States of Guernsey

Access to Public Information Request

Date of receipt: 26 April 2021

Date of response: 13 May 2021

Access to Public Information request regarding COVID-19 vaccines

Request:

1) Please state the number of people who have died (and detail cause of death) in the Bailiwick of Guernsey who have had one or two doses of a covid-19 vaccine (since the mass covid-19 vaccination programme began in Guernsey)?

2) Please state also the number of people who have died in the Bailiwick of Guernsey who have not had a covid-19 vaccine in the same period, and what they died of?

3) With reference to the MHRA voluntary yellow card reporting scheme (as statistically only 10 percent are ever recorded) which is clearly inadequate for vaccines which have only been approved for emergency use, will the Guernsey authorities be following up every single patient who has had the first and second doses of the covid-19 vaccine to check on any mild and severe reactions and fatalities, as they are in effect part of the experimental trial period for Covid vaccinations? And how will this information be recorded?

4) There is discussion within the island health workers community about the worrying number of adverse reactions being experienced. Therefore it should follow that the States are recording all health issues (irrespective of whether the doctor suspects vaccine injury) experienced by people who have received the first and then the second dose. Can you clarify whether this is happening and if not why not?

5) Given all people who have tested positive for Covid and who die within a 28 day period are defined as a Covid death statistic can I ask if the same applies to people who die within a 28 day period of receiving their Covid vaccination?

6) Can you explain why when over twenty countries have banned the Astra Zeneca vaccine due to adverse reactions, can you detail if you are still using the Astra Zeneca vaccine?

- if so under what pretext given there are clear warning against its use

- and if you are using it for what age groups are you using it?

7) I understand that in March 2021 Guernsey were running the PCR tests at a level of 40/45 cycles. Can you clarify whether this is still the case, given that it has
been scientifically proven that many false positives result from such high levels of testing as they detect dead virus particles?

8) Given the increase in death and injury from Covid vaccine and the vaccine manufacturers immunity from prosecution can you confirm that the States will compensate the injured party/family? and what is the maximum compensation figure?

Response provided by the Civil Contingencies Authority and Public Health Services:

1. Data of this kind would only be held if there was a suspected adverse vaccine incident involved in a death, which has not been the case.

2. COVID-19 vaccination status at death is not part of the legal registration process. Therefore this data is not easily obtainable

3. The MHRA have reported very high levels of reporting of side effects of COVID-19 vaccines. It is important to point out that just because a Yellow Card has been submitted, it does not necessarily mean that the vaccine is implicated in that symptom, it may be also coincidental. The MHRA publish weekly data on suspected side effects reported and the overall reporting rate for COVID-19 vaccines since the start of the programme across the UK has varied between 3 and 6 MHRA reports per 1,000 doses given.

   The COVID-19 vaccination programme is not a clinical trial, it is in place to reduce morbidity and mortality associated with COVID-19 infections, therefore follow-up of each individual who has received a vaccination is not appropriate or required. Individuals are encouraged to report any suspected side effects directly or they can speak to a Health Care Professional who will complete the documentation for them. Mild to moderate side effects are to be expected with the COVID-19 vaccines, all individuals receiving a vaccine are provided with a product information leaflet prior to attending their vaccination appointment so they understand what to expect and when they may need to seek additional advice. This also enables individuals to make an evidence based decision about accepting their vaccine offer.

   Rigorous follow up of COVID-19 vaccine research participants continues, these trials have the appropriate research protocols and ethics approvals to undertake such work.

4. It is worrying to hear the suggestion that some Bailiwick Healthcare Workers have expressed concerns around adverse events and not raised these with Public Health. If this is correct, we would remind all registrants that they have a duty under their code of practice to report such concerns to the relevant organisations so such incidents can be fully investigated. We are aware that there have been some unregulated practitioners who have been quoted as reporting seeing numerous side effects to members of the community. On further investigation these allegations were subsequently denied by those individuals.

   Public Health will and do review any incidences where there appears to be a trend in unexpected side effects. It is important to note that in phase one of the programme the vaccines were administered to those at greatest risk or morbidity and mortality from a SARS-CoV-2 infection. As such these individuals have underlying risk factors which increases the likelihood of unrelated illnesses occurring soon after vaccination.

