

From the Rt Hon Matt Hancock MP Secretary of State for Health and Social Care

> 39 Victoria Street London SW1H 0EU

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Professor Wei Shen L	im	
Join Committee on Va	ccination a	nd Immunisation
Chair COVID-19 lmmı	unisation (N	lottingham University Hospitals
Sent by email to	NR	@phe.gov.uk

2 April 2021

Dear Professor Lim,

Re: CHM and JCVI review of adverse events associated with the AstraZeneca vaccine

Thank you for your letter of 1 April providing your latest conclusions following reviews of evidence related to reports of sinus vein thrombosis, occurring together with thrombocytopenia, in patients who had received a COVID-19 vaccine.

I am very grateful for the dedication and careful consideration you and your committee have shown towards these vital judgements, which are so important for the protection of life.

It is enormously helpful to receive your advice. I was pleased to read that the JCVI remains of the view that the benefits of vaccination with the AstraZeneca vaccine far outweigh the risks for those in Phase 1 of the programme, including those under 50. As you know, the current focus of the programme is on giving any outstanding first doses for those in the most vulnerable top 9 cohorts, and administering second doses, when due at 8 - 12 weeks. It is reassuring that this approach is consistent with your very latest advice.

I agree strongly with the view of the committee that individuals offered the vaccine should be fully informed of the benefits and risks in a timely manner, including the identification of symptoms to look out for and what action they need to take. I am glad that the MHRA was able to publish their yellow card update yesterday to ensure the facts are communicated. I recognise and respect that some have argued for a further communication earlier than 6 April, and have taken advice from the Chief Medical Officer and others on this point. I agree with the judgement that you came to that the balance of the public interest in this instance is in favour of the approach that was agreed yesterday. That decision was taken on the balance of the risk, considering how a rushed and incomplete message, as we go into the Easter Bank Holiday weekend, could cause confusion or undermine public confidence, while we are still in Phase 1 of the programme and have not yet opened the cohorts for which you have not yet provided final advice. Thus, patients eligible for vaccine this Easter weekend

are from cohorts 1-9 where your advice on the balance of risks is unchanged. I agree with the view you came to that clear and complete information from JCVI, MHRA, CHM, DHSC, NHSEI and UKHSA should be coordinated and issued early next week.

The MHRA yesterday published its weekly report of adverse events, which includes a section on thromboembolic events, and a link to specialist advice from the British Society for Haematology which is updated daily. Professor Stephen Powis wrote to all NHS Medical directors yesterday reminding them of the need to maintain a rigorous focus on vaccinating cohorts 1 – 9. He also stressed that any spare vaccine at the end of a clinic should be used on first doses for cohorts 1 – 9 and failing that, on bringing forward second doses for that group within the specified 8 - 12 week window. Dr Nikki Kanani wrote yesterday with the same message to Primary Care Networks. UKHSA will also update the NHS website, to include additional advice on seeking medical care if certain symptoms linked to blood clots are experienced.

More work needs to be done, including further analysis, to set out clear and accessible guidance for the public on what the risks and benefits are. This includes ensuring those charged with answering patient queries, including those in call centres, are fully appraised of the latest accurate information. Officials and healthcare professionals across DHSC, NHS and UKHSA will continue to work with you and with MHRA to ensure we are in a position to make further public statements on Tuesday, in advance of our opening of the next phase of the vaccination campaign in due course.

I am extremely grateful to you for setting out the position of the JCVI on this matter. The JCVI are highly valued advisors who have played a pivotal role in determining the key deployment strategies which have been so successful in saving lives. The public profile that has resulted from that brilliant work, of course means that you and your members will be asked to comment by the media. I am grateful for the effort the Committee has made to agree a consistent approach in responding to those queries and the draft statement setting out your thinking. I also very much appreciate that the committee has agreed to coordinate communications with other organisations on Tuesday which will mean that professionals and the public receive clear, complete and coordinated information.

