

# Temporary waiver of 15-minute observation period after COVID-19 mRNA vaccines

Press release

A statement on the temporary waiver of 15-minute observation period after COVID-19 mRNA vaccines



## **MHRA Chief Executive, Dr June Raine said:**

“In light of the rapid spread of the new Omicron variant and the proven effectiveness of booster doses against Omicron, the 15-minute observation period following mRNA vaccines (Pfizer and Moderna) can be waived during the emergency response to the Omicron variant. This advice includes first and second vaccine doses as well as boosters.

“The 15-minute observation period after vaccination will remain in place for the small number of people who may have previously suffered anaphylaxis or other allergic reactions to a food, insect sting and most medicines or vaccines.

“Anaphylaxis and other severe allergic reactions are very rare side effects with the COVID-19 vaccines. During this time when the Omicron variant is spreading rapidly, the benefits of vaccinating as many people as possible, which will be gained from waiving the 15-minute wait, far outweigh the very small risks of anaphylaxis.

“We are continuing to closely monitor both UK and international data and would ask anyone who suspects they have experienced a side effect linked with their COVID-19 vaccine to report it to the [Coronavirus Yellow Card website](#). Anyone who experiences symptoms of an allergic reaction such as difficulty breathing, rapid heartbeat or faintness should seek urgent medical attention”

## **Chair of Commission on Human Medicines, Professor Sir Munir Pirmohamed said:**

“The decision to temporarily waive the post mRNA observation period in specific circumstances comes after the Commission on Human Medicines’ (CHM) considered and reviewed the available Yellow Card data on anaphylaxis after the primary course and after boosters. The data show that anaphylaxis and other severe allergic reactions are an extremely rare side effect with the COVID-19 vaccine.

“Swift action is needed to tackle the rapid increase in cases of the Omicron variant of COVID-19 and the increasing risk to the public and healthcare services. This temporary measure will assist in the major task of vaccinating the nation ahead of the end of the year.

“We would encourage all individuals who have not yet had their first, second or third dose of a COVID-19 vaccine to please come forward as soon as they are able to.”

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## **[DASA showcases defence & security technology to equity investors](#)**

For a third year, in a row the Defence and Security Accelerator (DASA) has provided a platform for innovative companies to pitch their businesses and novel technology to investors at the Investment Showcase event.

An invited audience, ranging from angel investors to brokers and venture capitalists, attended the DASA Investment Showcase event in London at the end of November 2021. Seventeen small and medium-sized enterprises (SMEs) presented their innovative business opportunities and technologies to investors. The SMEs demonstrated how their technologies have commercial potential and offer better performance and increased capability for defence and security.

The SMEs in the showcase were grouped by technology area to allow investors to easily identify those of particular interest. The categories were:

- artificial intelligence (AI), virtual reality and autonomy
- drones and engineering
- detecting and sensing, communications, social impact and sustainability

The array of innovations presented included:

- digital humans that can engage in voice based interactions and provide instant feedback.
- an autonomous connection system which allows a vehicle to be connected or disconnected from a trailer without manual interaction.
- a rapidly deployable trench system to suit all threats and soil conditions.
- products that can protect people and equipment from laser threats.

## **What our innovative companies think of DASA and the Investment Showcase**

Each SME that presented at the showcase has previously received either defence or security funding via DASA. When asked about their experience of working with DASA, one SME said, 'DASA has been fantastic to enable us to develop very high risk technology concepts and bring them much closer to the market in both defence and security and also other dual-use applications.'

Another SME commented on the value of events like the Investment Showcase to SMEs, 'Investment is quite a time consuming process so having a concentration of vetted, relevant investors brought to us has undoubtedly shaved a substantial amount of time off our fundraising process.'

## **Want to get involved? Speak to the A2MF team**

DASA offers their funded companies access to business mentoring and finance advice via the [Access to Mentoring and Finance](#) (A2MF) service, which includes pitch training being a core training element. Alan Scrase, A2MF Lead for DASA, commented: 'We fund companies to develop their technology and an important part of the package is actually helping them develop their businesses. To do that we are introducing them to investors from a wide range of communities from business angels to venture capitalists through other funds like family funds.'

