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Rt Hon Matt Hancock MP
Secretary of State
Department for Health and Social Care
39 Victoria Street
London
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12th January 2021

Dear Secretary of State,

Pfizer-BioNTech vaccination for clinically vulnerable NHS hospital staff

I am writing as President of HCSA, the professional association and trade union for all grades of hospital doctor, to raise significant concern over the decision to delay the second dose of Pfizer BioNTech vaccinations for healthcare workers and to request that this step be urgently reviewed for clinically vulnerable hospital staff.

HCSA members working across the UK have expressed dismay after having appointments cancelled, in some cases indefinitely, since 4th January 2021.

We have carefully considered the rationale for this decision and while we acknowledge the strong population-based arguments for a programme of single dosing of the AstraZeneca-Oxford vaccine, those same arguments do not bear scrutiny when assessing the Pfizer alternative.

The decision to delay the second dose of the Pfizer vaccine disproportionately affects NHS staff categorised as clinically vulnerable, many of whom remain working in front-line hospital settings. These staff were given priority for the first wave of injections in an attempt to offer them protection due to the higher-risk environments in which they must work.

Plans to withdraw the fullest protection from front-line hospital staff, in some cases giving no alternative appointment for a second Pfizer dose, appear reckless in the context of significantly increased transmissibility, extremely high hospital admissions, and the need to protect and retain front-line staffing levels to cope with this challenge.

We note that Pfizer itself continues to advocate and recommend a 21-day interval between the first and second doses.

The World Health Organisation has also highlighted that no data on longer-term efficacy for a single dose of the mRNA vaccine BNT162b2 currently exists, since the trial participants received two doses

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with an interval between doses in the trial ranging from 19 to 42 days. WHO's recommendation at present is that the interval between doses may be extended only up to 42 days (six weeks), on the basis of currently available clinical trial data.

The UK has failed to publish any specific evidence or data to suggest its alternative approach will be effective.

Given that deployment of the Pfizer BioNTech vaccine has only recently begun, it is chronologically impossible that complications and long-term efficacy of the second dose with a 10 to 12-week interval have been studied and data published.

Furthermore, given that in trials neutralising antibody responses were shown to be modest after the first dose and increased substantially after the second dose, HCSA is concerned that the current approach will place clinically vulnerable front-line hospital staff at unnecessary risk of illness and mortality from Covid-19.

In the absence of any firm data, vulnerable NHS staff who agreed to their first dose on the basis that it was part of a full course have, in effect, been entered into a potentially dangerous clinical trial without consent.

We strongly suggest a precautionary approach is necessary in the absence of evidence to the contrary.

We would therefore urge that those clinically vulnerable healthcare workers who have received first doses of the Pfizer BioNTech vaccine now urgently receive their second dose in accordance with the 21-day dosing regime, or immediately if that point has been exceeded.

In the meantime, HCSA feels it has no option but to advise members that vaccination with a single dose of the Pfizer vaccine, or one where the current recommended gap between first and second dose is exceeded, cannot be relied upon to give them adequate protection, and that they must therefore adopt an approach to risk proportionate to not yet having received a vaccination at all.

Yours sincerely



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President, HCSA

Cc.

Ruth May, Chief Nursing Officer, NHS England

Prof Stephen Powis, National Medical Director, NHS England

Dr Susan Hopkins, Chief Medical Adviser, Public Health England

Prof Andrew Pollard, Chair, Joint Committee on Vaccination and Immunisation