To: **Secretary of State, Minister of State for Care and Mental Health**

From:

Clearance: **Richard Cienciala, Deputy Director, Adult Social Care Delivery and Matthew Henry, Deputy Director, Flu**

Date: **20 January 2022**

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Vaccination as a condition of deployment: public health evidence and boosters

Issue	This note provides the most recent public health evidence from UKHSA on vaccine effectiveness in relation to vaccination as a condition of deployment (VCOD) policy. It also sets out the initial **I&S** parliamentary handling advice and options in relation to the future of VCOD policy.
Date a response is needed by **Reason**	Urgent – a response is needed on 20 January to reflect your position in the note commissioned by No.10 for 24 January.
Recommendation	That you: - **Note** the emerging evidence on vaccine effectiveness against spread of Omicron and the implications for current VCOD policy, alongside the latest assessment of operational risks - **I&S** - **Provide a steer** on which options you would like exploring further and if there are any you would like to discount at this stage. - **Note** that we will supply a draft of the final advice for No.10 on Monday 24 January subject to any initial steers following this submission.

Background

1. You received advice on 17 December on the case for extending vaccination as a condition of deployment (VCOD) policy to include boosters. You agreed that the case for extension should be considered in the New Year when we have further data and studies on the effectiveness of the vaccine including in relation to Omicron.
2. Since then you have agreed to update vaccine requirements for certification purposes from the current definition (a completed primary course with no time limit) to reflect the vaccine regime now recommended for all adults based on JCVI advice. This means that a person would be vaccinated for certification purposes if *'an individual has completed a primary course and is on schedule with subsequent doses'*. You also agreed to the need to reconsider vaccination certification requirements in the four areas where these are currently written into regulations (VCOD, vaccine-or-test certification, self-isolation and inbound travel).

13. It is worth noting that for those in the general population who have had a booster dose, protection against hospitalisation with Omicron is more durable than protection against infection. After a booster dose, protection against hospitalisation with Omicron is 85 to 90%.

Severity of Omicron

14. The severity of Omicron compared to previous variants is also an important consideration for policies where prevention of the spread of Coronavirus is the primary goal, as the consequences of transmitting the infection to others are less severe if the new variant causes less severe disease.
15. The risk of presentation to emergency care or hospital admission with Omicron is approximately half of that for Delta. The risk of hospital admission from emergency departments with Omicron is approximately one-third of that for Delta.

Prior infection

16. A further consideration is the evidence now available on prior infection. While it is clear that boosters provide a far greater level of protection than a primary course alone, a primary course plus a prior infection provides largely equivalent protection to a primary course plus a booster.
17. The role of prior infection is particularly relevant for health and social care workers because:
    a. Regular surveillance means they can demonstrate past infection more readily and the scope for gaming a requirement that included prior infection is lower than might be the case in the general population;
    b. The consequences of not being vaccinated for work are serious (potential dismissal).
18. There are good reasons, as set out in the previous advice on the definition of vaccinated for the purposes of certification not to recognise prior infection including perverse incentives by potentially encouraging infection and gaming of the system through reporting false testing results
19. Vaccines provide a much safer route to immunity than prior infection especially in older and more vulnerable populations. Infection carries significant risks including severe disease and long Covid and no one should seek infections as an alternative to vaccine; but for those who have been infected and vaccinated it is likely to provide additional and more durable protection against infection than vaccine alone.

Summary of implications of evidence and options

20. The evidence set out above means that the cost/benefit case for the current VCOD policy is more finely balanced than before. It is very likely that the effect of VCOD as a means of protecting patients and people with care needs is less than it was against previous variants and the effect of 2 doses will wane significantly over time. While protection against severe disease and hospitalisation is much higher and takes longer to wane, this is not the purpose of VCOD.
21. In addition, Omicron does not represent the same risk to life as Delta did. As such the necessity and proportionality of the policy, specifically in relation to; 1) the interference with workers' rights, and 2) the resulting staff shortages being a greater risk to life than the virus itself, is likely lower/less than when the policy was first developed.
22. While Omicron presents a reduced risk of severe disease and mortality compared to previous SARS-CoV-2 variants, there is no evidence that all future variants may be less severe. Future variants may emerge from any of the lineages in global circulation and could revert to a higher severity signal. In the event that this happens, reintroduction of a VCOD policy in a rapid timeline to combat a new threat would be extremely difficult.
23. However, there is additional benefit from receiving booster vaccination and receiving the primary course is critical to further annual updated vaccines; removing VCOD requirement to undergo a primary course means that updating to a booster or annual vaccination programme could not be implemented.