

Message

**From:** Van Tam, Jonathan [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D29C846FC8FA4678B419C6F0DC3836F3-JVANTAM]  
**Sent:** 07/09/2020 18:45:03  
**To:** Taylor, Charlotte [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4b2b7c4a466b4efba718ba461283cf72-CTaylor5]; Collet-Fenson, Luke [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15fb014e89294ab5b3c88e5918782c8e-LCFenson]  
**Subject:** Re: OFFSEN RE: CMO, JVT & Jonathan Sheffield re/platform trials and prophylaxis

Yep. Imagine the challenge of giving an iv infusion or subcutaneous inj to half million old people in care once/month.

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**From:** Taylor, Charlotte <Charlotte.Taylor@dhsc.gov.uk>  
**Sent:** Monday, September 7, 2020 6:42:47 PM  
**To:** Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>; Collet-Fenson, Luke <Luke.Collet-Fenson@dhsc.gov.uk>  
**Subject:** RE: OFFSEN RE: CMO, JVT & Jonathan Sheffield re/platform trials and prophylaxis  
Not a clinician, but doesn't sound like a promising proposition. (And presumably frequent administration for elderly, vulnerable population brings its own issues)  
We also talked about spreading our bets by looking at more than one NAb. Brie might be worth another conversation on that basis as well – they are coming up fast on the rails trial wise, I believe.

C



**Charlotte Taylor**  
Acting Director, Therapeutics Taskforce  
Department of Health & Social Care  
E: [Charlotte.Taylor@dhsc.gov.uk](mailto:Charlotte.Taylor@dhsc.gov.uk) / [TherapeuticsTaskforce@dhsc.gov.uk](mailto:TherapeuticsTaskforce@dhsc.gov.uk)

Irrelevant & Sensitive

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**From:** Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>  
**Sent:** 07 September 2020 18:38  
**To:** Taylor, Charlotte <Charlotte.Taylor@dhsc.gov.uk>; Collet-Fenson, Luke <Luke.Collet-Fenson@dhsc.gov.uk>  
**Subject:** RE: OFFSEN RE: CMO, JVT & Jonathan Sheffield re/platform trials and prophylaxis  
Roger got all that. The Mercury Nab has a short half life....4 weeks so need to re-jab every month. Heavy trial logistics and is this a workable NHS solution at the end. If not then why do trial at HMG expense?

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**From:** Taylor, Charlotte <[Charlotte.Taylor@dhsc.gov.uk](mailto:Charlotte.Taylor@dhsc.gov.uk)>  
**Sent:** 07 September 2020 18:27  
**To:** Collet-Fenson, Luke <[Luke.Collet-Fenson@dhsc.gov.uk](mailto:Luke.Collet-Fenson@dhsc.gov.uk)>; Van Tam, Jonathan <[Jonathan.VanTam@dhsc.gov.uk](mailto:Jonathan.VanTam@dhsc.gov.uk)>  
**Subject:** OFFSEN RE: CMO, JVT & Jonathan Sheffield re/platform trials and prophylaxis

Thanks

Lord Bethell had a call with **NR** Peter L and Richard Haynes late this afternoon. Jonathan S was also on the call. The headline reason for the discussion was to get an update on the NAb going into RECOVERY, but a couple of other interesting issues came up as well:

- On the NAb, they have a draft protocol nearly ready to go to MHRA; aiming to enrol first patient by end of month;
  - Azithromycin result might be available by the end of the year
- Name Redacted** has some thoughts about using a NAb – poss the AZ one – in a care home setting to provide short term prophylactic protection. Suggested that might be possible to deliver a trial in the NY when the AZ NAb is available; Lord B keen to move faster. **NR** and I are trying to discuss tomorrow what this might look like, and pros / cons of looking at the Regeneron NAb for this use.

Two other, related, side issues to be aware of:

**Name Redacted** mentioned at the end of the call a concern that the contract negotiations re BAU supply were in danger of delaying access to the trial supply, due to conditions being suggested re trial data access. Call tomorrow at 9am to get this resolved.

- We had an internal DHSC call today to discuss NAb procurement and the upshot is that we believe it should be brought into DHSC to lead on. Am going to talk to Clive Dix about it tomorrow, but may need some support from you, JVT, to get responsibility transferred across from VTF to us. Essentially, it needs bringing into the normal channels of medicine regulation and procurement, even if we are operating in abnormal circumstances.

C



Department  
of Health &  
Social Care

**Charlotte Taylor**

Acting Director, Therapeutics Taskforce

Department of Health & Social Care

E: [Charlotte.Taylor@dhsc.gov.uk](mailto:Charlotte.Taylor@dhsc.gov.uk) / [TherapeuticsTaskforce@dhsc.gov.uk](mailto:TherapeuticsTaskforce@dhsc.gov.uk)

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**From:** Collet-Fenson, Luke <[Luke.Collet-Fenson@dhsc.gov.uk](mailto:Luke.Collet-Fenson@dhsc.gov.uk)>

**Sent:** 07 September 2020 17:51

**To:** Van Tam, Jonathan <[Jonathan.VanTam@dhsc.gov.uk](mailto:Jonathan.VanTam@dhsc.gov.uk)>; Taylor, Charlotte <[Charlotte.Taylor@dhsc.gov.uk](mailto:Charlotte.Taylor@dhsc.gov.uk)>

**Subject:** CMO, JVT & Jonathan Sheffield re/platform trials and prophylaxis

- JS met with JVT and David Laloo. When to start these (prophy) studies (spring?). CW- when have a drug to trial then we can take a view on when to start. Will see where vaccine is.
- Therapeutics taskforce is giving David L support
- Community based studies are key- conversations with JVT, CT to continue.

Luke Collet-Fenson | Private Secretary to the Chief Scientific Adviser & Chief Medical Officer | Department of Health and Social Care | [Luke.Collet-Fenson@dhsc.gov.uk](mailto:Luke.Collet-Fenson@dhsc.gov.uk) **Irrelevant & Sensitive**

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