

# Are government and the media waking up to the energy shortage?

Yesterday there was some comment on the way energy bills will leap up in April when the price cap gets revised.

I want the government to get to work on allowing more domestic energy supply as I have been arguing for well in advance of the predictable crunch.

We will otherwise pay an increasingly heavy price for relying on imports from an energy short Europe increasingly reliant on Mr Putin's goodwill.

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## Covid 19 Vaccine Update from the Health Secretary

I have received the enclosed letter from the Health Secretary regarding on the latest Covid 19 vaccine update:

### **COVID-19 Vaccine Update – Children and Young People**

I am writing to you to update you on the latest developments on our deployment of COVID-19 vaccines.

The national COVID-19 vaccination programme has been a great success with 126 million COVID-19 vaccines administered to date. The programme has prevented 127,500 deaths and 24,144,000 infections as of 24 September 2021.

The advice provided by the independent Joint Committee on Vaccination and Immunisation (JCVI) to the Government during the COVID-19 pandemic has been invaluable in ensuring a safe, effective, and successful vaccination programme in the UK.

As you will be aware, in response to the emergence of the Omicron variant in the UK, I accepted advice from the JCVI on 29 November 2021 that all children and young people aged 12 to 15 years should be offered a second dose COVID-19 vaccine at a minimum of 12 weeks from the first dose. In this advice, it was noted that no vaccine was at the time authorised in the UK for use in children aged 5 to 11 years.

Following a careful review of the relative balance of risks and benefits of vaccination, the JCVI have updated their advice on children and young people issued 29 November 2021.

The JCVI now advise that children aged five to 11 years in a clinical risk

group or who are a household contact of someone who is immunosuppressed (both as defined in the UK Health Security Agency Green Book), should be offered two 10 micrograms doses of the Pfizer COVID-19 vaccine with an interval of eight weeks between the first and second doses. The minimum interval between any vaccine dose and recent COVID-19 infection should be four weeks.

A new paediatric formulation of the Pfizer COVID-19 vaccine for use in children aged 5 to 11 years old has been approved for use in the UK today (22 December) by the Medicines and Healthcare products Regulatory Agency (MHRA) after finding that it is safe and effective.

This approval was given following a robust review of safety data that shows a positive benefit-risk profile for this vaccine to be used in this age group. The JCVI will issue further advice regarding COVID-19 vaccination for other five- to 11-year-olds in due course following consideration of additional data.

Moreover, the JCVI now advises an expansion of the booster programme to include:

- All children and young people aged 16 to 17 years;
- Children and young people aged 12 to 15 who are in a clinical risk group or who are a household contact of someone who is immunosuppressed, and
- Children and young people aged 12 to 15 years who are severely immunosuppressed and who have had a third primary dose.

The JCVI advise that these groups should be offered a booster dose of the Pfizer COVID-19 vaccine no sooner than 3 months after completion of their primary course. Prioritisation of booster vaccination within eligible cohorts will generally be in the order of descending age groups, or clinical risk, whichever is more expedient. The JCVI will continue to review new data and consider whether to recommend further vaccination of under-16s without underlying health conditions in a timely manner.

In accepting this most recent JCVI advice, I pay tribute to the tireless work of the Committee in negotiating the emerging science and data and making recommendations that are in the clinical best interest of patients.

I have directed the NHS to plan for operationalising this advice in the new year, as our immediate focus continues to be the national mission to offer COVID-19 booster vaccinations to all adults by the end of this year.

As with all groups that have been offered the vaccine, the considerations of risks from COVID-19 have been assessed against vaccination. This means that the parents and guardians of those called to receive the vaccine can be confident the decision made by them is the right one for their child.

It is essential that we and our constituents continue to play our part in the UK's COVID-19 response and protect the country from the virus by coming forward for vaccination when contacted by the NHS. I would like to thank you all for your efforts to encourage your constituents to be vaccinated. I wish to conclude by once again encouraging all in the UK, when eligible, to get their jab.

Yours

SAJID JAVID MP

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## We do make some progress

**I have throughout the pandemic pressed for more drug trials to improve treatments. We are now seeing some good progress.**

**Question:**

To ask the Secretary of State for Health and Social Care, if he will list the drugs the NHS can use to treat covid-19 patients. (91820)

Tabled on: 13 December 2021

**Answer:**

**Maggie Throup:**

The following therapeutics are available to patients hospitalised with COVID-19 and in the community setting:

- Dexamethasone;
- Tocilizumab;
- Ronapreve; and
- Sotrovimab.

The following antivirals are available to patients in both hospital and community settings:

- Remdesivir;
- Molnupiravir; and
- PF-07321332

The answer was submitted on 23 Dec 2021 at 10:47.

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[My article for Conservative Home about](#)

# why we cannot continue being governed by scientific advisers

[John Redwood: We cannot continue being governed by scientific advisers](#)

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## Christmas message

I am writing to wish you a happy Christmas and to look forward to a better new year. I have been keen to support those in government determined to avoid any ban on family get togethers and visits to local restaurants and cafes over Christmas in contrast to 2020. It looks as if we will enjoy some of our traditional freedoms.

I have not taken this view without considering very carefully the evidence of how we can best control the pandemic. Reliance on vaccines is our first line of defence and they seem to be working well. The gradual introduction of better drug treatments also helps cut serious case rates. I have been urging completion of more drug trials and more work on better air extraction and UV cleaning of circulating air to cut the risk of the virus in indoor public spaces. The government promise me they are pressing ahead with this. The early evidence on Omicron suggests this is for most a milder version with less infection of the lungs which has been the danger in other variants.

We are going to have to live with strains of this virus for some years to come, just as we do with flu which can also be a nasty killer for some. The U.K. government did well to back and support one of the first successful vaccines and then to roll out a large and early vaccination programme to greatly reduce the risks of death for many people. Armed with other improvements we should now let people make more of their own judgements about how to cut the risks of the disease themselves.

I am pressing the government to get on with measures to promote more prosperity, more and better paid jobs, and more U.K. self reliance in

everything from energy to food. I am proposing how to cut supply shortages which lead to inflation and how to reduce the cost of living squeeze which will be bad in April without further changes of approach.

There is some disquiet about the apparent breaching of covid rules by senior officials in government. The PM is right to commission a proper enquiry and will then need to take disciplinary action if offences occurred.