Department of Health & Social Care

From the Rt Hon Andrew Stephenson CBE MP
Minister of State for Health and Secondary Care

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Ms Helen Rowntree
Chief Executive
Blood Cancer UK
By email to: hrowntree@bloodcancer.org.uk

1 May 2024

Dear Ms Rowntree,

Thank you for your correspondence of 26 March to the Prime Minister, co-signed by a number of your charity sector colleagues, about access to medication for immunocompromised people. Your letter has been passed to the Department of Health and Social Care. I apologise for the delay in replying.

I am grateful to you for raising these concerns.

COVID-19 is now recognised as an established and ongoing health issue in the UK. The approach to managing it is aligned with other established acute respiratory pathogens, such as flu. Protecting people at higher risk, including those who are immunosuppressed, remains the Government's priority. Like other acute respiratory infections, management is focused on guidance and targeted protection for individuals who are most at risk through vaccination and access to treatment.

The UK Health Security Agency (UKHSA) has guidance for people with symptoms of a respiratory infection, including COVID-19. Government clinicians continue to advise people to stay at home and limit contact with others when they have symptoms of flu or COVID-19 to help protect others, especially those who are vulnerable.

Advice remains that when people go out while unwell with symptoms of flu or COVID-19, they should consider wearing a mask around other people to prevent the spread of infection. Government clinicians also share messages around simple measures like catching coughs and sneezes in a tissue, regular handwashing and improving ventilation by opening a window when meeting others indoors, which can all help to reduce the spread of viruses.

Vaccinations are our best defence against acute respiratory infections such as flu and COVID-19. Therefore, vaccines for those at higher risk of serious outcomes from COVID-19 remain central to the Government's approach in the *COVID-19 Response: Living with COVID-19* strategy. Last autumn's COVID-19 vaccination campaign provided those eligible (including those in clinical risk groups, household contacts of people living with immunosuppression and registered carers) with vital protection over the winter months. Due to a combination of immunity acquired from natural infection or vaccination, COVID-19 is now a relatively mild disease for the vast majority of people.

COVID-19 cases currently remain low. However, the virus is still circulating and causing severe illness and hospitalisation, particularly among those most at risk. The UKHSA's ongoing surveillance clearly shows that vaccines are effective in helping to protect those most at risk, resulting in milder symptoms, faster recovery and reducing the likelihood of hospitalisation by as much as a half.

Therefore, this spring, a COVID-19 vaccine is again being offered to those most at risk of serious illness in line with advice from the Joint Committee on Vaccination and Immunisation. This includes those who are immunosuppressed to give them the best possible protection against COVID-19. The Department, the UKHSA and NHS England are working to raise awareness of the vaccine offer and encourage people to book their vaccination as soon as possible. The Government is grateful to charities supporting immunosuppressed people for their support with raising awareness of the vaccine offer.

Limited testing, including symptomatic testing of staff working on inpatient wards focused on treating profoundly immunocompromised individuals, continues in line with locally derived protocols to protect those most at risk. Symptomatic testing of patient-facing hospice staff who work closely with profoundly immunocompromised people will also continue as outlined in guidance, in line with similar NHS settings.

The Government will continue to focus on providing care for those that need it and supporting people at the highest risk of becoming seriously ill who are eligible for COVID-19 treatment. The NHS is offering more people access to COVID-19 treatments, expanding the eligible cohort from the existing 3.9 million people to an additional 1.4 million at highest risk of severe illness.

The UKHSA conducts routine monitoring and surveillance of COVID-19, including the emergence and spread of new variants nationally and internationally, via a range of surveillance systems and genomics capabilities. While new variants have not so far been associated with increased risks of hospitalisation and death, the UKHSA will aim to continue to detect and assess future variants. All viruses mutate over time and most mutations are not a cause for concern. When a new variant is detected and investigated, established escalation processes will determine the proportionate public health response.

The National Institute for Health and Care Excellence (NICE) makes recommendations on whether all new licensed medicines, including those for COVID-19, should be routinely funded by the NHS, based on an assessment of their costs and benefits. NICE aims, wherever possible, to publish guidance close to licensing and the NHS in England is legally required to fund medicines recommended by NICE, normally within three months of final guidance.

NICE has published final guidance that recommends three medicines, Paxlovid (nirmatrelvir plus ritonavir), Xevudy and RoActemra, for the treatment of COVID-19, both in the community and for patients in hospital. This guidance ensures that patients who are at the highest risk of developing severe disease from COVID-19 now have access to clinically and cost-effective treatments. Additionally, NICE has recently published final draft guidance that recommends Veklury (remdesivir) as a treatment for patients meeting specified criteria. NICE expects to publish its final guidance recommending remdesivir on 8 May.

NICE has now scheduled its evaluation of the antiviral AZD3152, now referred to as sipavibart, through its standard processes and will aim to publish guidance as quickly as possible. Timelines for NICE's evaluation depend on the availability of data from the SUPERNOVA trial. Based on the company's projections of when this data will be available, NICE has scheduled its appraisal committee for 4 December. Final guidance is expected in February 2025.

I hope this reply is helpful and I would be grateful if you could share it with your co-signatories.

Yours sincerely,

THE RT HON ANDREW STEPHENSON CBE MP
MINISTER OF STATE