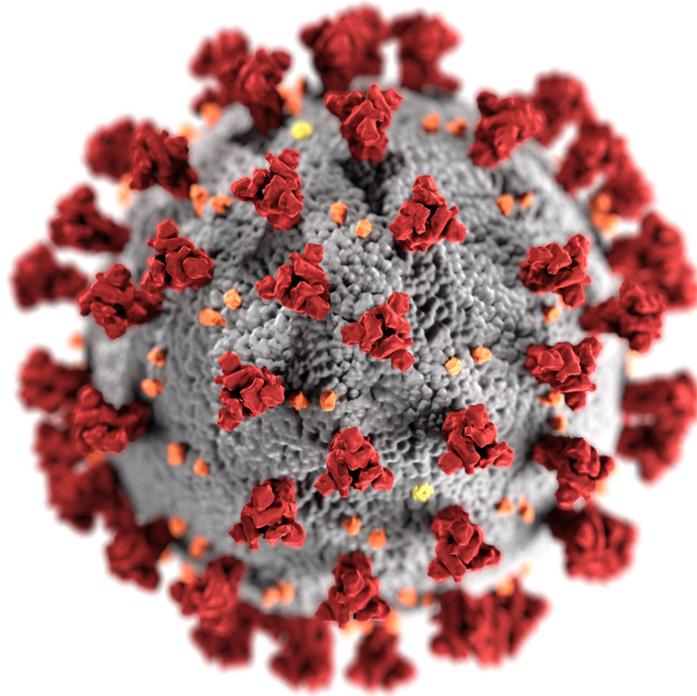


THE COVID-19 VACCINE





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DECEMBER 2020

KEY RECOMMENDATIONS

The Government and Executive must work closely to harmonise vaccine rollout and immunisation strategies insofar as is possible,

The Joint Oireachtas Committee on Health and Assembly Committee on Health should scrutinise and all-island proof the plans for the vaccine rollout to ensure they are robust, and their input should be sought by the Ministers for Health,

Access to Covid-19 treatments, cures, and vaccines must be freely available to the public,

The infrastructure for storage, distribution, and administration of the vaccine need to be in place by year-end to ensure we can administer initial stock of the vaccine rapidly,

Community staffing levels must be boosted to supplement GPs and pharmacists in administering the vaccine, including clinical and administrative staff,

With the cooperation of community and voluntary organisations, pop-up vaccination centres should be rolled out, particularly for rural, remote, and poorly served areas,

Healthcare workers, older people and high-risk persons should be prioritised, and due consideration should be given to the relative importance of prioritising immunisation on a geographic and economic-sectoral basis,

We must ensure high levels of vaccine uptake across age and risk cohorts to halt transmission of the virus and protect vulnerable members of our communities,

The state must rollout a public awareness and information campaign focussed on how the vaccines work and their historical and contemporary importance, as the credibility of the vaccine needs to be protected with good, honest, and truthful information,

Under 55s, and under 35s in particular, must be encouraged to get the vaccine as high uptake in these cohorts is essential to achieving herd immunity.

INTRODUCTION

The Covid-19 Pandemic has caused widespread disruption to our normal lives.

Immunisation is key to re-opening society and getting back to business.

Political and community leaders must show leadership, distribute educational materials, and counter misinformation.

There is a responsibility on all of us to make sure that this works.

Strategies of organic ‘herd immunity’ have failed, as have strategies based on ‘living with’ the virus.

Without a viable elimination strategy, hopes are pinned on a successful immunisation programme.

For this rollout to be as smooth as possible, there must be transparency and investment in publicly available, scientifically sound information.

As Prof. Karina Butler, Chair of the National Immunisation Advisory Committee, noted on Claire Byrne Live (23 November): “in vaccines, it’s a balancing of risk, getting the information that we do have, knowing what the limitations of that are, and then coming to an informed decision.”¹

People will ask questions. We need to ensure that accurate information is widely available to assist people in making informed decisions and, hopefully, ensure widespread uptake of the vaccine.

To successfully eliminate the virus, our strategy must recognise that we are a single epidemiological unit.

As with travel and outbreak suppression, where the Government have failed to ensure an all-island response, immunisation will be more effective with cooperation.

A coordinated north-south approach to vaccination (such as similar prioritisation) is required. It is particularly vital for border counties.

The Government must work closely with the Executive in this regard.

