

REPLY BY THE PRESIDENT OF THE COMMITTEE *FOR* HEALTH & SOCIAL CARE TO QUESTIONS ASKED PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE BY DEPUTY LESTER QUERIEPEL

Question 1

- 1. I ask this first question not only with the potential cost to the public purse in mind, should a compensation scheme need to be established, but also the suffering of the individual: are HSC satisfied that in the long term, due to possible side effects, the Covid 19 vaccine won't turn out to be the next Asbestosis (Diffuse Mesothelioma) or Thalidomide? I appreciate these aren't like for like comparisons but they help to illustrate the point I am making here. Besides which, there is evidence on record, of the detrimental side effects of other/previous non Covid vaccine related programmes, particularly in India and Africa.**

Vaccination greatly reduces the burden of infectious diseases and is one of the most effective public health measures, succeeded only by the availability of clean water.

When the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) pandemic was declared on 11th March 2020 by the World Health Organization, scientific programmes to develop and test vaccines to protect against COVID-19 disease and death commenced worldwide. The production and availability of vaccines, such as the Pfizer BioNTech and AstraZeneca vaccines currently used as part of the voluntary Bailiwick COVID-19 vaccination programme, to shortly be supplemented with the Moderna vaccine, have been accelerated using vaccine development techniques learnt during previous emergencies such as the SARS pandemic and the Ebola crisis in West Africa.

The safety and efficacy of the vaccines has and continues to be scrutinised and assessed by the Medicines and Healthcare products Regulatory Agency (MHRA), including any adverse reactions experienced by vaccine recipients. In the Bailiwick, the vaccines have further been considered by the Medicines Committee, established under the Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008, and the vaccine schedule recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) are followed.

Under current Emergency Powers regulations made by the Civil Contingencies Authority, 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 from a COVID-19 vaccine 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.

Notwithstanding the fact that the administration of all medicines carries an element of risk, the Committee *for* Health & Social Care considers that given the significant and continual advances within medical science and the rigorous governance structure that permits the use of COVID-19 vaccines, it is not expected that the morbidity witnessed in individuals exposed to asbestos, a non-pharmaceutical product, or those prescribed thalidomide in the 1950s will be repeated.

Question 2

2. Noting that on the BBC news pages of April 22nd, Prime Minister Boris Johnson said he hoped pills or capsules could be available by the Autumn of this year to combat Covid 19 and that he has not only launched an investigation into the possibility but also set up an Anti-Viral Task Force to oversee the investigations: and noting that scientists at Oxford University recently discovered that two puffs of the asthma drug Budesonide is extremely effective in combatting Covid 19 and GP's in the UK are now permitted to prescribe it to their patients if they wish: and noting that results of recent research carried out by the Hiroshima University in Japan shows that the use of UV light kills 99% of Covid samples: and noting that the Cleveland Health Clinic in America have recently discovered that the hormone Melatonin can protect against the virus: and noting that Ivermectin was administered to every person testing positive for Covid 19 in Mexico in December 2020, which resulted in a huge reduction in hospitalisation and deaths in the country within weeks, are HSC committed to the exclusive use of vaccines to combat Covid 19 on our road to recovery, or are they monitoring research into other methods of combatting the virus and staying open to the idea of offering alternative treatments to the vaccine to islanders?

If an individual contracts the SARS-CoV-2 virus, they may become unwell with COVID-19 disease, which presents with symptoms such as difficulty breathing or developing a new cough. The severity of symptoms varies and only a very small percentage of individuals with COVID-19 will require hospital care - the vast majority can successfully be managed at home. Understanding within the medical profession as to how best treat patients with COVID-19 disease has greatly improved since the beginning of the pandemic, with the National Institute for Health and Care Excellence (NICE) publishing guidance. As is the case with all research regarding new treatments and techniques, healthcare professionals monitor the progress of clinical trials and are required through their respective regulatory bodies to provide care according to best practice, supported by scientific evidence

A vaccine is not a treatment but rather prevents illness by protecting people against harmful diseases. Vaccines use the body's natural defenses to build resistance to specific infections by creating antibodies, just as the body does when it's exposed to a disease. Vaccination does not cause disease or put individuals at risk of its complications.

Public Health Services will continue to review the effectiveness of other possible treatments for the symptoms of COVID-19 disease and to mitigate against the effects of the virus, and utilises its well-established links with Public Health England and others to keep up to date with such developments. Vaccination is one of a number of measures intended to reduce both the short and long-term impacts of the pandemic and will continued to be considered alongside a range of pharmaceutical and non-pharmaceutical interventions, as appropriate.

