



October 2021

Dear Constituent,

Thank you for contacting me about booster doses of the COVID-19 vaccine.

I appreciate that as we approach winter, many people may be worried about the impact this could have on the COVID-19 outbreak. With increasing levels of social mixing and close social contact, it is expected that during the winter, COVID-19 will circulate alongside other respiratory viruses, including seasonal flu. These viruses have the potential to add substantially to the winter pressures usually faced by the NHS. I know that a number of my constituents are also concerned by recent data suggesting that vaccine protection begins to wane after 6 months.

It is welcome, therefore, that booster doses of COVID-19 vaccine are being given to those who were vaccinated in the first phase of the rollout earlier this year. This will be no earlier than six months after an individual's second dose and I am told that these booster vaccines will be deployed in the same order as the initial rollout. People are being offered either a full dose of the Pfizer/BioNTech vaccine or a half dose of the Moderna vaccine, following scientific evidence showing that both provide a strong booster response. This will be regardless of which vaccine the individual previously had.

This advice on booster vaccination is distinct from, and does not supersede, recent advice from JCVI regarding a third primary vaccine dose for persons who are severely immunosuppressed. I am told that JCVI will review at a later date whether those who receive this additional dose require a further booster dose.

As most younger adults will only have received their second COVID-19 vaccine dose in late summer or early autumn, the benefits of booster vaccination in this group will be considered at a later date and, pending further evidence otherwise, booster doses may not be required in the near term. I understand that, in general, younger, healthy individuals may be expected to generate stronger immune responses from their initial vaccination. I will of course follow developments closely and I know that JCVI will review data carefully and consider further advice at the appropriate time.

It is welcome that the JCVI's final advice explicitly includes adult carers as a group eligible for the booster vaccination. The COVID-19 at risk group includes adult carers, defined as: *"Those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable."*

The booster programme includes all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19. This includes adults with poorly controlled asthma, as defined in the Green Book, which sets out the latest information on vaccines and



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vaccine procedures. It is welcome that "poorly controlled asthma" has been explicitly defined in the Green Book and I hope this will avoid any future confusion.

The interim JCVI advice included offering boosters to those in an influenza risk group, however the final advice only included those in a COVID-19 at-risk group. While I can assure you that the final advice covers all those with poorly controlled asthma, I know this change is a concern to many of my constituents and so I will seek clarification on the situation and reasons for the change.

Our vaccine rollout has been phenomenal, and like the Government, I believe it is vital that we do everything possible to prolong the protection vaccines offer. The NHS are contacting people directly to arrange a booster and I urge all those eligible to get their vaccine as soon as they can, so they have the strongest possible protection over the winter months.

Thank you again for taking the time to contact me.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Chris'.

CHRIS HEATON-HARRIS MP
MEMBER OF PARLIAMENT FOR DAVENTRY