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**From:** Vallance, Patrick (GO-Science) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=34A3DB026A094839B977362D13396897-VALLANCE, P]  
**Sent:** 11/02/2021 11:53:19  
**To:** Michael Parker [michael.parker@**I&S**]; McLean, Angela SCS (CSA-Personal) [angela.mclean113@mod.gov.uk]  
**CC:** Rob Harrison [rob.harrison@cabinetoffice.gov.uk]; Government Chief Scientific Adviser (GO-Science) [gcsa@go-science.gov.uk]  
**Subject:** RE: Ethics questions

Dear Mike

Many thanks for this clear and helpful paper. I think one clear question that arises is to what extent we are able to model this with any degree of accuracy. If the modelling is very much more uncertain for one than the other then the ethical discussion shifts again. An example might be the probability of an escape mutant emerging under B that would then render everyone more susceptible again. Would it be worth making those uncertainties and their implications for the arguments clearer? There will be uncertainties and unknowns for both A and B and it would be important to lay out what the implications are if those uncertainties move in one direction or another. I would welcome your thoughts on this

Best wishes

Patrick

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**From:** Michael Parker <michael.parker@**I&S**>  
**Sent:** 11 February 2021 08:08  
**To:** McLean, Angela SCS (CSA-Personal) <Angela.McLean113@mod.gov.uk>  
**Cc:** Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>; Rob Harrison <rob.harrison@cabinetoffice.gov.uk>  
**Subject:** Re: Ethics questions

Dear Patrick, Rob, and Angela,

I've done some more work on this over night and the attached is a much more developed version. It would be great if you could use this one. I am happy to do more work on this as necessary.

Best wishes

Mike

On 11 Feb 2021, at 08:02, McLean, Angela SCS (CSA-Personal) <[Angela.McLean113@mod.gov.uk](mailto:Angela.McLean113@mod.gov.uk)> wrote:

Dear Patrick and Rob,

I am forwarding a draft document that Mike wrote about ethical considerations of managing a summer COVID wave. I asked him how I could think about "is it OK to use natural infections to get to a situation where long chains of transmission in the community are very unusual?"

Even though Mike has not finished it he has agreed I can share it with you now because this is such a live question. It seems to me Mike's guidance is particularly useful where it guides us to give particular consideration to those who will be most harmed by a summer wave.

There are bits in the opening, framing paragraph that will change in a next iteration.

Yours,

Angela

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**From:** Michael Parker <[michael.parker@mod.gov.uk](mailto:michael.parker@mod.gov.uk)> I&S  
**Sent:** 10 February 2021 22:19  
**To:** McLean, Angela SCS (CSA-Personal) <[Angela.Mclean113@mod.gov.uk](mailto:Angela.Mclean113@mod.gov.uk)>  
**Subject:** Re: Ethics questions

Ok. I'll work on it in parallel. Please do let them know it is a draft and quite clunky. I'm happy to discuss and will produce something more polished.

M

On 10 Feb 2021, at 21:56, McLean, Angela SCS (CSA-Personal) <[Angela.Mclean113@mod.gov.uk](mailto:Angela.Mclean113@mod.gov.uk)> wrote:

I'd send a draft to Patrick because this is now a live issue. I think it would be of interest to Rob Harrison – DG Analytics in Covid Task Force. These issues are now live – and I think the decisions will be this week or next.

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**From:** Michael Parker <[michael.parker@mod.gov.uk](mailto:michael.parker@mod.gov.uk)> I&S  
**Sent:** 10 February 2021 21:31  
**To:** McLean, Angela SCS (CSA-Personal) <[Angela.Mclean113@mod.gov.uk](mailto:Angela.Mclean113@mod.gov.uk)>  
**Subject:** Re: Ethics questions

Dear Angela,

Thanks. It is great to get your feedback. I'll make these changes and do a bit more work on it. It was a bit rushed first time round because I was moving house. When would you like the by? I'm just finishing a short paper for Peter Horby on an ethical issue in Recovery but could start work on this more tomorrow. I'm happy for you to send it to Patrick ultimately.

Best wishes

Mike

On 10 Feb 2021, at 19:13, McLean, Angela SCS (CSA-Personal) <[Angela.Mclean113@mod.gov.uk](mailto:Angela.Mclean113@mod.gov.uk)> wrote:

Dear Mike,

Thank you so much for this. I learnt from it that if we are going to pick policies that allow a summer wave we need to think extremely carefully about who will be particularly harmed. Straight away we think of communities who are more vaccine hesitant and the community of health and care providers. I also very much like your emphasis on an open and transparent approach.

There are two things I would change.

I don't think it is totally obvious that it is good to have 75% infected or vaccinated by October. (When I wrote to you about this I probably thought it was a given that 75% immune in October is better) If immunity wanes very fast, second infections are not much less severe than first or we find ourselves harbouring a very efficient immune escape mutant then previous infections don't help. I don't think we have had that discussion properly.

I would also change the two sentences at the close of the opening paragraph. I think I would soften that to something like "most infections will be in people who have not yet been vaccinated, but the great progress in vaccinating our elders (who are most at risk of serious disease) could mean that a large fraction of those admitted to hospital will be vaccine failures".

