



Department for
Business, Energy
& Industrial Strategy



Department
of Health &
Social Care

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Dear Sir George,

Thank you for your correspondence of 14 January to Matt Hancock on behalf of a number of your constituents regarding vaccination against COVID-19. Please accept my sincere apologies for the delay in replying to you due to the unprecedented volumes of correspondence that the Department of Health and Social Care has received.

I understand your constituents' concerns regarding travelling long distances to vaccination sites. I hope that, as the situation has moved on since your correspondence, the concerns raised have now been resolved. However, I hope that your constituents will find the information provided in the attached fact sheet useful.

An effective vaccine is the best way to protect people from COVID-19 and will save thousands of lives. We are rapidly accelerating our vaccination programme, which is the biggest in British history and I assure you that we are doing everything we can to vaccinate those most at risk as quickly as possible.

I am delighted that over 34 million people have had their first dose of the vaccine. I am hugely grateful to our fantastic NHS, vaccine volunteers, the armed forces and all those in central and local government for their tireless efforts to the vaccine programme.

It is essential that everyone continues to follow government guidance, whether they have had the vaccine or not, to protect the NHS and save lives. I would like to emphasise that the vaccine is a great step forward in tackling this awful disease. We have made incredible progress with the rollout of a COVID-19 vaccine, but there is still a long way to go. I would like to offer my assurance that the Government's continued focus is on ensuring that as many people as possible, especially those at high-risk, will be offered the COVID-19 vaccine as soon as possible.

Thank you again for taking the time to write and I hope that this reply is helpful.

Yours sincerely,

NADHIM ZAHAWI MP
Minister for COVID Vaccine Deployment
Minister for Business and Industry



Since the beginning of the COVID-19 pandemic, the Government has been involved in the global search for a vaccine. We have now accepted the recommendations from the independent Medicines and Healthcare products Regulatory Agency (MHRA) to authorise three COVID-19 vaccines for use, from Pfizer/BioNTech, Oxford/AstraZeneca and Moderna. This follows months of rigorous clinical trials and a thorough analysis of the data by experts at the MHRA, who have concluded that all the vaccines meet the regulator's strict standards of safety, quality, and effectiveness. No vaccine is authorised for supply in the UK unless the expected standards are met. There are extensive checks and balances required at every stage of the development of a vaccine, and this is no different for a COVID-19 vaccine. All vaccines are tested in three phases of clinical trials to ensure that they meet the gold standard.

The University of Oxford/AstraZeneca vaccine is safe, effective, and has already saved thousands of lives. The MHRA continually monitors safety during the widespread use of any vaccine. Following suspensions by some countries of the University of Oxford/AstraZeneca over suspected blood clots, the MHRA and the Joint Committee on Vaccination and Immunisation (JCVI) have both said that the benefits of the vaccine far outweigh the risks for the vast majority of adults. The Government will follow the updated advice from the MHRA and the JCVI, which sets out that, as a precaution, it is preferable for people under the age of 30 years old with no underlying health conditions to be offered an alternative vaccine where possible, once they are eligible. However, people may make an informed choice to receive the University of Oxford/AstraZeneca vaccine. The JCVI and the MHRA advises everybody who has had their first dose of the University of Oxford/AstraZeneca vaccine to get the second dose irrespective of age, except for people who experienced blood clots with low platelet counts from their first vaccination.

The MHRA has confirmed that the Oxford/AstraZeneca, Pfizer/BioNTech and Moderna COVID-19 vaccines do not contain any components of animal origin and no foetal material is present in the final vaccine.

The COVID-19 vaccination programme is the biggest vaccination programme in NHS history. There are now over 2,700 vaccination sites in the UK. Over 34 million people in the UK have now received their first dose of a COVID-19 vaccine, and over 15 million have received their second dose. Daily updates on vaccine doses given are available at: coronavirus.data.gov.uk.

I am delighted that we have met our target to offer a first vaccine dose to everyone in the first nine priority groups, as advised by the JCVI, by 13 April. The Government remains on course to meet its target to offer a vaccine all adults by the end of July.

All those aged over 40 years old and those who are clinically vulnerable against COVID-19 are now being invited to book their vaccination, with a choice between attending a vaccination centre or pharmacy service. This includes people aged between 16 and 64 years old with underlying health conditions, which put them at higher risk of serious disease and mortality. This also includes people who receive a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19



mortality. Information about whether a clinical condition is eligible within cohort 6 is found on a patient's medical record, which their GP will review.

Anyone aged 40 years old or over and carers who have not yet had their vaccines are asked to go online to arrange their appointment, or call 119 free of charge, anytime between 7am and 11pm, seven days a week.

An individual's NHS number might be used for administration purposes. However, an NHS number is not required to receive a vaccination, and no-one should be denied a vaccine on this basis, either when attending their vaccination appointment in person, or through the design of booking systems. The provision of the COVID-19 vaccine is a primary medical service and will be offered to all individuals living in the UK, which includes those who are living in the UK without permission.

If individuals are registered with a GP, then their GP will contact them in due course. If they are not registered with a GP, NHS Regional teams, working with various appropriate local systems, will reach out to unregistered people to ensure they are offered the vaccine.

