



Recognition - Research - Rehabilitation

23 August 2023

Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care
House of Commons
London SW1A 0AA

Dear Secretary of State

The UK government, seemingly without much debate, has fully taken on board the Joint Committee on Vaccination and Immunisation's (JCVI) recommendation that this autumn, Covid-19 vaccines should be restricted to the over 65's and to those with a limited range of co-morbidities and in specific professions. Despite the recent announcement that the rollout will start earlier than initially planned to counter a new sub variant of the virus, no other changes are proposed.

As a result, those who don't fall into these three groups will have no choice but to be inadequately protected¹ against a SARS-CoV-2 infection this winter. Private vaccinations may be available next year, but these will only serve to increase health inequalities, since only people with more disposable income will be able to afford them.

Throughout the pandemic, the ability of SARS-CoV-2 to cause serious long-term morbidity² has not been afforded sufficient importance by most government bodies. As things stand, the only way to prevent Long Covid is to avoid a Covid-19 infection. This is now extremely difficult, since there is little, if any, encouragement from the government for people to test, stay away from others when sick, wear a mask - even in healthcare settings or on public transport - or increase ventilation in indoor environments.

The UK has for some time relied solely on vaccines to reduce transmission of Covid-19, keep people out of hospital, and although rarely explicitly stated, avoid too many people developing Long Covid. This was in contrast to other countries in Europe, such as Germany³ and Belgium⁴ which opted for a 'vaccines plus'⁵ approach, such as encouraging masking in crowded indoor places and taking steps to improve ventilation. By restricting the availability of vaccines, defences in the UK against Covid-19, including new variants of as yet unknown virulence such as BA.2.86⁶, are almost non-existent.

The JCVI's statement on the Covid-19 vaccination programme for autumn 2023⁷ considers post-Covid syndromes, and states that there remains "considerable uncertainty regarding the prevalence and health impact of sequelae reported following acute Covid-19 infection."

We agree that there may be uncertainty regarding the absolute number of people who have Long Covid due to differing methods of measurement, but there is now substantial evidence backed up by large studies which should dispel any doubts as to the considerable numbers of people impacted. Several studies have demonstrated clearly that the prevalence of symptoms in

those with a prior Covid-19 illness is substantially higher than uninfected controls, including in adolescents.⁸⁻¹¹

Post viral syndromes are not new^{12,13}. What is particular about SARS-CoV-2 is the huge numbers of people infected worldwide, the relatively high proportion of people subject to ongoing symptoms and the millions affected. The consequential impact on the workforce, economy, and health systems has been well documented¹⁴. Each subsequent reinfection with SARS-CoV-2 poses a risk of first-time sequelae¹⁵ and reinfections in those with existing Long Covid can impact recovery and worsen symptoms¹⁶.

The research into the longer term health impact of a SARS-CoV-2 infection is wide-ranging and demonstrates an association between acute Covid-19 and subsequent ill health^{17,18}. Importantly, vaccination is shown to lessen the risk.

A number of studies show the benefits of Covid-19 vaccination in reducing the likelihood of post-Covid sequelae^{19,20}. The Office for National Statistics has published research²¹ demonstrating how vaccination lowers the incidence of Long Covid. Unfortunately, due to the decision to withdraw funding for the Covid Infection Survey and associated Long Covid surveillance, the ONS was unable to develop this research further by providing data on omicron infections. Compared to other countries the UK, through the National Institutes for Health and Care Research (NIHR) and UK research and innovation (UKRI), moved quickly to mobilise and fund research for Long Covid. Regrettably that early advantage has been lost due to a dearth of new funding, a lack of follow-up funding for existing studies, insufficient prioritisation and inadequate regulatory capacity. The likelihood of "more and better data" being available is therefore slim, since funding of Covid-19 and Long Covid research in the UK is no longer a priority.

We call on you as Secretary of State for Health and Social Care and the UK government to properly scrutinise the JCVI's recommendations on Covid-19 vaccination in more detail and seriously consider whether the UK is making the right decision ahead of the coming winter. Leaving a large proportion of the population inadequately protected against Covid-19 appears to be very short-sighted, will put unnecessary pressure on the NHS and will leave many people with long-term health issues

We would welcome the opportunity to meet with you and members of the JCVI along with researchers to help facilitate a greater understanding of the nature, mechanisms and impact of Long Covid.

Yours sincerely



On behalf of Long Covid SOS:

Ondine Sherwood, Co-Founder

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c.c: Professor Sir Andrew Pollard, Chair, The Joint Committee on Vaccination and Immunisation

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