

**British-Irish
Parliamentary
Assembly**



**Tionól Parlaiminteach
na Breataine agus
na hÉireann**

Committee B (European Affairs)

Report on vaccine rollout in BIPA jurisdictions

October 2022

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1. Introduction

1. In July 2021, the Committee launched an inquiry on vaccine rollouts in BIPA’s jurisdictions¹. An evidence session was held in September 2021 and the Committee requested further written briefings from a number of witnesses. As part of the inquiry, the Committee considered the varying approaches to the Covid-19 vaccine rollout between jurisdictions including, but not limited to:
 - i. the information and data sharing on vaccination programmes throughout the EU and UK;
 - ii. differences in vaccine approval, production and procurement procedures in the UK and Europe;
 - iii. the use of vaccines/vaccine status for the “re-opening” of societies and economies;
 - iv. the levels of cooperation between Ireland and the UK in relation to healthcare including Irish citizens’ work in the NHS;
 - v. participation in the Global Vaccine Programme and the linked responsibility for wealthier countries to help with vaccination in poorer countries.
2. The Committee agreed its interim report in January 2022 with the intention to explore the issues therein further as the vaccination programmes in respective jurisdictions developed. Almost a year since the initial evidence session, the Committee agreed to undertake a further examination of the following matters for the drafting of this final report:
 - i. The numbers of vaccinated/boosted/unvaccinated people in respective jurisdictions;
 - ii. How these numbers impact the health system in terms of those in ICU/hospital that are vaccinated vs unvaccinated;

¹ The British-Irish Parliamentary Assembly brings together representatives of the governments of the UK, Ireland, Scotland, Wales, Northern Ireland and the Crown Dependencies.

- iii. How respective jurisdictions intend to embed Covid vaccines into Public Health vaccine programmes in the longer term; and
 - iv. In the event of further potential outbreaks/lockdowns in the future, how is it anticipated that travel would be managed between jurisdictions.
3. To inform this examination, the Committee requested written briefings from Health Departments/Chief Medical Officers in England, Wales, Scotland, Guernsey, Jersey, Northern Ireland, Ireland and the EU Commission. The Committee is grateful to all those who have given evidence on this matter.

2. Vaccination numbers and hospital impact

4. Data surrounding the number of vaccinations administered in respective jurisdictions are widely available and updated online. Table 1 provides an overview of the number of vaccinations administered in the UK, Ireland and Crown Dependencies as well as the EU²:

Table 1: Overview of vaccinations

	Total vaccinations given*	First dose	Second dose	First booster
United Kingdom	151,206,358	53,800,393	50,727,968	40,361,776
England	126,866,678	45,243,079	42,653,942	33,534,629
Scotland	13,014,285	4,549,084	4,284,632	3,594,835
Wales	7,439,110	2,587,609	2,587,609	2,069,769
Northern Ireland	3,965,259	1,355,828	1,355,828	1,180,579
Isle of Man	189,994	69,560	67,106	53,328
Guernsey	157,708	-	-	-
Jersey	238,462	83,953	81,320	64,477
Ireland	10,795,837	3,854,628	3,809,242	3,131,967

²Data for the Crown dependencies is updated on different timelines and is cited at the most recent update.

UK data - <https://coronavirus.data.gov.uk/>

Ireland data – <https://covid19ireland-geohive.hub.arcgis.com/pages/vaccinations>

EU data - <https://www.ecdc.europa.eu/en/publications-data/data-covid-19-vaccination-eu-eea>

Guernsey data – <https://covid19.gov.gg/guidance/vaccine/stats>

Jersey data – https://www.gov.je/Health/Coronavirus/pages/coronaviruscases.aspx#tab_vaccinationReporting

Isle of Man data -

EU Member States	905,362,825	337,077,565	325,447,860	240,193,912
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** Please note that total vaccination figures may also include second boosters*