Turning to prioritisation, the JCVI is made up of independent clinical and scientific experts who advise Government on which vaccine/s the UK should use. We follow their advice on which groups of people to prioritise for COVID-19 vaccines. Vaccines are now being offered to people aged over 40 years old and those who are clinically vulnerable, which includes a wider group of people at higher clinical risk, including carers and young adults in residential settings. More information can be found at www.gov.uk by searching for 'guidance on shielding'.

People who are defined as clinically vulnerable are thought to be at high risk of serious illness from COVID-19. The Public Health England Green Book identifies the conditions that are automatically deemed clinically vulnerable. This information can be found at www.gov.uk by searching for 'green book'.

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.

More information for unpaid carers and vaccinations can be found in the Standard Operating Procedure which has been issued to support the deployment of vaccinations and provide guidance on the process to support the identification and vaccination of adult unpaid carers: <https://www.england.nhs.uk/coronavirus/publication/sop-covid-19-vaccine-deployment-programme-unpaid-carers-jcvi-priority-cohort-6/>

The Government has accepted the JCVI's final advice on phase two of the COVID-19 vaccination programme, setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age. It has concluded that targeted vaccination to reduce transmission or give priority to occupational groups at higher risk of exposure would not be as effective in reducing deaths and hospitalisations as direct



protection of those at higher risk of serious disease. The JCVI's final advice for phase two of the vaccination programme can be found in full at:

<https://www.gov.uk/government/publications/priority-groups-for-phase-2-of-the-coronavirus-covid-19-vaccination-programme-advice-from-the-jcvi/jcvi-final-statement-on-phase-2-of-the-covid-19-vaccination-programme-13-april-2021>

Having studied the evidence on both vaccines, the JCVI has advised that we should prioritise giving as many people in at-risk groups their first dose, rather than providing two doses in as short a time as possible. NHS England issued guidance to systems instructing them to administer the second dose within 12 weeks from the first dose. The four UK Chief Medical Officers agree with the JCVI that prioritising the first doses of vaccines for as many people as possible on the priority list will protect the greatest number of at-risk people overall in the shortest possible time. This will have the greatest impact on reducing mortality, severe disease, and hospitalisations, and on protecting the NHS.

The first dose of both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines offer good levels of protection, but to get maximum protection everyone will need to get a second dose. Therefore, we are urging people to come back when they are contacted or if they have an appointment booked.

We do not recommend mixing doses of the Pfizer/BioNTech vaccine and Oxford/AstraZeneca vaccine. If your first dose is the Pfizer/BioNTech vaccine, you should not be given the Oxford/AstraZeneca vaccine for your second dose and vice versa. However, there may be extremely rare occasions where the same vaccine is not available, or where it is not known which vaccine the patient received for their first dose.

Our guidance is very clear that every effort should be made in these instances to give the same vaccine to the patient, but where this is not possible, it is better to give a second dose of another vaccine than not at all. This is a reasonable measure on a very exceptional basis, when the alternative is to leave someone with an incomplete course of vaccination. This eventuality would be of greater concern, especially if the individual is likely to be at immediate high risk. In these rare circumstances, as both vaccines are based on the spike protein, it is likely the second dose will help to boost the response to the first dose. While there is no evidence on the interchangeability of the COVID-19 vaccines at this time, this is a pragmatic and scientific approach agreed by many scientists and vaccine experts, including the UK's Deputy Chief Medical Officer.

There should be no wastage of vaccines and all vaccination centres should have a backup list of people in the cohorts currently being vaccinated, who can be called in case doses would be wasted. If no members of the currently vaccinated cohorts are available, it is recommended that members of the priority cohorts next in line be vaccinated. In the unlikely case the above is not possible, and where the GP practice can demonstrate exceptional circumstances showing that it is clinically appropriate, and where resources would otherwise have been wasted, then individuals present on site should be vaccinated based on clinical judgement.



The UK currently operates a system of informed consent for vaccinations. Our objective is to vaccinate as many people as possible, in line with the advice of the JCVI. We will continue to provide clear information to the public, encouraging people to seek the NHS's advice so that they have the right information to make an informed choice.

The Government is reviewing whether Covid-status certification could play a role in reopening our economy, reducing restrictions on social contact, and improving safety. The Government will also consider the ethical, equalities, privacy, legal, and operational aspects of this approach and what limits, if any, should be placed on organisations using certification. It will draw on external advice to develop recommendations that take into account any social and economic impacts, and implications for disproportionately impacted groups and individuals' privacy and security. The findings of this review will be published on 21 June 2021.

A consultation on amending the Human Medicines Regulations was held from 28 August to 18 September 2020. Following consideration of the responses, the regulations were amended and came into full effect on 7 November 2020. Our response to the consultation can be found at www.gov.uk by searching for 'distributing vaccines and treatments for COVID-19 and flu'.

The Government is exploring how sharing health data, including on tests and vaccines could allow safer international travel to resume. It continues to work closely with international partners on this and other issues relating to COVID-19 and international travel.

I am hugely grateful to our vaccinators and all of the vaccine volunteers for working tirelessly to vaccinate or support the smooth running of vaccination services. Individuals who want to support the vaccination programme can find more information and register at: www.england.nhs.uk, by searching for 'join the NHS COVID-19 vaccine team'. The NHS will contact those registered as needed.