Question 3

3. Noting that Dr Brink said recently in the media that there will be people out in our community who won't be able to be vaccinated, for whatever reason, I ask the following:

a) How will islanders who choose not to be vaccinated be treated by HSC in the future, without fear of venturing into the realms of discrimination and alienation?

b) Will a policy approach be devised by HSC to cover those who choose not to be vaccinated?

All services provided by Health and Social Care operate on the basis of informed choice. As is the case with other vaccination programmes in the Bailiwick, such as the seasonal influenza and childhood immunisation programmes, the COVID-19 vaccination programme operates on a voluntary basis and while vaccination is recommended, individual choice is respected. There are also a small number of individuals for whom vaccination is not recommended, for example those with an allergy to any of the vaccine components.

No policy approach has been devised by Health and Social Care because the uptake of COVID-19 vaccines is voluntary.

Broader considerations around the development of, for example, COVID passports sit outside the Committee and would be considered by the Civil Contingencies Authority.

Question 4

4. Will someone who has already been vaccinated, be given the opportunity to be vaccinated by a different vaccine, every time a new strain of the Covid virus emerges?

COVID-19 vaccines are currently only available to Health and Social Care through the United Kingdom's Department of Health and Social Care supply chains, with the Bailiwick receiving a proportionate supply based on its population size. There is no discretion about what vaccines are received into the Bailiwick and as such, it has not been possible or considered appropriate to offer individuals a choice about which vaccines they receive unless there is a particular clinical need. Vaccines are chosen on data demonstrating their safety and efficacy and administered as part of the Bailiwick COVID-19 vaccination programme according to the schedule set out by the JCVI.

If and when new vaccines are developed for variants of the SARS-CoV-2 virus, the same process will be followed.

Therefore, while an evidence-based approach to COVID-19 vaccination will continue to be pursued, in such a way that optimises the use of the available vaccine supplies, it is not possible to say at this time whether an individual will be offered a choice of vaccine at a later date.

Question 5

5. a) Is there currently a comprehensive programme in place here on the island to monitor, assess and record the side effects of Covid 19 vaccines administered to islanders?

b) If there is such a programme in place, bearing in mind that some side effects may emerge at a much later date, can you tell me please what period of time will that programme run for and will the results be made public, both in the short and long term?

The MHRA's Yellow Card Scheme is a longstanding independent reporting mechanism for drug side effects, defective or counterfeit medicines and incidences with medical devices, among other things. Health professionals in the Bailiwick use this system to report side effects as it is an established scheme that is used across Great Britain. It can also be used directly by patients.

The Yellow Card Scheme enables Guernsey to benefit from any drug safety alerts or notifications relating to a particular medicine, which would not be established as quickly on a smaller scale locally. The MHRA database has recorded over 205,000 suspected side effects reported since the start of the vaccine programme in England, the Devolved Nations and Crown Dependencies. The Yellow Card Scheme can be accessed online at <https://yellowcard.mhra.gov.uk/>.

Severe reactions to any drug are also investigated through Health and Social Care's risk reporting system, to establish potential learning for future practice.

Question 6

6. If the answer to Question 5a is that we don't have a programme in place to monitor and assess and record side effects of Covid 19 vaccinations administered to islanders, can you then tell me please if HSC have any plans to put such a programme in place and if so, when?

Public Health Services is satisfied that the Yellow Card reporting scheme described above provides an effective mechanism for recording the side-effects for COVID-19 vaccinations and for notifications of any such effects being reported to inform clinical practice. It is more robust than any system that could be established for the Bailiwick alone, due to the number of health authorities that provide data into the system. There is therefore no plan to implement such a scheme.

Question 7

7. a) Several countries throughout the world, including the USA, have ceased to record deaths by any other respiratory ailment, such as 'flu and pneumonia for example, and are now only recording deaths caused by Covid 19, so can you tell me please if HSC have adopted the same approach here in the island?

Registration of death is carried out by Guernsey Greffe and Alderney Greffe. We have not been notified of any changes to the usual process of registering a death which includes the record of causes of death completed by the attending clinician. Attending clinicians will continue to follow their professional guidance in recording causes which recognises that prompt and accurate certification of death is essential. This will include recording a range of respiratory ailments.

Tests and cases numbers have been published throughout the pandemic on [covid19.gov.gg](https://www.covid19.gov.gg) which clearly sets out the 14 deaths which were confirmed as related to COVID-19 and a further 3 presumptive deaths where it is suspected the individual died from COVID-19.

b) If HSC are still recording deaths by other respiratory ailments as well as Covid 19, can you tell me please how many deaths have resulted from those other respiratory ailments in the past year and are they on a par with previous years?

As above, deaths where respiratory illness was part of the causal chain continue to be recorded in the usual way. Specific analysis of this data is not available at this time due to competing pressures within Public Health Services but can be made available in the future.