

Vaccines change the situation

Many governments, health services and the world health bodies have always wanted a vaccine to be the eventual way out of the pandemic. Yesterday they got much nearer to that outcome, with the announcement of the formal recognition of the safety and efficacy of the Pfizer BioN Tech vaccine by the UK's Medicines and Healthcare Products Regulatory Agency, and the roll out of the Sputnik V vaccine as an approved treatment in Russia.

Dr June Raine, the CEO of the MHRA, was keen to tell UK residents that "the public's safety has always been at the forefront of our minds – safety is our watchword." She assured her audience that they had not taken any short cuts and had pored over much data before concluding the product meets both their safety and their efficacy standards.

The Pfizer vaccine uses a relatively new technique, mRNA, to trigger immune responses should the virus attack. So too does the Moderna product, which may soon follow with a permission. The Astra Zeneca Oxford University vaccine may be third to get approval, and uses a Replication deficient viral vector. They needed to supply more information on their tests given the different doses actually deployed with different results.

I always point out this site does not give medical advice, as I am not qualified. Individuals thinking of accepting a vaccination need to make their own decisions based on the information provided by the companies supplying the product and the NHS, and may take their own doctor's advice if they have concerns.

If enough people volunteer for the vaccination, as seems likely given the strong encouragement from the NHS and from the government's own medical experts, it will be easier to secure a removal of controls over our lives.

There should be no question of people having to take the vaccine, nor of vaccine passports being used as a lever to get more people to take the vaccine. The vaccine should stand on its own merits. The more information the Regulators can share with the public the better, as confidence comes from an open approach, not from hectoring and limited communication of the facts.

First use of the first vaccine is likely to be in hospitals who have the specialist equipment to store the vaccine. There will be guidance about who has priority to receive it.

My contribution to the debate on

Public Health, 1 December 2020

Sir John Redwood (Wokingham) (Con): Many of my constituents are very angry that west Berkshire and Wokingham have been placed in tier 2 when we were in tier 1 before the national lockdown and we still have very low figures. On all the evidence that the Government say they look at—case numbers, trends in cases and available hospital capacity—there seems a very clear case that we should not be worse off as we come out of national lockdown than we were when we went in, and my constituents will expect me to reflect their anger in the way that I vote tonight.

I would far rather work with the Government, and I think that on the whole they are doing a very good job in a very difficult circumstance, but they could make life easier for themselves if they identified more policies that both bear down on the virus problem and allow the much-needed economic recovery so that we rescue and encourage more livelihoods.

The first policy is this: why can we not have expanded isolation capacity in the NHS to deal with covid-19, with volunteers properly backed up with all the equipment and safety protocols they need so that we free up many more of the district generals to do the general work that they need to do and free up their staff from the possibility of cross-infection and cross-contamination? One of the problems in the NHS at the moment is that there are too many staff who have had to self-isolate. Can we not do better on infection control, isolation, and specialisation? Money is no longer a problem, I am pleased to see. I am very happy for more money to go into the health service, but it must buy the staff and make sure that the staff are properly looked after, so that we have that extra capacity.

The second issue is the capacity of our hospitality industry. I encouraged the Department for Business, Energy and Industrial Strategy and the Department of Health and Social Care to do work some time ago on safer methods of extracting air quickly from hospitality venues, so that more people can use a hospitality venue safely. I believe that some of that work has shown some fruit, and that experts agree that we can create much safer environments if we reverse overflows and extract air quickly. We are now told by the experts that the main transmission threat is aerial transmission by being in an enclosed space with people with the disease. Can we not have more public prominence for that work? Perhaps we could have some grant systems for small businesses and proper technical assistance from the Government and from those the Government retain so that more venues can trade sensibly and profitably without being threatening in any way.

Can we please also have a proper package for all the self-employed and the small business people? Why do some groups of the self-employed get omitted from the packages every time? These are the people who go the extra distance, provide the flexible service, work all the hours God made, and do not often get much reward for it. These are also the people who have suffered the most from these compulsory closures. If a person works for a large company, they are, in many cases, paid their salary, even if that company cannot operate

properly, but if they work for their own business, there is no income coming in. They cannot put food on the table unless they get public support or can trade profitably. I urge the Government to look again at their totally inadequate packages for the self-employed and small businesses and understand just how much we are going to need them when we get into recovery mode proper.

My final point in the brief time allotted is that we desperately need to give people hope about livelihoods and economic growth again. We desperately need to have a full recovery programme sector by sector, including for small businesses and the self-employed, and understand that some people will need to retrain and some will need to go from the employment they have lost into self-employment. Can we not hear a lot more about this and be positive? We need to cheer up the country up as well as control the virus.

Tiers at vote time

Yesterday in the debate I urged the government to take those measures which both help control the virus and allow economic recovery.

I pressed the government again on where are the results of the tests of other drugs that might help treat CV 19 patients. After the good break-through with the steroid it would be good to hear about other possibilities.