5. Written responses to the Committee highlighted the difficulty in providing precise data for those who remain unvaccinated in each jurisdiction and thus, only estimated figures can be provided. Of these, those who cannot be vaccinated due to factors such as allergies or age are included as well as those who choose not to be vaccinated.
6. Overall, vaccine uptake is very high within the UK, Ireland and the Crown dependencies, particularly amongst those groups who are most at risk of severe illness, hospitalisation and death from Covid-19. Evidence provided by the EU shows that approximately 25% of the total population of EU Member States remain unvaccinated including those not eligible for vaccination, particularly children, in vaccination programmes. It was also noted that vaccination numbers can greatly vary between Member States.
7. The UK vaccine surveillance reports³ state that studies conducted in the UK show high vaccine effectiveness against hospitalisation though effectiveness against symptomatic disease with the Omicron variant is substantially lower with rapid waning. Protection against hospitalisation and severe disease remains high, however.

3. Long term vaccine programmes

8. At the time of writing, relevant departments in the United Kingdom, Ireland and Crown Dependencies were working on developing an integrated future vaccination strategy, building on the successes and learnings of previous vaccine programmes. Part of this strategy is to explore how to integrate covid-19 vaccination with other vaccinations - such as the flu jab - at similar times.
9. The UK's medicines regulator has recently approved two bivalent vaccine boosters for use, from both Moderna and Pfizer, a new vaccine that targets the original strain of covid-19 and the omicron variant. The UK and Crown dependencies will offer the new vaccine as part of the Autumn booster programme.

³ <https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports>

10. While vaccination programmes are a national competence and with responsibility for these therefore with individual Member States, the EU Commission plays a supportive and coordinating role to encourage Member States to facilitate the best approach to vaccination strategies and covid-19 measures. The two bivalent boosters have been recommended for approval by the EMA at the time of writing.

4. Future travel management

11. Throughout the pandemic, travel between the UK and Ireland was not subject to the same restrictions as other international travel due to the rules of the Common Travel Area (CTA). However, the Committee highlighted that despite this, challenges remained due to each jurisdiction easing restrictions independently, an issue that was particularly prominent in cross-border areas where members of the public could experience one set of restrictions for work and another for home life. The Committee noted that, should there be any future outbreak of Covid-19 involving a variant of concern, it is anticipated that the same arrangements within the CTA would continue to apply, taking into account the nature and seriousness of the potential outbreak and the decisions of the Government of that day.

12. From an EU context, in June 2020 the European Council adopted a recommendation on the temporary restriction on non-essential travel from third countries into the EU and the possible lifting of such restriction. A proposed revision of this is expected to take account of the current epidemiological situation and Member States practices. It is anticipated that this will provide Member States with a common framework and ensure a coordinated approach in the future.

5. Summary of conclusions and recommendations

13. The evidence provided to the Committee has shown that Ireland, the UK and Crown dependencies have all adopted a consistent approach to the future management of Covid-19 with a strong emphasis on embedding covid-19 vaccination into national immunisation programmes.

14. While there is no absolute certainty of the future of Covid-19, the Committee agrees that careful monitoring and consistent and effective contingency plans will ensure less risk and harm with less restrictions. In light of this the Committee makes the following recommendations:

- The Committee notes the high vaccination rates as set out in the body of the report and welcomes the introduction of new bivalent boosters which will form part of national vaccination programmes. The Committee recommends that each jurisdiction put in place a strong campaign for the rollout of bivalent boosters to ensure all cohorts of the population are reached in a timely and efficient manner.
- While vaccination should be viewed as the primary measure to prevent a return to previous intense restrictions, robust contingency plans should be in place in all jurisdictions to ensure a consistent approach within the Common Travel Area in the event of future unforeseen pandemics.
- The Committee agrees that it is important not to lose the key learnings from the pandemic and that there should be a logistical preparedness in the event of a similar event. There should be a measure of coordination jurisdictions to that ensure vaccine stocks and other essentials such as PPE are readily available without an unnecessary reliance on supply chains which could be adversely affected by changes in security relationships.
- Publicly available data in relation to vaccination should continue to be maintained to inform future rollout campaigns. There is also a need for greater consistency in the reporting of this data across the UK nations and Ireland to assist with holding Government's to account for vaccine rollouts in the future.
- In addition, the Committee agrees that publicly available data should be expanded to include death rates with a more coordinated, consistent approach to how death rates are measured in individual jurisdictions.