

REPLY BY THE PRESIDENT OF THE COMMITTEE FOR HEALTH & SOCIAL CARE TO
QUESTIONS POSED BY DEPUTY GAVIN ST PIER PURSUANT TO RULE 14 OF THE RULES
OF PROCEDURE.

1. On 24th September, the Committee for Health & Social Care issued a Media Release¹ on behalf of what is described as a 'special interest group' of 'subject matter experts,' which includes the following quote: *"The JCVI was not opposed to 12 to 15 year olds being offered the vaccine, in fact it concluded there was an overall advantage for vaccination in this cohort."*

However, at first sight, this does not appear consistent with the Joint Committee on Immunisation and Vaccination's Statement published on 3rd September² which says: *"The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time."*

In view of this, could you please set out what other benefits the Committee considered, beyond the primary health perspective of the child, before it concluded that there is an overall advantage for vaccination of otherwise healthy 12-15 year old children?

The Committee does not believe the two statements referenced above show an inconsistency. The Joint Committee on Vaccination and Immunisation (JCVI) did not oppose vaccination being offered to 12 to 15 year olds. While it is true that the JCVI did not recommend vaccination based solely on health grounds, it did conclude that there was an overall advantage for vaccination of this group. The JCVI did not feel the risk of vaccination in this cohort was greater than the benefit.

In its detailed statement of 3rd September 2021, the JCVI said: *'Overall, the committee is of the opinion that the benefits from vaccination are marginally greater than the potential known harms.'*

It added that the *"JCVI is constituted with expertise to allow consideration of the health benefits and risks of vaccination and it is not within its remit to incorporate in-depth considerations on wider societal impacts, including educational benefits."*

Therefore, following its decision not to recommend the routine vaccination of 12-15 year olds based on the primary health perspective only, the United Kingdom's Chief Medical

¹ [Media release - 24 September 2021 - Local health professions experts explain rationale for offering single dose of COVID-19 vaccine to 12-15 year olds.pdf \(gov.gg\)](#)

² [JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021 - GOV.UK \(www.gov.uk\)](#)

Officers (CMOs) convened to consider the wider issues relevant to children's health. The JCVI also recommended this approach in its statement of 3rd September 2021.

The terms of reference for the conference of the CMOs can be found [here](#).

On 13th September 2021, the CMOs subsequently advised the Secretary of State for Health and Social Care:

“the view of the UK CMOs is that the additional likely benefits of reducing educational disruption, and the consequent reduction in public health harm from educational disruption, on balance provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the JCVI to recommend in favour of vaccinating this group.” The published advice is available [here](#).

The finding of the JCVI and the CMOs were considered and discussed in the local context. Subsequently, the Committee for Health & Social Care (the 'Committee') considered this matter at its meeting held on 21st September 2021. In reaching a decision to offer a COVID-19 vaccination to 12-15 year olds on a voluntary basis, the following was also taken into account:

Education

The Committee considered the detrimental impact of absence from school on education, the need to minimise disruption for all learners, the broader impact for vulnerable children within educational settings, and the impact of absence on welfare and mental health. The Committee also carefully considered how cases within educational settings had spread within the UK, with outbreaks being seen even with non-pharmaceutical interventions in place.

The Royal College of Paediatrics and Child Health³ on this matter state that vaccination could benefit healthy children, irrespective of any direct health benefit, in enabling them to have less interruption to school attendance, to allow them to mix more freely with their friends, to give more protection to friends and family members whose health may be at risk from the virus, and to help reduce the anxiety some children feel about COVID-19.

Mental health and wellbeing

The Committee considered the mental health and wellbeing of young people, noting local reports of escalating symptoms in some young people with pre-existing mental health concerns, anxiety around contracting COVID-19 and the impact of this on other family members, particularly those who are clinically vulnerable.

³ [RCPCH statement in response to CMOs advice regarding offering COVID-19 vaccination to all 12-15 year olds | RCPCH](#)

Equality of access

The Committee further considered equality of access, noting that across all other British jurisdictions 12-15-year olds will be offered a COVID-19 vaccine.

Accommodation

The Committee noted the difficulties in terms of isolation requirements for large families, where spread within households is common and was cognisant that whilst some families might have the ability to separate within a household to minimise the risk of transmission, many families are not able to do this.

Furthermore, also importantly in reaching its decision, the Committee recognised that the UK's independent regulator of medicines and vaccines, the Medicines and Healthcare products Regulatory Agency (MHRA), has approved the use of two of the available COVID-19 vaccines (those manufactured by Pfizer⁴ and Moderna⁵), for children and young people over the age of 12 years. The MHRA is responsible for determining whether, based on risk-benefit grounds, a vaccine is safe and effective to use in order to grant a licence. Currently the JCVI only recommend the use of the Pfizer vaccine for this cohort and it is this vaccine that will be offered to this age group⁶ in the Bailiwick.

The Committee would also reiterate that the vaccine will be offered on a voluntary basis and steps are being taken to ensure that children and their families are supported to make a fully informed decision which reflects their circumstances.

2. Could you please explain why this matter was considered by a 'special interest group' of subject matter experts formed to do so, rather than the pre-existing Immunisation and Vaccination Committee?

The special interest group involved many of the same clinical and professional leads as would ordinarily be represented on the Immunisation and Vaccination Committee and this expertise was supplemented with a number of additional attendees. This reflects the specific and unique circumstances surrounding the COVID-19 pandemic and the vaccination programme, as opposed to other more well-established vaccination programmes.

Invites to consider the wider issues in relation to the universal voluntary vaccination of children aged 12-15 years were extended to the Medical Director, Paediatricians (acute and community services, working for the Medical Specialist Group and Health & Social Care), the incoming Director of Education, together with a representative from the Quality and Safety Team in Health & Social Care).

⁴ [The MHRA concludes positive safety profile for Pfizer/BioNTech vaccine in 12- to 15-year-olds - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/the-mhra-concludes-positive-safety-profile-for-pfizer-biontech-vaccine-in-12-to-15-year-olds) 4th June 2021

⁵ [Moderna COVID-19 vaccine approved by MHRA in 12-17 year olds - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/moderna-covid-19-vaccine-approved-by-mhra-in-12-17-year-olds) 17th August 2021

⁶ [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 4 August 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-4-august-2021) 4th August 2021

Due to the nature of work undertaken by Occupation Health, which is employment-related health, it was not deemed necessary for there to be Occupational Health representation to consider this specific matter. Furthermore, a member of the Health Intelligence team was not involved on this occasion due to the scope of considerations being beyond the collection of healthcare data as would be the case with other vaccination matters considered by the Immunisation and Vaccination Committee.

The intention behind supplementing the expertise was to ensure that the recommendation to the Committee *for* Health & Social Care on this matter reflected the broader context of the impacts of the pandemic, specific factors relevant to this age group and to ensure that the recommendation was informed by local evidence. It also provided opportunity to consider the interrelated operational considerations that would arise from any decision to offer a COVID-19 vaccine to this age group.