It would not be appropriate of the States of Guernsey to record all health issues if a registered healthcare professional has made an evidence based decision that these are not vaccine related. All individuals have the ability to report directly to MHRA, who have a dedicated team who undertake further explorative work to identify any areas of concern. As a small jurisdiction we would not have enough data to be able to accurately confirm any suspected links without the input of the MHRA and the wider database they hold, with over 205,000 suspected side effects reported since the start of the vaccine programme in England, the Devolved Nations and Crown Dependencies.

5. In the Bailiwick we have defined COVID-19 death as a death where the Underlying Cause taken from the Medical Certificate of Death is COVID-19. We have not followed the UK method of including all deaths within 28 days of positive COVID-19 test result. COVID-19 vaccination status is not recorded as part of the death registration process.

6. It is important to understand the difference between a vaccine being withdrawn from use and the use being suspended. The use of AstraZeneca was suspended in some countries whilst they gathered further information on any safety signals. Some of these countries subsequently recommenced the use of the AstraZeneca vaccine within days. A small number of countries have made the decision at government level to stop using the AstraZeneca vaccine, this is in direct opposition to the advice from the EMA that the overall benefits of the vaccine outweigh the risks. Guernsey follows the advice of the MHRA and JCVI, both of whom agree with the EMA that the benefits of the AstraZeneca vaccine continue to outweigh the risks in the majority of the population. Guernsey will follow the precautionary advice of the JCVI and offer an alternative vaccine to those aged 39 and under who have not received their first dose of vaccine. In addition The Bailiwick of Guernsey will continue to update their clinical triage process to reflect any new medical contraindications to the vaccine.

7. This question has conflated the number of cycles in a given PCR reaction (typically between 35 and 45), and the quantification cycle value (Cq/Ct). The Cq is the point at which a sample reaction curve crosses the threshold line on a graph and indicates a positive result. The point at which this occurs is variable depending semi quantitatively on the amount of viral target present. The threshold line is a calculated value of background fluorescence. Each assay and each run of any assay will have a subtly different threshold line. This variation is a consequence of variation within reagents, samples make up, sample preparation and environmental factors. The differences in threshold lines between runs are very small and generally not

significant when performing qualitative or semi quantitative assays of this nature. We should also add that we run known controls in every assay which would detect if the assay was not performing in line with expectation.

The manufacturers also recommend a maximum number of PCR cycles to perform before calling the specimen negative i.e. if the sample reaction has not crossed the threshold line within this number it is a negative specimen. We can confirm that Guernsey has two different PCR platforms available to use for detecting SARS-CoV-2 RNA in patient samples, and both tests are performed in line with the manufacturer's instructions, one running for 40 cycles, and the other for 45 cycles. Currently any positive sample is confirmed by running the same sample on the second assay. Results are interpreted, taking into account information on the laboratory parameters, the clinical picture, whether the profile is static or evolving and any prior history of infection with the virus that causes COVID-19. This enables us to provide accurate information to the person, as well as considering any potential risk to our population.

The question is correct in saying that it is not possible for a PCR reaction to distinguish between RNA from intact virus particles or fragments of inactive particles. This also means that the test cannot distinguish an old infection to a very recent infection, which is why in interpreting the results, Public Health employ a cautious approach, and currently require all people submitting a positive sample to isolate, if this is the first positive test. Other cases we will assess on an individual basis.

Finally, we would like to clarify that if either assay detects viral RNA from an old infection, this is not a false positive, but a genuine positive identification of nucleic acid from the virus that causes COVID-19.

8. To our knowledge, there is no immunity from criminal prosecution given to any vaccine manufacturers, at least in the Bailiwick of Guernsey. The States of Guernsey has not adopted a position on whether or not it would compensate any injured party/family in the event of death or injury from a COVID vaccine. Under current Emergency Powers regulations, in the event that the States of Guernsey or any 'responsible person' is determined by a Court in the Bailiwick of Guernsey to be liable in civil proceedings for any personal injury or death suffered by any one person from a COVID vaccine designated by regulations and sold, supplied or administered in accordance with a Patient Group Direction or a protocol approved or issued under existing legislation, the maximum amount of damages and costs that may be awarded by the court is limited to £120,000 in respect of the person who died or suffered the personal injury.