



Department
of Health &
Social Care

Department of Health and Social Care,
39 Victoria Street,
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London,
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11 February 2021

Dear Joint Committee on Vaccination and Immunisation Secretariat,

Following a meeting of the COVID (O) Ministerial Committee on 9 February, Ministers have agreed that the Government's priority for Phase 2 of the COVID-19 vaccine deployment programme should be to further reduce mortality, morbidity and hospitalisations and that the Secretary of State for Health and Social Care should seek advice from JCVI on how best to achieve this objective.

I am writing, on behalf of the Secretary of State for Health and Social Care, to request that you provide advice on how the population should be prioritised for a COVID-19 vaccination in the next phase. Appended are a list of questions you may like to consider in developing your advice.

All best,

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Deputy Director, COVID-19 vaccines team, Department of Health and Social Care

Appendix A - JCVI Questions

1. Are there any groups of adults for whom the potential benefits of vaccination do not outweigh the potential risks?
2. Is there a case for addressing low or unequal uptake in cohorts 1-9 before moving to Phase 2? If so, in which groups?
3. Are there certain groups of individuals who should be prioritised before others to **reduce mortality and morbidity**?
4. Are there certain groups of individuals who should be prioritised to **reduce hospital admissions, bed occupancy and length of stay**?
5. Are there specific occupations where prioritisation, given increased risk of exposure to, or onward transmission of, COVID-19, would particularly reduce mortality, morbidity and hospitalisation?
6. Are there specific settings where increased risk of exposure and onward transmission, would **reduce mortality, morbidity and hospitalisation overall**?
7. What is the optimal dosing schedule for Phase 2 deployment?
 - a. What is the relative importance of giving more first doses or finishing second doses sooner (i.e., within 12 weeks)?
 - b. Are there certain groups of individuals where we should move to a single dose regime?
 - c. Should we reach a point where capacity exceeds number of people who need second doses, should administration of first doses be slowed down, or the second follow a reduced dose interval?
8. Should any groups from Phase 1 be re-vaccinated in Phase 2 if we find that their first vaccination was one which did not impact satisfactorily on effectiveness on transmission?
9. Is there any benefit in vaccinating children and young people to further prevent mortality and morbidity and protect the NHS or reduce community transmission?