We are vaccinating almost all the very old with an imperfect vaccine and a sub-optimal (for individuals) schedule. Modelling says it's possible that half of hospitalisations will be vaccine failures.

I think this is worth sharing widely. Because it is not what we are doing. We are discussing a summer wave without (a) proper discussion of how that might help epidemiologically nor (b) proper discussion about who will be most hurt.

I am happy to send it to Patrick if that is easier than you sending?

Angela

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**From:** Michael Parker <[michael.parker@mod.gov.uk](mailto:michael.parker@mod.gov.uk)> **I&S**  
**Sent:** 04 February 2021 13:41  
**To:** McLean, Angela SCS (CSA-Personal)  
<[Angela.Mclean113@mod.gov.uk](mailto:Angela.Mclean113@mod.gov.uk)>  
**Subject:** Re: Ethics questions

Hi Angela,

Here are my initial thoughts on the question you asked me to look at. I hope you find it useful. If you'd like to have a chat about it at some point let me know. I'd also be happy to present this at a meeting if that would be useful. It's a work in progress (as you'll see). If you'd like me to do more work on any of these questions please do let me know.

Best wishes

Mike

On 1 Feb 2021, at 08:27, McLean, Angela SCS (CSA-Personal) <[Angela.McLean113@mod.gov.uk](mailto:Angela.McLean113@mod.gov.uk)> wrote:

Thanks Mike,

I look forward to seeing what you've done. This is very much a live question now. Debating in CO this morning. Please don't feel too distracted by my long list of people who will be harmed if it is unhelpful. That was me thinking out loud.

Angela

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**From:** Michael Parker  
<[michael.parker@i&s](mailto:michael.parker@i&s)>  
**Sent:** 01 February 2021 08:03  
**To:** McLean, Angela SCS (CSA-Personal)  
<[Angela.McLean113@mod.gov.uk](mailto:Angela.McLean113@mod.gov.uk)>  
**Subject:** Re: Ethics questions

Hi Angela,

Apologies for taking a bit longer than I expected. I'm working on a short paper for you but it's interesting and difficult. The level of risk for the groups you identify below will obviously vary to some extent - beyond the biological risk - depending on the ways in which the members are distributed in society. Presumably those in whom the vaccine doesn't prevent disease will be close to randomly distributed whereas those who are vaccine hesitant are likely to be clustered and other groups will be somewhere in-between. Apart from anything else this means that different approaches to achieving natural immunity might change the people who are at risk and this raises issues about responsibilities to particular groups. Another factor is going to be practical politics. My guess is that there will come a point (after some proportion of people have been vaccinated and the numbers of hospital admissions has gone down) at which there will be significant pressure from the community/media to lift all/most restrictions. The challenge then will be for those who want to do something other than allow natural immunity to emerge to justify maintaining restrictions on movement etc. Is it this that will require justification when the time comes?

I'll carry on working on this today.

Best wishes

Mike

On 26 Jan 2021, at 10:39, McLean, Angela SCS (CSA-Personal) <[Angela.McLean113@mod.gov.uk](mailto:Angela.McLean113@mod.gov.uk)> wrote:

Definitely – the question is live, not imminent.

Angela

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**From:** Michael Parker  
<[michael.parker@i&s](mailto:michael.parker@i&s)>  
**Sent:** 26 January 2021 10:39  
**To:** McLean, Angela SCS (CSA-Personal) <[Angela.McLean113@mod.gov.uk](mailto:Angela.McLean113@mod.gov.uk)>  
**Subject:** Re: Ethics questions

Thanks Angela. I've got a few meetings today. Is this evening soon enough for a reply?

M

On 26 Jan 2021, at 10:28, McLean, Angela SCS (CSA-Personal) <[Angela.McLean113@mod.gov.uk](mailto:Angela.McLean113@mod.gov.uk)> wrote:

Dear Mike,

I have an ethics question.

I think we would like to get to ¾ of the population immune by the autumn. I think I mean before November when the next "flu season" arrives.

I think it is sensible to ask what mix of immunisation and recovery from natural infection we should use to get there. Now that we can immunise the known vulnerable I think that is a nuanced question about how many people (and which ones) would be ill if we decided we would arrange our lives in a way that knowingly allows more people to be infected.

What questions do you think we should ask to grapple with this from an ethical point of view?

I can think of these sets of people we have to worry about:

1. The known vulnerable who choose not to be vaccinated
2. The vaccinated in whom the vaccine does not prevent disease
3. The known vulnerable still in the "queue" to be vaccinated
4. The unknown vulnerable – people who end up with serious disease even though they are not over 50 or clinically extremely vulnerable

5. Those not vulnerable enough to need hospitalisation but will nevertheless be acutely **\*very\*** ill with COVID
6. Those who suffer long covid
7. Children, who under current plans, will not be vaccinated
8. The people in hospitals who have to care for the sick and dying

I'm not really driving at the "four harms" kind of questions, more asking for guidance on how to figure out what I think about "is it OK to use natural infections to get to a situation where long chains of transmission in the community are very unusual?"

Where would you start?

Angela

<Ethics and Immunity (002).pdf>