1 Claire Byrne Live 23/11/20 (rte.ie), 7:50-8:20.

PLANNING FOR IMMUNISATION

CROSS-BORDER COOPERATION

The approach to tackling the virus across the island is marked with divergence.

There has been a lack of formal communication between the two Health Ministers, with, according to a recent FOI response, no formal correspondence from the Minister for Health in the south to Minister Swann since the beginning of the summer to 20 November.² This is despite multiple letters from Minister Swann.

Island-wide immunity is important as cross-border travel is a daily occurrence which is necessary for many households.

Work and family life is split across the border for thousands.

Cross-border data sharing and contact tracing has underperformed.

We have been requesting information on this and the protocols in place for months but have yet to receive this information from the HSE.³

The mistakes of the last few months cannot be repeated in the implementation of our immunisation strategy.

It is important that similar populations are being prioritised north and south.

We must take a strategic approach to cross-border workers and ensure our rollout strategies are as harmonised as possible.

Fundamentally, the strategies must be informed by accurate and current data collected and shared across the island.

The Joint Oireachtas Committee on Health and Assembly Committee on Health should scrutinise and all-island proof the plans for the vaccine rollout to ensure they are robust, and their input should be sought by the Ministers for Health.

RECOMMENDATIONS:

- **The Government and Executive must work closely to harmonise vaccine rollout and immunisation strategies insofar as is possible,**
- **The Joint Oireachtas Committee on Health and Assembly Committee on Health should scrutinise and all-island proof the plans for the vaccine rollout to ensure they are robust, and their input should be sought by the Ministers for Health.**

² North's health minister urges Donnelly to act on 'Dublin dodge' | Business Post

³ Proof of this is available from the office of David Cullinane TD on request.



RIGHT2CURE

Sinn Féin is part of the European-wide Right2Cure campaign.

This campaign is calling on member-states to ensure that any treatment, cure, or vaccine for Covid-19 is widely and freely available.

This is the best way to ensure the necessary levels of uptake, and the cost of this will be far lower than the economic cost of low levels of uptake.

The campaign also insists that the European Union states ensure that low- and middle-income countries have fair, equitable, and affordable access to the vaccine.

This is also necessary for defeating the virus on a global scale to prevent resurgence.

RECOMMENDATIONS:

- **Access to Covid-19 treatments, cures, and vaccines must be freely available to the public,**
- **The international system must ensure low- and middle-income countries have equitable and fair access to any vaccines.**

VACCINE ROLLOUT AND POLITICAL ACCOUNTABILITY

At their meeting on the 18th of June, the NPHET “agreed there is a need to work towards ensuring equitable, affordable and timely access to vaccination through effective deployment of regulatory, financial, advisory and other tools.”⁴

On the back of this, a Covid-19 immunisation strategy group began meeting in August but the high-level taskforce on the vaccine rollout only met for the first time in November.

While it has taken a number of months to get the ball rolling and information is lagging behind other jurisdictions, we welcome the progress made and want this to work.

For us to be ready to hit the ground running, the infrastructure for storage, distribution, and administration will need to be put rapidly in place.

While a wider range of vaccines is beneficial on the whole (some may be more effective in different cohorts and more producers will result in more doses), this is not without complications.

Some, such as the Oxford/AstraZeneca and Moderna vaccines, can use the same or similar storage systems to the flu vaccine.

Others, such as the Pfizer/BioNTech vaccine, require supercold, subarctic temperatures for storage.

This can cause complications with storage and distribution of the vaccine which could limit the availability of a vaccine if we are not prepared.

The necessary infrastructure needs to be in place to take advantage of whichever vaccine is the first approved for use by the European Medicines Agency.

If we are to rapidly roll-out the vaccine, we will also need to boost community staffing levels.

GPs and pharmacists will play a major role, but they are already stretched.

Rollout will require additional facilities, as well as clinical and administrative staff.

The identification and training of this additional vaccination programme staff needs to happen quickly to ensure we are ready.

It can also be maintained into the future to aid in the delivery of the flu vaccine and other vaccines administered on an annual basis.

Additionally, similar to community testing facilities, pop-up vaccination centres should be rolled out.

We should also be aiming for maximum buy-in from community and voluntary organisations, from charities to sporting groups, and seek to use community premises where possible for vaccine rollout centres.

This will be particularly important for rural areas or areas lacking in healthcare facilities, especially the most remote communities who should not be expected to travel long distances.

This would keep the burden off other healthcare facilities and provide a safe and accessible place for people to access a vaccine.

