



The Rt. Hon. Thérèse Coffey MP  
 Secretary of State for Health and Social Care  
 Department of Health and Social Care  
 39 Victoria Street  
 London SW1H 0EU

06 September 2022

Dear Secretary of State,

We write, as charities representing patients who remain vulnerable to Covid-19, to welcome you to your new post as Secretary of State for Health and Social Care. We look forward to working together at this critical time in the pandemic.

As you may be aware, there are over [505,000](#) people who are severely immunosuppressed in England. They have medical conditions and/or must take certain treatments that weaken their immune system and render them highly susceptible to infections, severe disease, and death. Due to their weakened immune systems, many also do not elicit a strong immune response from the Covid-19 vaccines, meaning they remain at very high risk from Covid, unlike most of the general population.

Although the immunocompromised constitute less than 1% of the population, they accounted for [8.6%](#)<sup>1</sup> of intensive care admissions for Covid in the first half of 2022. Their risk of death from Covid is much higher than that of the general population: blood cancer patients (who comprise half of this cohort) were [12 times](#)<sup>2</sup> more likely to die from Covid between April and June of this year, despite being much more cautious and risk averse than the general population. For some groups within the cohort, this is higher. Kidney transplant patients have a risk of death [26 times](#)<sup>3</sup> higher than the general population. This relative risk of death has increased substantially in the past 2 years because, while severe outcomes in the general

<sup>1</sup> See page 22 of report.

<sup>2</sup> According to an analysis of ONS data by Blood Cancer UK.

<sup>3</sup> See page 9 of publication.

population have been mitigated by our world-leading vaccines programme, protections for the immunocompromised remain inadequate.

In the first half of 2022 alone, there have been 3 spikes in cases, hospitalisations, and deaths, indicating that the virus has not settled into a seasonal pattern, nor are ensuing infections becoming milder for the immunocompromised. Indeed, [twice as many](#) people died from Covid this summer as a result of the BA.4 and BA.5 wave, as did in summer 2021.

Further, it is [well-documented](#) that Covid infections in the immunocompromised are a possible driver of mutations, and may cause the subsequent creation of new variants that escape immunity from vaccines and previous infections, such as in [a fully-vaccinated blood cancer patient in France](#). There is [considerable evidence](#), for instance, that the Alpha variant was created in an infected immunocompromised person in England.

It is therefore vital that protections for the immunocompromised are bolstered, not least as part of a wider public health strategy of permanently reducing overall Covid cases. These protections include the vaccination programme, the availability of post-exposure treatments, an effective and accessible form of prophylaxis, and the strategic use of non-pharmaceutical interventions. Each of these 4 areas are interdependent and rely upon one another; they are effective only if all are in place and equitably accessible. As yet, this is not the case. In order to remedy this, we urgently recommend the following actions:

- There are serious barriers to accessing vaccines for the immunosuppressed. According to [NHS England's data](#), only 48.6% have had their spring booster, and only 26.7% have had a dose in the past 3 months, with far less among ethnic minority communities and those living in the most deprived areas. We hope you can ensure that vaccines are equitably accessible for the immunocompromised population;
- Similarly, there are serious barriers to accessing Covid treatments after testing positive, even for those eligible: [only 17%<sup>4</sup>](#) of people referred for treatment actually receive it. Just as with vaccines, those in ethnic minority communities and living in the most deprived areas are least likely to be treated for Covid. These operational failures have cost lives; we support bereaved families whose immunosuppressed loved ones – eligible for treatment under the guidelines – died from Covid after being refused treatment by CMDU staff because “they were up to date on their vaccines” or “seemed to be managing their symptoms okay”. These issues must be addressed with urgency;
- To protect those at highest risk and reduce the propensity for new variants to emerge, a safe and effective preventative treatment should be made available to those who do not mount an adequate immune response from vaccines. Currently, the only viable treatment is Evusheld, which should be procured and rolled out immediately;
- Non-pharmaceutical interventions such as mask-wearing in clinical settings and free testing for the immunocompromised must remain in place.

We ask that you meet with us and people who are immunosuppressed, so that we can elaborate upon the current issues in these four areas. At this meeting, we can discuss

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<sup>4</sup> See table 2 on page 14 of publication.

further the impact these and other recommendations would have, alongside people directly affected by immunosuppressive conditions.

We look forward to your response.

Yours sincerely,



Gemma Peters  
CEO, Blood Cancer UK



Louise Wright  
CEO, Action for  
Pulmonary Fibrosis



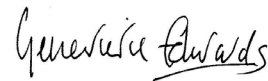
Charlotte Martin  
Patient Advocacy  
Manager, Leukaemia  
Care



Sarah Sleet  
CEO, Crohn's & Colitis  
UK



Sarah Cuthell  
CEO, myaware



Genevieve Edwards  
CEO, Bowel Cancer UK



Sue Brown  
CEO, Arthritis and  
Musculoskeletal Alliance



Catherine Woodhead  
CEO, Muscular Dystrophy  
UK



Jane Lyons  
CEO, Cancer52



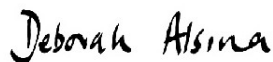
Dr Susan Walsh  
CEO, Immunodeficiency  
UK



Paul Bristow  
CEO, Kidney Care UK



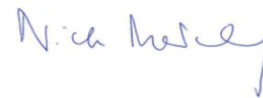
Sandra Currie  
CEO, Kidney Research UK



Deborah Alsina MBE  
CEO, Versus Arthritis



Henny Braund MBE  
CEO, Anthony Nolan



Nick Moberly  
CEO, MS Society



Sue Farrington  
CEO, Scleroderma and  
Raynaud's UK  
Co-Chair, RAIRDA



Dr Charlotte Augst  
CEO, National Voices