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PRIMARY COLOUR

Helen Salisbury: Stepping back from vaccination priorities and focusing on minimising the risk of exposure

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In the last week, many GPs have been trying to make sense of new lists of patients coded as being at high risk of complications from covid-19 who are therefore a priority for vaccination. We've been weeding out cases in which a typo has resulted in a body mass index of 25 000 or an innocent childhood heart murmur has been translated into congenital heart disease. Are women with a previous history of gestational diabetes, but five years of normal blood sugars since then, really at increased risk? Should an incidental ultrasonography finding of fatty liver, with completely normal liver function tests, gain you a place on the list? As we sort out these details, we are also running the vaccination clinics and continuing our routine work. Most people are impatient to get their jab and some feel aggrieved that a younger friend or neighbour has been invited while they are still waiting.

There is an ongoing debate about whether certain groups of key workers—such as teachers or police officers, whose jobs entail unavoidable contact with people—should be prioritised. The QCovid algorithm, which informed the most recent changes to vaccination priorities, looked at clinical codes in the GP record and hospital admission or death from covid-19.¹ As these records do not routinely code occupation, this was not part of the study; other research, however, has shown that male secondary school teachers are at increased risk of death, although this does not apply to all teachers.²

There is now an expectation that all adults in the UK who want to will have received their first dose of coronavirus vaccine by July 2021. Maybe we can afford to relax just a little and step back from examining the minutiae of the vaccination priority list, focusing instead on minimising the risk of exposure.

This week we heard that in January 2021, 178 people housed at the Napier Barracks near Folkestone tested positive for covid-19.³ The buildings accommodate around 400 asylum seekers, and residents were placed in dormitories sleeping up to 28 at a time. In answers to a House of Commons select committee, the home secretary stated that the beds were two metres apart and that Public Health England guidance had been followed.

We are about to open up schools again, which will be a relief to families everywhere. But are we confident that everything possible has been done to minimise exposure in this situation? Schools might not be sleeping 28 to a room, but there could be that number (or more) in a class. Recommendations for safe return to school from Independent SAGE are that we should wait until rates are less than 100 per 100

000 confirmed cases a week (not yet achieved in much of the UK) and that, even then, we should reduce class sizes, and teachers and students should wear masks.^{4 5}

Vaccination alone will not end this pandemic. We also need to drive down the rates of infection, and that means avoiding crowded places, opening windows, and wearing masks. We have a particular responsibility to protect those who have little control of their environment, whether that is in school, at work, or confined in a prison or asylum detention.

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- 1 Clift AK, Coupland CAC, Keogh RH, et al. Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus 19 in adults: national derivation and validation cohort study. *BMJ* 2020;371:m3731. doi: 10.1136/bmj.m3731 pmid: 33082154
- 2 Lawrie E. Covid: Are teachers more at risk of dying? BBC 28 Jan 2021. <https://www.bbc.co.uk/news/55841748>
- 3 Work of the Home Office Committee. 24 Feb 2021. <https://www.bbc.co.uk/iplayer/episode/m000t2mz/select-committees-work-of-the-home-office-committee>
- 4 Independent SAGE. The return to school: a consultation document. 5 Feb 2021. <https://www.independentsage.org/the-return-to-school-a-consultation-document/>
- 5 Coronavirus in the UK. Interactive map. <https://coronavirus.data.gov.uk/details/interactive-map>