

19th November 2024

Dear Members of the JCVI and UK Government,

### **Open Letter: Maintain Covid-19 Vaccine Access for All Clinically Vulnerable People**

We, the undersigned scientists, healthcare professionals, and organisations, write to express our grave concerns regarding the recent JCVI guidance limiting NHS-funded Covid-19 vaccinations to those over the age of 75, immunosuppressed or residents in care homes for older adults from 2025<sup>1</sup>. This decision effectively excludes millions of additional Clinically Vulnerable people who are at higher risk of severe illness, hospitalisation, and sequelae, from essential protection. We urge you to reconsider this decision and to align Covid-19 vaccination access with evidence-based public health principles, as supported by the WHO<sup>2</sup>, as we do for the NHS 'flu vaccination programme<sup>3</sup>.

Covid-19 remains a significant threat to people with severe respiratory diseases, autoimmune disorders, cardiovascular conditions, and other chronic health issues as currently identified in Covid-19: the green book, chapter 14a<sup>4</sup>. Excluding most of these groups from vaccination ignores the evidence of their vulnerability to severe outcomes, particularly as Covid-19 is now circulating year-round. Vaccination is essential not only to prevent immediate severe illness but also to reduce the disproportionately high risk of further complications including sequelae such as Long Covid<sup>5</sup> and other health conditions, in Clinically Vulnerable groups. Recent peer-reviewed research<sup>6</sup> has also highlighted the significant economic and societal consequences of Covid-19 on individuals, including workforce participation, and also on the healthcare system. These findings emphasise the importance of preventative measures, including vaccination, to reduce both acute illness and long-term consequences of infections.

Recent changes to Covid-19 testing protocols in hospitals<sup>7</sup>, including the reduction of routine asymptomatic testing, risks underestimating the burden of infections among vulnerable populations. This shift may downplay the ongoing risks faced by Clinically Vulnerable people and the need for continued vaccination.

The 'flu vaccination programme has long recognised the importance of protecting Clinically Vulnerable groups both directly and indirectly as 'flu, like Covid-19, is constantly evolving and changing, requiring regular updated vaccines. This programme reduces hospitalisations and alleviates NHS pressures each winter. The decision to deny the same level of preventive care to Covid-19 high-risk groups

---

<sup>1</sup><https://www.gov.uk/government/publications/covid-19-vaccination-in-2025-and-spring-2026-jcvi-advice/jcvi-statement-on-covid-19-vaccination-in-2025-and-spring-2026>

<sup>2</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

<sup>3</sup><https://assets.publishing.service.gov.uk/media/654cf306014cc90010677371/Green-book-chapter-19-influenza-3November2023.pdf>

<sup>4</sup><https://assets.publishing.service.gov.uk/media/66e7fbf624c4f1826d81bb32/Greenbook-chapter-14a-20240916.pdf>

<sup>5</sup><https://www.covid19-public-inquiry.uk/documents/inq000421758-expert-report-prepared-for-module-3-of-the-e-covid-19-inquiry-by-professor-chris-e-brightling-and-dr-rachael-a-evans-titled-an-expert-report-on-the-treatment-of-long-covid-dated-09-04/>

<sup>6</sup><https://bmjopen.bmj.com/content/14/11/e088538>

<sup>7</sup> <https://www.gov.uk/guidance/covid-19-testing-from-1-april-2024>

raises questions about the evidence supporting this approach and its impact on the NHS and public health.

The JCVI's recent guidance sends a message that the vaccine is no longer necessary and that they are now safe, a signal many will understandably trust and believe. Financial barriers will add to the inequity. Private Covid-19 vaccinations are currently priced around £100 per dose<sup>8</sup> - an amount far beyond the means of many at-risk people. This represents a significant cost difference when compared to the estimated values used for calculating the price of vaccines including deployment to the NHS (approximately £35.04 per dose). Private charges will leave many vulnerable people unprotected, amplifying health inequalities and increasing the need for recourse to antiviral treatments, ultimately leading to an increase in hospitalisations.

The criteria for eligibility for antiviral treatments is notably at odds with the JCVI's decision making. In January, NICE recommended Covid-19 antiviral treatments for those over 70, or with conditions such as diabetes, a BMI of at least 35 kg/m<sup>2</sup>, and heart failure, acknowledging the strong evidence of a heightened risk to these groups<sup>9</sup>. As such, the JCVI's decision to withhold vaccines from this group is therefore both inconsistent with known risks and contradictory, as it will increase their reliance on these far more costly treatments.

This new guidance not only endangers high-risk groups but also threatens to overburden the NHS and its workforce as Covid-19 continues to circulate throughout the year. Without sufficient vaccination, the frequency and severity of infections among these groups will undoubtedly rise, leading to increased demands on the NHS.

We urge the JCVI and government to adopt a Covid-19 vaccination programme for 2025 that reflects a comprehensive view of the evidence and aligns with the successful NHS 'flu vaccination model. Given the ongoing risk to health and hospitalisation among Clinically Vulnerable people, we recommend analysing data that considers the real-world risks for both acute and chronic illness. A broader strategy that prioritises vaccination for Clinically Vulnerable people is essential to reduce avoidable hospitalisations and maintain a resilient healthcare system.

We hope that the JCVI will reconsider its stance and continue to offer NHS-funded Covid-19 vaccinations to all those previously identified by the JCVI as Clinically Vulnerable to Covid-19, aligning policy with scientific evidence and public health needs. The lives and future health of millions of people depend on it.

