



Department  
of Health &  
Social Care

From Maggie Throup MP  
Parliamentary Under Secretary of State for Vaccines and Public Health

39 Victoria Street  
London  
SW1H 0EU

PO-1406928

The Rt Hon Sir George Howarth MP  
By email to: [george.howarth.mp@parliament.uk](mailto:george.howarth.mp@parliament.uk)

14 June 2022

Dear Sir George,

Thank you for your correspondence of 27 May about additional booster vaccination against COVID-19.

I appreciate your concerns.

On 7 January, the Joint Committee on Vaccination and Immunisation (JCVI), the independent body made up of scientific and clinical experts that advises the Government on which groups should be prioritised for vaccination, set out evidence that good protection against hospitalisation was being maintained in older adults following booster vaccination and that the need for, and timing of, further booster vaccinations would be kept under review.

The JCVI advised on 16 February that a spring COVID-19 vaccine dose for the most vulnerable in the population would be a proportionate response in the current circumstances. This should be offered, around six months after the last vaccine dose, to adults aged 75 and over, residents in care homes for older adults, and individuals aged 12 and over who are immunosuppressed, as defined in the UK Health Security Agency's (UKHSA's) *Green Book*, which has the latest information on vaccines and vaccination procedures. Further information can be found at [www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a](http://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).

Those eligible and aged 18 and over may be offered a 30 microgram Pfizer/BioNTech vaccine dose or a 50 microgram Moderna vaccine dose, and those aged under 18 may be offered a 30 microgram Pfizer/BioNTech vaccine dose.

Many of the oldest, and therefore most vulnerable, adults will have received their most recent vaccine dose in September or October. These individuals are at higher risk of severe COVID-19 and, given the time that will have passed, their immunity derived from vaccination may wane substantially before autumn.

When making its decision, the JCVI considered the risk of severe COVID-19, vaccine effectiveness and the potential waning of vaccine-induced protection. The need for, and timing of, vaccinations to protect against severe disease, hospitalisation and mortality is influenced by various factors, including the degree of match between vaccine and virus, the duration of vaccine-induced immunity, and the timing of any future waves of infection.

With regard to the Omicron variant, data from the UKHSA indicates that the 2021 autumn booster was around 90 per cent effective against severe disease in adults aged over 65 shortly after vaccination, and that this reduced slightly 10 to 14 weeks later. The data is available at [www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports](https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports).

On 20 May, the JCVI advised an interim position on an autumn booster programme. Its current view is that this autumn, a COVID-19 vaccine should be offered to residents and staff working in care homes for older adults, frontline health and social care workers, all those aged 65 and over, and adults aged 16 to 64 in a clinical risk group. The vaccination of other groups for the autumn booster programme remains under consideration as part of the JCVI's ongoing review.

The Government will work closely with the NHS to ensure that, if the JCVI maintains its recommendation of an autumn vaccination programme in further advice, it could be deployed rapidly. The JCVI will continue its review of the durability of protection against severe COVID-19 in all age groups, and will develop further advice in due course.

I hope this reply is helpful.

Yours ever,



**MAGGIE THROUP MP**