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Juliet Lyon
Chair of the Independent Advisory Panel on Deaths in Custody
Sent by email to juliet.lyon@justice.gov.uk

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Dear Juliet Lyon

Re: COVID-19 vaccination in prisoners and prison staff

Thank you for your letter of 26 April 2021 regarding JCVI's advice on the offer of COVID-19 vaccines to prisoners and prison staff. JCVI recognises the substantial impact of COVID-19, and accompanying infection control restrictions, on the health of prisoners and prison staff. The request for universal vaccination (prisoners and staff) is noted. JCVI has advised an age-based programme for Phase 2 of the COVID-19 vaccination programme, which will aim to offer vaccine to all adults aged 18 and over, including all prisoners and prison staff.

Mathematical modelling indicates that rapid vaccine deployment is the most important means to maximise public health benefits against severe outcomes from COVID-19. Our advice is that a simple age-structured programme is the most likely approach to achieving the highest pace of deployment. The current programme is progressing exceptionally well, and it is anticipated that at the current pace of deployment all eligible adults in the UK will have been offered their first dose of vaccination before the end of summer 2021, well ahead of the next influenza season. In England, persons aged over 18 years are now being invited for vaccination.

The prisoner population is highly dynamic with 53,000 received from court and 99,000 received from community/police settings in a year. Therefore, we agree that it is not appropriate to view prisons as closed communities in relation to the potential for community-wide transmission. We advise that the pace of vaccine deployment should be as rapid for prisoners and prison staff as it is for the general community. We also recognise that operational flexibility is necessary to be responsive to special local/regional circumstances and to avoid vaccine wastage. Local and national public health agencies should be consulted around how best to utilise this flexibility to maximise vaccine uptake.

Men and ethnic minority groups are over-represented in the prison population (96% and 27% respectively, in March 2021). These individuals are at higher risk from severe COVID-19 disease and JCVI strongly advises that these persons promptly take up the offer of vaccination when available.

For Phase 2 of the programme, JCVI was asked by the Department of Health and Social Care to formulate advice on the optimal strategy to further reduce mortality, morbidity and hospitalisations from COVID-19 disease. Therefore, our advice focuses on these outcomes. Emerging data does suggest that COVID-19 vaccines are also able to reduce transmission of infection, with an effectiveness of 40 – 50% against the Alpha (Kent) variant. However, it takes two to three weeks from vaccination for the body to mount a proper immune response to generate protective immunity. Less is known about the effectiveness of the current COVID-19 vaccines to reduce transmission with the Delta (B.1.617.2) variant, which is more transmissible than the Alpha variant and is now the dominant variant in the UK. JCVI recently considered the issue of surge vaccination with the recent rise in the Delta variant, in areas where there was a concerning rise in cases. The advice was to increase efforts to promote vaccine uptake in those who remain unvaccinated in priority cohorts 1 to 9 as these people remain at highest risk of severe outcomes from COVID-19. The Committee also advised where vaccine supply allows, particularly in areas where Delta variant is a major threat, the second dose of vaccine should be brought forward from 12 to 8 weeks. This advice would also apply to prisons settings.

Thank you once again for supporting the on-going work to promote good vaccine coverage amongst prisoners and prison staff.

Yours sincerely

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