

Frequently Asked Questions (FAQs) on Conditions Included

Severe Neuro-disabilities

What is the definition of ‘severe neuro-disabilities’ and the types of conditions included?

Neuro-disability is an umbrella term for conditions associated with impairment involving the nervous system. We have used the Neurodisability codeset in GP records and this consists of around 680 codes. Conditions such as these broader groupings are:

- *All forms of Paralysis, hemiplegias, paraplegias etc.*
- *Neurological Cancers*
- *Neurological infections (including encephalitis, polio)*
- *Congenital disorders likely to affect nervous system*
- *Neuro-degenerative conditions*
- *Ataxias*
- *Motor Neurone Disease*
- *Demyelinating diseases including MS*
- *Cerebral Palsy*
- *SupraNuclear Palsy*
- *Neuropathies*
- *Myaesthesia disorders*
- *Myotonic Disorders*
- *Musculodystrophies*
- *Vascular disorders - Intracranial haemorrhages, aneurysms, Strokes, Thrombosis, Arteritis, Dissections*
- *Spina Bifida, Hydrocephalus*
- *Neuro Developmental Disorders*
- *Congenital disorders*
- *Chromosomal Abnormalities (although Downs syndrome a separate JCVI group for this vaccination group)*

The presence of a code in a GP record, can be at any time in the child’s clinical history, so it is possible we will identify children who’s condition has now resolved. In this case, if someone receives an invitation and does not think this is now needed, they can discuss with their Health Board or Healthcare Professional.

It should be noted that epilepsy on its own is not included in this list although some children with epilepsy will be included if they have an additional neurological condition coded.

Why does having a severe neuro-disability increase risk in COVID-19 disease?

COVID-19 is a respiratory virus affecting the lung - if anyone with a neuro-disability conditions that impairs lung function contract the virus it could cause severe complications if they develop.

Given the very high risk of exposure to infection and outbreaks in institutional settings, children with severe neuro-disabilities who tend to get recurrent respiratory tract infections particularly those who spend time in specialised residential care settings for children with complex needs.

My child has a neurology condition (eg epilepsy) – why are they not included in this group?

Epilepsy on its own is not a higher risk of COVID-19 compared to people without epilepsy. Most people with well controlled epilepsy without any other neurological condition are not currently included in this category as their immune and lung function should be normal like anyone else without epilepsy.

Immunosuppression

What is the definition of ‘immunosuppression’ and what types of conditions or medications make a young person immune suppressed?

Immunosuppression is the state in which your immune system is not functioning as well as it should.

For JCVI definition please see the [Green Book](#) (Pg 13)

Why does being immunosuppressed increase risk in COVID-19?

Data has shown this condition to be particularly associated with more severe outcomes from contracting COVID-19 infection.

JCVI also recommends that children and young people aged 12 to 17 who live with an immunosuppressed person should be offered the vaccine. This is to indirectly protect their immunosuppressed household contacts, who are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination.

My child has a condition and has lower immunity – why are they not included in this group?

NHS Scotland used the GP records of all people living in Scotland to identify those with immunocompromised (lower immunity) conditions to identify those people that would benefit from the vaccine. If you feel your child should be included and are not on the invite, then you need to contact your own GP to update the record and your GP can then refer your child to the local vaccination service.

Learning/Intellectual Disability

What is the definition of ‘learning/intellectual disabilities’?

A learning/intellectual disability is significant and lifelong. It starts before adulthood and affects the person’s development. This means that a person with a

learning/intellectual disability will be likely to need help to understand information, learn skills and live a fulfilling life. Some people with learning/intellectual disabilities will also have healthcare needs and require support to communicate.

'Learning/intellectual disability' is an umbrella term covering many different conditions. They are often categorised as mild, moderate, severe or profound and are clinically diagnosed.

It is important to be really clear about definitions. Learning/Intellectual Disabilities are different from learning difficulties such as dyslexia or ADHD. Learning Difficulties are conditions which causes problems with certain abilities used for learning, such as reading and writing.

Why does having a learning/intellectual disability increase risk in COVID-19?

Data has shown these conditions are particularly associated with more severe outcomes from contracting COVID-19 infection.

My child has a learning difficulty/additional support and/or educational needs (eg Dyslexia or ADHD) – why are they not included in this group?

These conditions are not included in what would be diagnosed clinically as Learning/Intellectual Disabilities (as per the definition above). JCVI advice is based on the current available clinical data, and having considered the risks and benefits of the vaccine in younger members of our society. Until more data becomes available, the JCVI does not currently advise routine universal vaccination of children and young people under 18 years of age.

General

As a parent I am anxious about giving the vaccine to my child – what are the risks?

NHS Scotland will only use a vaccine if it meets the required standards of safety and effectiveness. All medicines, including vaccines, are tested for safety and effectiveness before they're allowed to be used. The Medicines and Healthcare products Regulatory Agency (MHRA) has to assess all the data and also ensure a vaccine works and that all the necessary trials and checks have been completed.

The MHRA will only approve a vaccine for supply in the UK if the expected standards of safety, quality and efficacy are met. The safety and effectiveness of the COVID-19 vaccines continues to be checked while in use.

JCVI recommend the Pfizer vaccination for children 12 years and over – as it has been authorised for use in persons aged 12 years and over in the UK. This follows evidence from a clinical trial where around 1,000 individuals aged 12 to 15 years received 2 doses of the vaccine. There is good evidence that the vaccine is relatively reactogenic in this age group, with short-lived side effects including fever being common.

