

Message

From: Collet-Fenson, Luke [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=15FB014E89294AB5B3C88E5918782C8E-LCFENSON]
Sent: 26/02/2021 10:45:10
To: Collet-Fenson, Luke [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15fb014e89294ab5b3c88e5918782c8e-LCFenson]
Subject: FW: vaccination of school teachers / potential liverpool pilot

Luke Collet-Fenson | Private Secretary to the Chief Medical Officer & DHSC Chief Scientific Adviser | Department of Health and Social Care | Luke.Collet-Fenson@dhsc.gov.uk | Irrelevant & Sensitive

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From: Van Tam, Jonathan
Sent: 25 February 2021 19:48
To: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Cc: NR @dhsc.gov.uk
Subject: RE: vaccination of school teachers / potential liverpool pilot

100% agree.

NR please print this eloquent reply for me for the presser.

From: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Sent: 25 February 2021 19:43
To: Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Subject: FW: vaccination of school teachers / potential liverpool pilot

JvT
I have mentioned your name in the below so hoping my comments do also broadly reflect your thoughts.
Pretty sure they do from our skype chat.
Jenny

From: Harries, Jenny
Sent: 25 February 2021 19:42
To: Ashton, Matthew <Matthew.Ashton@liverpool.gov.uk>
Cc: Name Redacted @liverpool.gov.uk; Name Redacted @liverpoolccg.nhs.uk; Name Redacted @livgp.nhs.uk; Name Redacted @dhsc.gov.uk
Subject: RE: vaccination of school teachers / potential liverpool pilot

Evening Matt

I'm very well thanks and hope you and the team are too. I wanted to wait until I had a bit of time to consider your proposal fully hence responding this evening.

I have read through your email and can understand completely that on the face of it – given the importance and our shared ambition of children getting back into education, the more so for our more deprived families – providing priority vaccination to teachers might seem a logical thing to do. However I am afraid I would not support the proposal you set

out below and know that Professor van Tam, my DCMO colleague who leads on the vaccine work, would be in a similar position.

The rationale for appearing to be unhelpful in your immediate ask is because of the wider implications.

My logic would be broadly as follows:

1. The agreed prioritisation of vaccination has been to save lives
2. As you have noted mortality and morbidity rates amongst school teachers are either lower than or similar to relevant comparator occupational groups
3. Children themselves rarely get seriously ill either and therefore there is no strong argument for direct protection of people teachers are coming into regular contact with (assuming transmission is reduced by vaccination tbc).
4. All teachers who are clinically extremely vulnerable should have been vaccinated by now as will all those in households to which children might return
5. All teachers with underlying health conditions are being vaccinated and those with further associated multiple risk factors including some personal ones eg ethnicity, area of deprivation, are being pulled to the top of the Group 6 vaccination programme. This also applies to households to which children might return so risk to household members is lowered.
6. My understanding of the data on parental views is that they are increasingly content for schools to be open and confidence is higher than in the previous big return to school
7. Therefore vaccination in your study would be for confidence for the teachers only
8. By vaccinating healthy teachers, particularly the younger ones, we will be lengthening the time that people with acknowledge causal risks for mortality, including specifically age, have to wait before receiving a potentially lifesaving intervention
9. If there are hospital slots available they should be offered by the local health system to those who will benefit most from vaccination.
10. Stepping outside the JCVI guidance means you would be actively choosing to respond to a subjective assessment of one group's confidence levels above an objective and very real risk of death in others.

I cannot see how such an approach could or would gain ethics approval.

Quite apart from this more logical discussion, such a move would inevitably open the flood gates to every other group of workers who may feel they lack confidence in the current pandemic – for example shop workers, bus drivers etc – all public facing and essential for our current ability to maintain a relatively normal and probably all meeting a higher number of new social interactions through their workplaces than teachers.

Finally having a really clear and simple roll out programme for the UK has enabled delivery of vaccine to huge numbers of individuals at unprecedented pace in a way which will almost certainly save lives. Whilst you will know I am usually hugely in favour of local variations and process adaptations this is one where I think outcomes could well be very different - because cutting across JCVI guidance as you have suggested in a way which is not compliant with the national vaccination programme will mean other areas will feel there are flexibilities to amend and adjust in their own delivery to different groups in a way which might build local confidence – and potentially slow down the overarching programme.

I recognise you will need local flexible delivery models to get some of your least vaccine confident communities – but these should still be centred on mortality risk.

These comments in no way diminish the respect I have for teachers working through these difficult situations, nor for all health and LA colleagues trying to deliver the programme on top of all the other pandemic and routine work demands. I also recognise that there is a potential wider public health gain if teacher vaccination improved the opening of schools and attendance of pupils so that education is maintained. However there are other opportunities to do this – not least through school and family testing which is not available.

If we hold a line here – based on the evidence – then we should save more lives.