An Taoiseach has said that the high-level taskforce will report on December 11th.

The Oireachtas Joint Committee on Health is seeking for the taskforce to appear before the committee on December 16th.

This session should be used to scrutinise that report and the Assembly Health Committee should seek to conduct a similar exercise on the 6-county rollout.

Together, both committees can provide solutions to all-island proof our immunisation strategy.

A key focus of the committee will be to ensure the lessons are learned from the flu vaccine, oversee the rollout and administration process, and put transparency and accountability to the fore.

Recommendations:

The infrastructure for storage, distribution, and administration of the vaccine need to be in place by year-end to ensure we can administer initial stock of the vaccine rapidly,

Community staffing levels must be boosted to supplement GPs and pharmacists in administering the vaccine, including clinical and administrative staff,

With the cooperation of community and voluntary organisations, pop-up vaccination centres should be rolled out, particularly for rural, remote, and poorly served areas.



PROTECTING THE VULNERABLE AND ESSENTIAL WORKERS

The HSE flu immunisation programme targets at-risk groups such as healthcare workers, over 65s, people with underlying conditions, pregnant women, and children (who are considered ‘super-spreaders’ of the flu).⁵

The swine flu immunisation programme targeted similar most at-risk groups.⁶

The Covid-19 vaccine programme should pursue a similar strategy informed by the most up-to-date and accurate scientific advice.

We must also remain open to the possibility of targeting certain geographic areas where outbreaks are occurring most commonly.

This may be due to factors such as population density or workplace conditions.

It is known, for example, that workplaces such as meat plants have been hotbeds for the virus and contributed to community outbreaks.

While much of the conversation on which workers should be prioritised will rightly focus on healthcare workers, we cannot forget that there are other categories of essential workers.

Essential workers in other settings, workers who must complete their work while physically present in a workplace, and the customer-facing workforce in hospitality and retail must be addressed before those who can work remotely, from home, or who can otherwise limit contact with the public.

RECOMMENDATIONS:

- **The Covid-19 immunisation programme should first target the most at-risk and vulnerable groups and essential workers, especially in healthcare,**
- **Due consideration should be given to the relative importance of prioritising immunisation on a geographic and economic-sectoral basis, such as communities where meat plants are concentrated and retail/hospitality workers.**

5 Seasonal Influenza Vaccination Programme 2020/2021 - HSE.ie

6 “Swine Flu” Pandemic Vaccine - HSE.ie



COVID-19 IMMUNISATION PROGRAMME

Once vaccines are approved for conditional use by the EMA, initial stocks will be delivered quickly.

We must be ready to rapidly distribute and administer the vaccine.

High vaccine uptake will reduce general transmission in the community and protect those who cannot be vaccinated.

This year's flu vaccine programme was the largest in the history of the state at 1.3m doses for adults and 600,000 doses for children delivered to those eligible under the HSE's flu immunisation programme.⁷

Indeed, it is the largest in the history of the island, with more than 1m doses to be administered in the North.⁸

Despite this, the unprecedented demand has caused widespread shortages.

There is clearly a need to improve our annual vaccine distribution and administration system to maintain and further expand access.

These lessons must be learned quickly and applied in the Covid-19 vaccine rollout.

The continued benefits of high flu vaccine uptake will help the hospital system in post-pandemic years.

7 Ceisteanna ar Sonraíodh Uain Dóibh - Priority Questions – Dáil Éireann (33rd Dáil) – Tuesday, 3 Nov 2020 – Houses of the Oireachtas
8 No shortage of flu vaccines in Northern Ireland says Swann - BBC News

The distribution of Covid-19 vaccines will come in stages as supplies are made available.

In the North, it is being proposed that the vaccine will be administered across 5 phases according to prioritisation.⁹

The extent of initial and ensuing rounds of vaccination will depend on how many vaccines are approved and how much stock can be delivered at one time.

Wiping out Covid-19 will require a high level of vaccine uptake, in the region of 70-90%, and that in itself is not without its challenges.¹⁰

The higher the uptake, the less opportunity the virus will have for staying in circulation and infecting communities.

To protect the vulnerable in society, especially those who cannot be vaccinated, the less vulnerable must ensure that they are vaccinated.

Young people, and people under 55 in general, might feel like they do not need the vaccine.

However, the purpose of the vaccine is not just to protect ourselves.

It is to halt the contraction, and hopefully the spread, of the virus to protect our families, friends, and communities.