Yours sincerely,

*Cara Wong*

Founder

**Clinically Vulnerable Families**

---

<sup>8</sup><https://www.boots.com/online/pharmacy-services/covid-19-vaccination-service?srsId=AfmBOorpRQqvKx05rTibIYk36dmV5SD3ttVOddVFZ-bcNYNLiX4igt6Q>

<sup>9</sup><https://www.nice.org.uk/news/articles/people-at-risk-of-severe-covid-19-to-have-access-to-antiviral-paxlovid>

## Signatories to the Letter

- **Dr Michaela Barnard, PhD**  
*Lecturer in Children & Young People's Nursing, University of Manchester*
- **Simon Barnard**  
*Data Architect*
- **Dr Ian Barros D'Sa, BM, MRCS, FRCR, PGCMEd**  
*Consultant Radiologist, Royal College of Radiologists*
- **Dr Martin Blanchard, BSc, MBBS, MD, MRCPsych**  
*Retired Academic/NHS Consultant Psychiatrist, University College London/ Camden & Islington NHS FT*
- **Dr Kambiz Boomla**  
*Retired GP*
- **Ms Janina Bradshaw**  
*Social Worker and Psychotherapist, Social Work England; British Association for Counsellors and Psychotherapists (BACP)*
- **Dame Sarah Cowley, DBE, BA, PhD, PGDE, DipHV**  
*Emeritus Professor, King's College London*
- **Dr Kate Cushing, BSc, PhD, MRCP, MRCPCH, MRCGP**  
*Retired General Practitioner & CYP Clinical Lead*
- **Dr Peter Dilworth, MBChB**  
*Retired General Practitioner*
- **Prof John Drury, PhD**  
*Professor of Social Psychology, University of Sussex*
- **Dr Rae Duncan, MBChB, BSc(HONS), MSc(Res), MD, FRCP**  
*Consultant Cardiologist & Long COVID Research Clinician, Newcastle Hospitals NHS Foundation Trust & Long COVID Expert Advisory Group, World Health Network*
- **Prof Alison M Dunning, PhD**  
*Genetic Epidemiology Researcher, University of Cambridge*
- **Dr Catherine Finnis, BMedSci, BMBS, MA, CMgr FCMI**  
*Head of Planning and Transformation, NHS Blood and Transplant*
- **Natalie Fisher, RN**  
*Nurse Lecturer, University of Manchester*
- **Dr Jonathan Fluxman, MRCGP**  
*Retired General Practitioner, BMA Member*

- **Dr Daniel Goyal, MRCP, PhD**  
*Medical Consultant, NHS Scotland*
- **Prof Trisha Greenhalgh**  
*Professor of Primary Care Health Sciences, University of Oxford*
- **Prof Stephen Griffin**  
*Professor of Cancer Virology, University of Leeds*
- **Dr Deepti Gurdasani, MD, PhD**  
*Honorary Senior Lecturer, Queen Mary University of London*
- **Dr Catherine Hall, RGN, RSCN**  
*Retired Specialist Renal Nurse, NHS England*
- **Surg Cdre T. Hall, OBE, OstJ, QHDS, FDS**  
*Retired Maxillofacial Surgeon and Orthodontist, Royal Navy, NHS England*
- **Dr Louise Hyde, MB ChB, MRCGP**  
*General Practitioner and Senior Clinical Lecturer in Rural Healthcare, Borth Surgery and Cardiff University*
- **Dr Barry J M Jones, BSc, MBBS, MD, FRCP**  
*Consultant Physician (Retired), Chair, COVID-19 Airborne Transmission Alliance (CATA)*
- **Dr Binita Kane, MBChB, MSc, PhD, FRCP**  
*Consultant Respiratory Physician, Manchester University Foundation Trust*
- **Prof Aris Katzourakis**  
*Professor, University of Oxford*
- **Dr Teresa Kelly, MBChB, MA, FRCOG**  
*Consultant Obstetrician, Manchester University Hospital NHS Foundation Trust*
- **Prof Julia Lawton, BA, PhD**  
*Professor, University of Edinburgh Medical School*
- **Prof Martin McKee, CBE, FRCP, FMedSci**  
*Professor of European Public Health, London School of Hygiene & Tropical Medicine*
- **David Osborn BSc, CMIOSH, SpDipEM**  
*Occupational Safety and Health Consultant*
- **Dr Christina Pagel, HonFFPH**  
*Professor of Operational Research, University College London*
- **Dr Joe Pajak, PhD, CSci, CChem, FRSC**  
*Ex-Director of a National Children's Charity, NHS Foundation Trust Hospital Governor*

- **Dr John Puntis, BM(Hons), DM, FRCP, FRCPCH**  
*Retired Consultant Paediatrician, RCPCH, RCP*
- **Prof Stephen Reicher, FBA, FRSE, FAcSS**  
*Professor of Psychology, University of St. Andrews*
- **Dr Sarah Roscoe, MBChB, MRCP, DFFP, DRCOG, DPD**  
*GP*
- **Dr Mohamed Sakel**  
*Chairman, Kent Brain Injury Forum*
- **Dr Helen Salisbury, MRCP**  
*GP, Observatory Medical Practice*
- **Elise Stevens, HCPC Registered Paramedic**  
*Paramedic, Swansea University*
- **Prof Elizabeth Stokoe, PhD**  
*Professor of Psychological and Behavioural Science, LSE*
- **Dr David R Tomlinson, BM, BSc, MRCP, MD**  
*Consultant Cardiologist and Electrophysiologist, University Hospitals Plymouth NHS Trust*
- **Dr Claire Tuck, MBChB, MRCPs (Glas), Dip Pall Med**  
*Retired Palliative Specialty Doctor, Royal College of Physicians and Surgeons of Glasgow*
- **Dr Simon Williams**  
*Lecturer in Psychology, Swansea University*
- **Elvira Wynn, RGN**  
*Retired Nurse*