Alan further commented on the added value DASA provided to the SMEs to prepare for this event; 'we spend about a day and a half with each company helping them to get their pitch, their presentation, and how their slide deck works, for the audience, and then we practice it with them.'

[Click to learn more about the A2MF team](#)

DASA has received positive feedback from the investors that attended the event. One investor commented, "I absolutely loved the Investment Showcase – well organised and some great companies on show", whilst another investor said, "It was an excellent event and very interesting to get to know more about the companies chosen for the showcase; there was a good range of technology themes present."

## **Are you an investor? Get involved at the next Investment Showcase**

Investors who are interested in more details about UK innovations are welcome to [get in touch with DASA](#) to find out more about the companies that showcased

this year and the associated investment opportunities.

[What is the Defence and Security Accelerator?](#)

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## London drug dealers' sentences increased by the Court of Appeal

News story

Matthew Wraight and Mark Bannister have had their sentences increased after they were referred to the Court of Appeal by the Solicitor General, Alex Chalk QC MP.



Two West London drug dealers have had their sentences increased after they were referred to the Court of Appeal by the Solicitor General, Alex Chalk QC MP.

Matthew Wraight, 37, and Mark Bannister, 47, were involved in a conspiracy to supply cocaine within the UK between April and June 2020. They sold and distributed around 120 kilograms of cocaine, with each kilogram earning them between £35,750 and £40,000.

They were each convicted of 1 count of conspiracy to supply a Class A drug. On 30 September 2021, Wraight was sentenced to 12 years' imprisonment at Isleworth Crown Court, with Bannister receiving a sentence of 9 years.

Following the sentence, the Solicitor General referred their sentences to the Court of Appeal under the Unduly Lenient Sentence (ULS) scheme.

On 14 December 2021, in a joint hearing at the Court of Appeal, their sentences were each found to be unduly lenient. Wraight's sentence was increased to 16 years and 6 months' imprisonment, while Bannister's was increased to 12 years and 9 months.

Speaking after the joint hearing, the Solicitor General, Alex Chalk QC MP

said:

Easy access to illegal drugs is destroying lives across the country, cynically driven by criminals such as Wraight and Bannister. I referred their sentences to the Court of Appeal because I felt them to be too low, and I am glad that the sentences have now been increased.

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## [Health and Social Care Secretary Oral statement on COVID-19](#)

Madam Deputy Speaker, the COVID-19 pandemic has caused upheaval across the world forcing governments everywhere to wrestle with how to keep their citizens safe while also protecting the liberties that we all hold dear. We've learnt a lot from our experience and of course from the experience of others and we are still of course learning too.

But we can take huge pride that thanks to the defences that we've built so much of this year has been a year of recovery, we've enjoyed greater freedom than at any time during the pandemic so far. Thanks to the rapid progress of our vaccination programme, our investment in treatments and our decision to open up during the warmer summer months we're in a far stronger position than we were last winter. But even as I stood at this Despatch Box back in July to announce the major milestone of taking Step 4 in our roadmap I said – and I quote Madam Deputy Speaker:

“We know that the greatest risk to the progress that we've made is the possibility of another new variant, especially one that can escape immunity and puncture the protective wall of our vaccination programme.”

We've always known that variants have had the potential to knock us off our course and we've built the capacity to identify and respond to those that pose a threat. The vast majority of new variants present no risk whatsoever. Since the summer there have been hundreds of new variants, but only one of them, Omicron, has been designated as a variant of concern.

For example, just last month, I updated the House from this despatch box on AY 4.2, a new form of the Delta variant, which preliminary analysis showed at that time might be more infectious. I said then that we'd keep it under review and that's what we decided and that's what we did and we took no action. But Madam Deputy Speaker, Omicron is a grave threat. We acted early

to slow its spread, strengthening our testing regime and placing eleven countries on the travel Red List. But despite those swift steps, the data over the past few days has shown more cause for concern and I'd like to reinforce with the House today to all Honourable Members why Omicron presents such a risk to the progress that we've all made so far together.

Now Madam Deputy Speaker I do want to turn to some of the things that we've learnt about this new variant. The first thing is, and this is a fast moving situation, in the past week we have been able to determine these things with a high degree of confidence.

