

17 February 2021

Dear GP

Spinal Injuries Association (SIA) is the patient voice for the 50,000 people paralysed by spinal cord injury (SCI) and their support network. We know that there is much concern and ambiguity about the priority to be given to SCI people and their carers in the roll out of the vaccination programme and are keen to ensure that SCI people are appropriately safeguarded against coronavirus, in line with published NHS criteria.

## Background

Dr Jenny Harries (Deputy Chief Medical Officer) confirmed recently in a group call with about 30+ charities attended by Spinal Injuries Association that GPs and consultants have the discretion and ability to prioritise people on the Clinically Vulnerable/ Clinically Extremely Vulnerable CV/CEV list, thus influencing the support they receive and when they will receive the vaccine.

The Green Book (update of 12 February 2021) confirms that:

**“A hospital clinician or GP can also add a patient to the list, based on their clinical judgement, because they consider them to be at very high risk of serious illness from COVID-19.”**

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/961287/Greenbook\\_chapter\\_14a\\_v7\\_12Feb2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/Greenbook_chapter_14a_v7_12Feb2021.pdf)).

Additionally, the Green Book recognises that “severe neurological disability” of which SCI is a part is amongst the clinical risk groups who should receive COVID-19 immunisation.

NHS published guidance for GPs can be found at <https://digital.nhs.uk/coronavirus/shielded-patient-list/guidance-for-general-practice> which again confirms that GPs can amend a patient’s status and details the relevant SNOMED-CT codes.

## Recommendations

We recommend that those with SCI should be considered in the group the JCVI interprets as having “chronic neurological disease including epilepsy”. We additionally advise that those with tetraplegia and high level paraplegia resulting in a weakened cough reflex should be considered in the group the JCVI interprets as “chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma”

Many people with a spinal cord injury whose age does not place them in a higher group should be prioritised into **Group 4** - *All those 70 years of age and/or clinically extremely vulnerable*. The SCI cohort who should be considered clinically extremely vulnerable should include those with:

### 1. Tetraplegia or high-level paraplegia (T8 and above)

**Rationale:** Those with high level SCI including those with tetraplegia and high-level paraplegia will have compromised respiratory function resulting in a weakened cough reflex. SCI people in this group who contract COVID-19 are more likely to require acute care, as the consequences of this virus on an already compromised

respiratory function could prove critical.

## **2. A compromised immune system**

**Rationale:** Those who acquired SCI through an autoimmune condition i.e. Transverse Myelitis, Guillain-Barre Syndrome, Metastatic Spinal Cord Compression or Spinal Tumour, may have an impaired or compromised immune system and therefore be at greater risk of serious infection.

All other SCI people should be categorised in **Group 6** – *An underlying health condition that puts them at greater risk of disease or mortality* for the vaccine:

### **1. Additional health risks for all SCI people**

**Rationale:** For those with SCI any illness, particularly those that lead to hospitalisation can risk the emergence of a variety of other complications related to bowel, bladder, and skin along with the increased risk of opportunistic infections.

### **Frontline health and social care workers**

Many SCI people, especially those with high-level injuries, rely on care providers or directly employ health and social care workers to meet their essential healthcare needs. To reduce the risk of Coronavirus transmission, we further advise that those care workers are also prioritised in line with published NHS guidance as **Group2** - *All those 80 years of age and over. Frontline health and social care workers.*

Your support in prioritising SCI people and their carers in the groups above will help reduce the risk of serious illness from Covid19 along with associated life threatening physical and psychological effects for your patient. In addition, it will reduce the economic and resource burden placed on the health and social care system should a person with SCI contract Covid -19.

Please do not hesitate to contact Spinal Injuries Association if you wish to discuss further on 0800 980 0501.

Signed



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