I urged them to work harder with the hospitality industry on air extraction and other measures which would enable safer working in inside spaces, as many hospitality businesses will only survive if they can earn more money soon.

I asked them to reconsider the issue of compensation and support for the self employed, where many small business owners who work in their own business do not qualify for the support.

I have regularly raised the issue of creating specialist isolation hospitals for CV 19 so there is more capacity in the District Generals for all other medical problems. This of course means continuing the extra recruitment of staff the government has promised, and requires suitable Training and protective clothing for the volunteers staffing the CV 19 facilities.

I raised the issue that many of my constituents feel strongly about. Why are West Berkshire and Wokingham in Tier 2 when numbers are quite low and we were in Tier 1 before the lockdown. I voted against the Regulations.

The Christmas break

As the Prime Minister says,, the virus will not know it's Christmas. He tells us to be jolly careful.

Nonetheless the government proposes a five day period when we are free to make more of our own decisions about social contacts in our homes with family. Some families will decide they do not wish to run any risk of infecting elderly or vulnerable people, and will not use the new freedoms to have a crowded house and table over the festive season. Others will decide that the risk is low for them of catching the disease at all or for getting a bad version of it, and will go ahead and use the freedoms the state permits.

Some elderly people will want the warmth and friendship of a family occasion and will assess their own risks accordingly.

This has itself created a further debate. A few have contacted me to say the relaxation is too generous, as they fear some will make bad judgements. More contact me to say if we can be trusted to make these decisions for five days, why cannot this be extended or why can't there be a more general relaxation of rules? People after all do not wish to pass on a bad disease to loved ones and can make their own decisions about risk.

Where the government can help and reassure is to see what can be done about train travel. Now the railway is fully under state control for the time being the state has a duty of care to passengers. What actions have been taken or are being taken to ensure safer airflows in carriages? What evidence is there about spread rates for the virus at different levels of seat occupancy?

The railway is examining fare structures to avoid an incentive for more people to want to travel on an off peak train. Over a holiday period and in an era of homeworking off peak is a less clear idea anyway. They also need to renew the guidance about safe use of the railway and tell us what they think the risks are to inform people making those difficult judgements about family reunions over the five days of Christmas allotted.

The credibility of the science

I admire the work done by medics and scientists who study disease in getting to a much better understanding of this virus quickly, and in finding some treatments and some potential vaccines that can help tame it. These offer the establishment's way out from lockdowns. I am urging the government to do more on treatments, as we are still due test results for various medicines which might help fight the disease.

I have been less impressed by the epidemiologists and modellers working for the government, who have produced high and worrying numbers which even they have had to amend or shade. They have had problems compiling and publishing reliable figures to plot the disease, had trouble designing reliable tests to see how much of the disease is around, and have chopped and changed definitions even for something as important as deaths. In the early months they delighted in publishing comparisons with other countries that seemed to exaggerate the UK figures in a negative direction as numbers were not calculated on the same basis for each country. There was also a time when there seemed to be facilitation to maximise the number of death certificates saying died "with CV 19" rather than died of CV 19. There have been big arguments amongst scientists over the speed and method of spread and the likely future course of transmission of the disease, with very different forecasts.

It is most important that the public have trust in the official scientists and advisers. This is more likely if they treat the public as adults, explain what they do not know as well as what they know, leave scope for individual risk assessment and judgement, and try not to change requirements or strong advice unless they find they were wrong and need to tell us that.

The advisers did change their stance on mask wearing, from telling us they did not do much or any good to saying we must wear them in enclosed public places. They shifted from emphasis on picking up the virus through your hands, with the need for hand washing and much sterilisation of surfaces, to emphasis on airborne virus picked up from sharing airspace with infected people. This is understandable as their knowledge improves or changes, but does lead more people to ask if the latest iteration of the advice is good advice. It is likely to be true you can catch the virus both ways and so need to be careful both ways.

Today these same scientific advisers have persuaded Ministers to back them again with recommendations for more severe lockdowns, maybe continuing all the way through to April next year. This is why their advice needs challenging, as the cost to livelihoods and businesses will be considerable if this is followed. What evidence do they have that the worst transmission now occurs through hospitality venues rather than through everyday social contact? There is much contact through schools and universities staying open, through family gatherings and through the many businesses that do need people to go to a place of work so our power stays on and our food is on the shelves. How much transmission is occurring through rule breaking with people holding unofficial parties, entertainments and events?

The government advisers have always seemed to want a vaccine and to want as many of us as possible out of circulation until a vaccine arrives. They need to help the government and the rest of us to live with this virus whilst various vaccines are rolled out in ways which minimise deaths and serious cases whilst allowing as much normal life as possible.

I am pressing again for the results of work the government has said it is doing on safer indoor environments through better air extraction systems, best practice on how to run shops, gyms, events in a socially distanced way,

and recommended standards for protective clothing for different tasks. What is the latest thinking on the use of UV machines for removing the virus from places where people meet? I will look tomorrow at the big issue of NHS capacity.