First, that it is more transmissible than the Delta variant. We can see that the growth in Omicron cases here in the UK is now mirroring the rapid increase that we are seeing in South Africa and the current observed doubling time is around every two days. Although yesterday we reported 4,713 confirmed cases of Omicron in the UK, the UKHSA estimate for the number of daily infections was 42 times higher at around 200,000. Scientists have never seen a COVID-19 variant that's capable of spreading so rapidly so we have to look at what we can do to slow Omicron's advance.

Second, although we don't yet have a complete picture of Omicron's severity even if severity was significantly lower, then the much higher transmissibility of Omicron means it still has the potential to overwhelm the NHS. Take the current observed doubling time of two days. And let's say, for argument's sake, that Omicron was only half as severe as Delta. After the lag between cases and hospitalisations had taken effect then this would only buy you two days before Omicron hospitalisations reached the same level as Delta. In England, ten people are confirmed to have been hospitalised with the Omicron variant. I know that some Honourable Members have said that because confirmed hospitalisations from Omicron are low, then we don't need to act. But it's the fact that Omicron hospitalisations are low that mean it's the best time to act.

As we've seen during previous waves, the lag between infections and hospitalisations is around two weeks. With infections rising so quickly, we're likely to see a substantial rise in hospitalisations before any measures start to have an impact. So there really is no time to lose.

Third, Madam Deputy Speaker, we're concerned about the way that Omicron responds to vaccines. Vaccines have proven to be highly effective against many previous variants for example the Alpha and Delta variants. This has weakened the link between cases, hospitalisations and deaths and allowed us to reopen the country once again. But recent analysis from UKHSA has shown that two doses of a vaccine provide much lower levels of protection against symptomatic infection from Omicron when compared to Delta. But, more encouragingly effectiveness rose considerably in the early period after a booster dose providing around 70% to 75% protection against symptomatic infection.

This data starkly shows the importance of booster doses, and why we're working so hard to get boosters in arms and I'll say more about these plans later. Our strategy is to take proportionate action now to come down hard on

the virus and strengthen our defences rather than waiting until it's too late.

When I set out our Autumn and Winter Plan to this House in September, I outlined how we'd hold measures in reserve. In case the NHS was likely to come under unsustainable pressure and would stop being able to provide the care and treatment that people need. Yesterday, NHS England announced it will return to its highest level of emergency preparedness: Level 4 National Incident and unfortunately, there's a very real risk that the exponential rise in Omicron cases translates into a spike in hospital admissions and threatens to overwhelm the NHS.

We've done so much already to boost NHS capacity. We've increased the number of doctors by over 5,000 over the past year – and the number of nurses by almost 10,000 and we've also expanded the number of beds available but we've also had to put in place measures for infection control which have limited this capacity and there's already over 6,000 COVID-19 patients in hospital beds in England.

Despite the progress that we've made, the NHS will never have unlimited numbers of beds nor unlimited number of people to look after people in those beds. So if we think that capacity risks being breached then we simply have to step in. Because we know what this would mean in practice – for both COVID and non-COVID care. It would mean one of your constituents, perhaps someone who's in a car crash, being unable to get the emergency care they need and the NHS having to make difficult decisions about who deserves treatment and who doesn't. I know some Honourable Members think that this is merely a hypothetical. But it's not. We've seen health services all around the world become overwhelmed by COVID-19- and we cannot allow it to happen here.

Madam Deputy Speaker, we're also giving the NHS more time put boosters in arm and I can assure the House that we won't waste a single second in doing that. We've already given more booster doses than anywhere in Europe and to 44% of people in this country over the age of 18 in the UK. But the recent data showing the importance of booster doses for our fight against Omicron has highlighted the need to go even faster. Yesterday, I set out to the House how we're bringing the target we've set ourselves forward so everyone who's eligible and aged 18 and over in England will be offered the chance to get their booster before the New Year.

This is a new national mission.

A race between the virus and the vaccine to get as many people protected as possible. Just as we embark on this huge logistical endeavour in the short term, we're also looking to the long term. We've already signed contracts to buy a total of 114 million extra doses to future-proof this country's vaccination programme over the next two years.

