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Department
of Health &
Social Care

Correspondence

Letter from the JCVI to the Health and Social Care Secretary: 23 February 2021

Published 24 February 2021

From:

JCVI Secretariat
133-155 Waterloo Road
London
SE1 8UG

To:

Rt Hon Matt Hancock MP, Secretary of State for Health

23 February 2021

Dear Secretary of State,

Re: Advice on COVID-19 vaccination in people with learning disabilities from the Joint Committee on Vaccination and Immunisation (JCVI)

JCVI has been reviewing correspondence and commentary on the first phase of the programme alongside the latest evidence from PHE and OpenSAFELY. I wanted to update you on the latest position from JCVI on learning disabilities, where there has been substantial comment and challenge since JCVI's advice was published.

JCVI has advised that all individuals with Down's syndrome should be offered vaccination in priority group 4. JCVI has also advised that those with severe and profound learning disabilities, and those with learning disabilities residing in residential care, should be offered vaccine in group 6. Those with a wide range of neurological and respiratory conditions have also been advised to be vaccinated in priority group 6.

JCVI has received comments on the risk of mortality in those with learning disabilities, with correspondence citing evidence from Public Health England (PHE) and from the Office for National Statistics (ONS) on risk of mortality in those with learning disabilities.

Evidence considered by the committee from QCOVID relating to wave 1 indicated that there was a very high relative risk of mortality in people with Down's syndrome. QCOVID data indicated that the adjusted hazard ratio for those with Down's syndrome was

32.55 (18.13–58.42), whereas the risk of those with learning disabilities not associated with Down’s syndrome was 1.36 (1.11–1.65). Given that Down’s syndrome accounts for a proportion of all diagnosed learning disabilities, any studies which do not separate out the risk in people with Down’s Syndrome from all other learning disabilities, as is seen in the reports from PHE and the ONS, will over-estimate the risk in the wider group.

On review, JCVI agreed with its earlier conclusions from the PHE and LedeR reports that mortality among individuals with learning disability most likely reflected those with more severe forms of disability, including Down’s syndrome, those at higher risk of exposure because they were in residential or nursing care, those in older age groups, and those more likely to have other underlying health conditions which place them at higher risk from COVID-19. It is expected that individuals with more severe learning disabilities are more likely to be on the GP Learning Disability Register, as suggested in the PHE report. However, because of concerns about the coding of learning disability on GP systems, particularly with regard to the coding of severity of any disability, JCVI asked the OpenSAFELY team to look at mortality and morbidity in those with various code sets for learning disabilities on GP systems and to include data from wave 2 of the pandemic. The updated analysis confirmed high mortality and morbidity in those on the GP register, even after controlling for place of residence.

JCVI therefore agrees with the current operational plan to use the PRIMIS specification, which identifies all of those on the GP Learning Disability Register plus those with codes for other related conditions, including cerebral palsy, to be invited for vaccination in priority group 6 (unless already in priority group 4, such as those with Down’s syndrome). The committee also recognised that some severely affected individuals would not be coded at all on GP systems, and supported the planned approach to work with local authorities to identify those in residential and nursing care, and those who required support, for example as part of assisted living in the community, and those in shared accommodation with multiple occupancy, to ensure this population could be offered vaccination.

Yours sincerely,

Professor Wei Shen Lim, Chair (COVID-19) of the Joint Committee on Vaccination and Immunisation

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Cc: Jonathan Van Tam (DCMO)

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