Those who cannot be vaccinated will continue to be at risk if the virus continues to be transmitted widely.

There is also no guarantee that younger people will not get fatally ill.

RECOMMENDATIONS:

- **The lessons of the flu vaccine programme this year must be quickly learned and improvements must be made to the distribution and administration system for the Covid-19 vaccine,**
- **A clear phased programme for immunisation and reaching herd immunity must be laid out,**
- **We must ensure high levels of vaccine uptake across age and risk cohorts to halt transmission of the virus and protect vulnerable members of our communities.**

9 Covid-19 press conference – 26 November 2020 | Northern Ireland Executive

10 Challenges in creating herd immunity to SARS-CoV-2 infection by mass vaccination - The Lancet

THE IMPORTANCE OF VACCINES AND PUBLIC AWARENESS

The vast majority of people are willing to take a vaccine when they know how it works and that it is safe.¹¹

An incalculable number of lives around the world have been saved by vaccines.

Vaccines have wiped out or all but eliminated smallpox, tuberculosis, polio, tetanus, measles, mumps, rubella, typhoid, and other serious diseases where widespread vaccination has occurred.

Vaccination levels have been dropping off over the last number of years.¹²

Vaccine hesitancy has been identified as a serious threat to public health by the WHO, and the recent resurgence of measles is a testament to that.

Due to falling vaccination levels, herd immunity thresholds are being missed across the state for a number of diseases.

Only 86.2% of children received the 4-1 Vaccine and only 86% received the Measles Mumps and Rubella (MMR) booster.

This is on the back of only 92% of children receiving the first dose of the MMR vaccine.

Not vaccinating a child not only puts that child at risk, it puts us all at risk.

The Department of Health and the HSE have failed to put in place the necessary programmes for parents on vaccinations to reverse this trend.

Cuts to public health nurses and public health departments have worsened it too and must be reversed.

Information on how the vaccines work and on their historical and contemporary importance will be central to fostering high uptake.

A public awareness and information campaign is therefore essential in ensuring high uptake of Covid-19 vaccines.

There is an important role here for the biomedical community to keep the government and, with the support of the HSE, the public informed.

Strong public information campaigns have helped increase the uptake of the flu and pneumococcal vaccines this year.

Under 55s, and under 35s in particular, must be encouraged by these campaigns as high uptake in these cohorts is essential for achieving herd immunity.

Once the supply of vaccine is sufficient for widespread, general population immunisation, we must be in a position where people will avail of it.

We cannot pause once the most vulnerable are vaccinated as many in society, for a variety of medical reasons, cannot be vaccinated and will remain vulnerable.

11 Poll finds 74% of Irish public in favour of taking new vaccine | Business Post

12 Health warning: Time to make vaccinations mandatory? | Business Post



Similarly, while fatalities are low amongst younger people, young people are still suffering from the after-effects of 'long Covid' and deaths do occur.

We must rid our communities of this virus for good if we can, and that responsibility falls on all of us.

Until a vaccine is widely available, it is important that people do not drop their guard.

This is the information coming from the WHO's Mike Ryan, who many here are familiar with.

It is important that people are not panicked into thinking an indefinite era of reduced social contacts, distancing, and isolation is setting in.

That is not the case, but until the virus is eliminated, we must maintain protective measures as there will be a continued risk of transmission and its consequences.

At this point, the timeline for reaching herd immunity is unclear. We will learn more in the coming weeks.

We must demand transparency and accountability in terms of information on vaccines.

There will be coordinated attempts to undermine trust in the vaccine.

To counter this, the most accurate and up-to-date information on the vaccines must be shared openly and in a timely fashion, including potential problems.

Ultimately, we must remember the risks and consequences of failing to reach the necessary level of immunity.

Above all else, the credibility of the vaccine needs to be protected with good, honest, and truthful information.

RECOMMENDATIONS:

- **The state must rollout a public awareness and information campaign focussed on how the vaccines work and their historical and contemporary importance,**
- **Under 55s, and under 35s in particular, must be encouraged to get the vaccine as high uptake in these cohorts is essential to achieving herd immunity,**
- **Information on the impact of Covid-19 on young people, such as 'long Covid,' must be disseminated,**
- **Until a vaccine is widely available, it is important that people do not drop their guard,**
- **The credibility of the vaccine needs to be protected with good, honest, and truthful information.**



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THE COVID-19 VACCINE



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