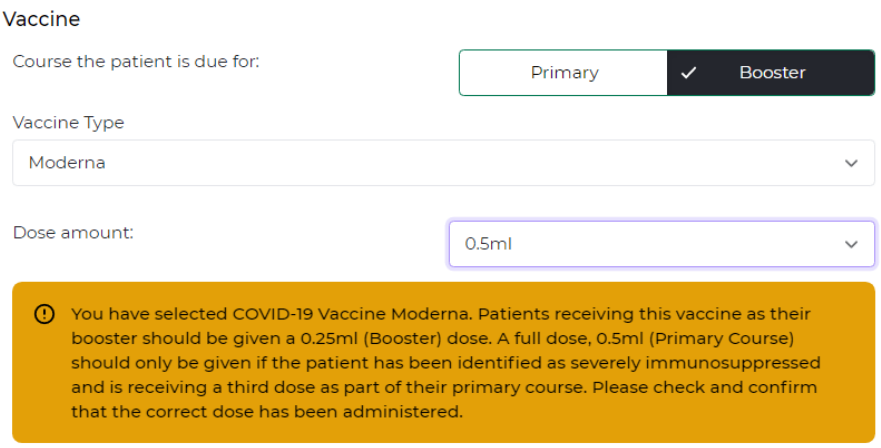
During the Screening & Consent stage of the COVID-19 vaccination process, it remains the Screener's responsibility to select the vaccine to be administered. Changes to the JCVI guidance means that the Screener is now required to also select the dose *amount* required to effectively vaccinate the patient.

The presentation of the course selection box remains the same, as does that for the vaccine type. However, upon selecting the vaccine, a list of available doses for the vaccine will be presented. The eVacc application will default to the dose as recommended by the JCVI for the course being administered. The drop-down list will be present, even where only one dose of a vaccine is available.

As a result, if a Primary course of the Moderna vaccine is being administered, then the dose amount will default to "0.5ml". If a Booster course of the same vaccine is being administered, then the dose amount will default to "0.25ml".

The situation may arise where the Screener wishes to select the full 0.5ml dose of Moderna as a "Booster" vaccination. This may be in the event of it being administered as a third dose of a primary course, where the patient is severely immunosuppressed, for example.

If a dose is selected that does not align with JCVI recommended guidance, then a warning will be presented, as shown (right)



It should be noted that the Screener is not prevented from proceeding with the vaccination process, even if a warning is presented.

(PLEASE NOTE - At the time of this release, NHS-D have yet to finalise the specification for the handling of 3rd dose primary course COVID-19 vaccinations)

Other Changes

General

[EF-2376] Minor rewording of Clinical Screening Questions

NHS-D have recently issued a minor uplift to the wording of the COVID-19 Clinical Screening questions that are presented within the "Screening & Consent" template. The changes have been made in readiness for the forthcoming 3rd dose primary course vaccination support and as a result of clinical guidance and improvement. The text and supporting response narrative has therefore been uplifted for the following two "Caution" questions:

- *"Has the individual ever experienced an urticarial (itchy) skin reaction following a COVID-19 vaccine?"*
- *"Has the individual had any vaccination in the last 7 days?"*

Please follow the guidance given in the supporting text to both of these questions.

[EF-2273] Enhanced alerting for historically-recorded Flu vaccinations when selecting the at-risk group of "Over 50"

A recent uplift to the age-related flu eligibility logic has resulted in users correctly not receiving an age-related alert where the patient is aged 49 years, but will turn 50 by the end of the current flu season. This logic has now been extended to the recording of historical vaccines, where a date in the past is used as the vaccination date.

[EF-2360] Update to Flu procedure term and code within extracts

An NHS-D led specification uplift has seen the Flu procedure term and code used within the DPS extracts and Human Readable Reports uplifted, as shown below:

	Code	Term
Previous	822851000000102	Seasonal influenza vaccination (procedure)
New	955651000000100	Seasonal influenza vaccination given by other healthcare provider (situation)

[EF-2166] Patient Banner Improvements

Further improvements have been made to the presentation of data within the patient banner, allowing it to be more closely aligned with NHS-D's published 'Common User Interface' specification.

[EF-2068] Support for previous COVID-19 payment cost centre mappings

A Local Vaccination Site may change its payment cost centre during the term of its existence. Where this occurs, the ODS data is updated with start and end dates for each of the cost centre relationships. The eVacc application now fully respects previous relationships, ensuring that BSA claims for vaccination events recorded as performed in the past are always attributed to the correct cost centre.

[EF-1974] Allowing the BSA data flow to be enabled/disabled in configuration

In some care settings, it is desirable for the eVacc application to NOT send a claim message to BSA following the administration of a vaccination. As a result, Eva Health have added a background configuration switch, to allow the sending of BSA claims to be disabled on a "per organisation" basis and allowing eVacc to be adopted by even more excited new customers!