



# British Association of Physicians of Indian Origin

6 January 2021

By email:

The Rt.Hon. Prime Minister Mr. Boris Johnson  
10, Downing Street  
London  
SW1A 2AA

Dear Prime Minister,

## **Covid19 pandemic - Lockdown, Vaccines and FPPE**

Your announcement on Monday 4 January 2021 that the country was now into its third lockdown since Covid-19 first affected our country in March 2019 was very sombre news indeed. We are sure that it would be a matter of concern to you that the UK strategy over the past 10 months has led to cycles of lockdown and release, frequent policy changes and U turns and our great nation is staring at more than 75,000 deaths from Covid-19. These numbers are amongst the highest in the world whichever way we look at them and compare dismally with what has been possible to achieve across the world in all sorts of nations whether developed (like Japan, South Korea) or developing (Vietnam, Thailand, India). Moreover, by a combination of an increasingly transmissible strain and the expected winter surge, we are staring a cliff edge of the highest bed occupancy, community infection and death rates not seen even in the first wave. Even our NHS, despite the gallant and gargantuan efforts, may not be able to rise to the challenge given the scope of the problem it now faces.

As a testament to good science, the UK was the first country to approve and administer a Covid-19 vaccine and as both you and the Health Secretary have publicly acclaimed, this has given us much needed hope in our fight to bring the pandemic into control.

In this regard, we must express our concern at how the government is handling the issue of the Pfizer and BioNTech mRNA vaccine, in particular the changed policy on the second dose. Pfizer has clearly stated publicly that it does not recommend the longer period for a booster as now proposed, and since the scientific data surrounding this recommendation have not been available or put to any tests, it is therefore quite possible that this dose will not confer the immunity otherwise expected. For a government that has always portrayed that all its decisions are science-based this does not sit well. This vaccine is being administered to the most vulnerable members of the public and they, as well as medical professionals, are genuinely concerned that extending the interval will not only compromise the expected immunity status but it also risks the chance that the virus will mutate between the two doses, thus making them even more vulnerable. Indeed, only today Alejandro Cravioto, chairman of WHO's Strategic Advisory Group of Experts on Immunization (SAGE), has stated clearly that the two doses of the Pfizer jab should be administered within 21 – 28 days of each other, which is in agreement with the pharmaceutical company and presumably the right science in this matter. We need not remind you that at the start of the pandemic the government ignored WHO advice on 'Test and Trace', much to our detriment.

**President: Dr Ramesh Mehta, OBE**

**Secretary: Prof Parag Singhal**

**Corporate Office: The Chapel, Trinity Gardens, 9-11 Bromham Road, Bedford MK40 2BP UK**

**Chairman: Dr JS Bamrah CBE**

**Treasurer: Dr Arvind Shah**

T: +441234212879

Email: [admin@bapio.co.uk](mailto:admin@bapio.co.uk)



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There are wider questions about consent, legal principles and prescription of a vaccine outside of recommended protocol; disruption caused by broken promises, cancellation and rebooking; and by some CCGs/vaccination hubs deciding to honour previous appointments and others not. This only amplifies the chaotic nature of decision making and seriously damages public trust and confidence which you will acknowledge is crucial to maintain but has been in short supply during this pandemic.

Another real disappointment we must express is about the JCVI guidance on vulnerable groups. We are baffled as to why they have failed to identify ethnicity as a high risk, especially given that over 90% of doctors who have succumbed to the virus have been from the Black Asian and Minority Ethnic (BAME) group and it being clear that this group has disproportionately borne the brunt of the pandemic. Despite our letter asking the committee to revise their guidance we are disappointed that they have failed to do so. We would therefore ask that you instruct JCVI to engage with us and that they implement this change with immediate effect otherwise more lives will be inevitably lost.

Lastly, with hospitals bursting at their seams and staff sickness/isolation causing serious staffing concerns, there is real concern highlighted to us about the availability and appropriateness of personal protective equipment (FPPE3) which we have previously written to the government about. While matters have improved in this regard, not only are we still hearing of employers who are not conducting risk assessments with the rigour the government has asked for, but some employers are not implementing the results of the risk assessment thus making these doctors more prone to being infected. Furthermore, with the increasingly transmissible variant of the virus quickly spreading around the nation, there is a strong argument to be made for enhanced and full PPE for staff in all areas of health care to protect them from infection and to allow safe rotas to be maintained.

In summary, we would recommend the following which we should be grateful if you would the government would develop with Public Health England, NHS England/Improvement and JCVI:

- Those who have already been given the Pfizer and BioNTech vaccine should remain on the protocol they were consented to and agreed for;
- Based on the MHRA revised guidance a newer informed consent should be sought from further recipients of the Pfizer and BioNTech vaccine if they are to be offered the vaccine on the schedule which is not supported by the manufacturer and the one that was initially given approval for;
- That BAME are regarded within the risk group for Covid-19 and therefore JCVI must prioritise BAME healthcare workers for the purposes of the vaccination programme;
- Studies should commence immediately to enquire vaccine efficacy after a single dose to inform scientifically based recommendations on timing of booster dose(s);
- In addition to prioritising vaccination for this key group, enhanced PPE must be offered to all HCWs working in undifferentiated areas to reduce staff sickness and protect them from the highly transmissible B.1.1.7 strain of SARS-CoV-2.

Yours sincerely,



Ramesh Mehta  
President



JS Bamrah  
Chairman

cc: Sir Simon Stevens, CEO, NHS England and NHS Improvement

cc: Mr Matt Hancock, Secretary of State for Health

cc: Professor Andrew Pollard, Chair, Joint Committee on Vaccination and Immunisation