And the deals we've struck will give us the earliest access to modified vaccines to combat Omicron and future Variants of Concern should we need them. We'll eventually be able to draw on the power of science to allow us to live with Omicron and the other new variants further down the track just as

we do with flu. But here and now, we must look at the threat right in front of us and think about what we can do to protect ourselves from this new danger.

So, Madam Deputy Speaker, the most responsible decision we can take at this time is to move to Plan B in England. Drawing on the measures that we've held in contingency, to support the NHS and give more time to get boosters in arms. These are not steps that we take lightly. I firmly believe in individual liberty – and that curbs should be placed on our freedoms only in the gravest of circumstances. Not only that, I'm of course mindful of the costs that restrictions can bring to this nation's health, education, and to the economy. So it's vital that we act early in a proportionate way doing whatever we can to build our defences and preserve greater freedom for the long-term.

I'm confident that these are balanced and proportionate measures and that still leave us with far fewer restrictions than are in place in most of Europe and I can assure the House that we'll keep reviewing the measures we've put in place and we won't keep them for a day longer than we have to. For example, now there is community transmission of Omicron in the UK and Omicron has spread so widely across the world the travel Red List is now less effective in slowing the incursion of Omicron from abroad.

So I can announce today, that whilst we'll maintain our temporary testing measures for international travel, we will be removing all eleven countries from the travel Red List effective from 4am tomorrow morning.

Now, Madam Deputy Speaker, I'd like to turn to the Regulations before the House today. Regulation number 1,400 proposes extending the use of face coverings. In October, UKHSA published an updated review of the evidence on the effectiveness of face coverings and concluded that there's good evidence that they can help to reduce the spread of COVID-19 when worn in the community. This Regulation proposes extending the legal requirement to most indoor public settings – including theatres and cinemas. Although they're not required in places where it wouldn't be practical. For example, hospitality settings like cafes, restaurants, and pubs nightclubs or other dance venues or in exercise facilities like gyms.

Next, Madam Deputy Speaker, Regulation number 1,416. This would mean anyone over 18 would need to show a negative lateral flow test to get into a limited number of higher risk settings, unless they're double vaccinated. However, as I announced to the House yesterday in light of the new data on how vaccines respond to Omicron, our intention is that boosters will be required instead of two doses as soon as all adults have had a reasonable chance to get their booster jab Madam Deputy Speaker, I'd like to reinforce to Honourable Members that this proposal is not a vaccine passport. It's really important to me as a point of principle that people have a range of different routes to show how they're eligible and that's what's before the House today. These options include showing proof of a negative test from the last 48 hours proof of vaccination a medical exemption or evidence of participation in a clinical trial.

These Regulations cover a small number of settings that present a particular risk. Venues acting like nightclubs indoor events with over 500 or more attendees likely to stand and move around outdoor events with 4,000 or more attendees likely to stand and move around and all events with 10,000 or more attendees. These measures would come into force tomorrow. We've given a week's notice of these changes so venues have time to put arrangements in place and I'm pleased to see that so many venues are already using these measures.

We can't eliminate the risk of COVID-19 but we can reduce it, and these proposals offer a pragmatic way of doing this. People can either show proof through taking a lateral flow, meaning they're less likely to be infectious or they'll be at least double jabbed, which means they'll be less likely to become severely unwell, if they're exposed to COVID-19. These plans make would make some of the most potentially high risk environments even safer and provide a quick and easy way for people to show their status. This Regulation and the measures on face coverings will be reviewed by the 5th of January and they will sunset on the 26th of January and if we wanted to do something different, we would come back to the House.

Madam Deputy Speaker, as well as the new measures that we're proposing we're also restoring freedoms too, drawing on the defences that we've built. At the end of last month, this House passed Regulations requiring all close contacts of a suspected or confirmed Omicron case to self-isolate for ten days.

But given the increasing dominance of Omicron, this approach no longer makes sense for public health purposes and nor is it sustainable for the economy. So we're drawing on the testing capacity we've built to create a new system of daily testing for COVID contacts, which has started today. Instead of close contacts of confirmed or suspected cases having to self-isolate, all vaccinated contacts irrespective of whether the contact was with an Omicron case or not will be asked to take a lateral flow test every day for 7 days. Regulation 1,415 allows us to put this plan into action by revoking the Omicron-specific provisions for self-isolation.

Finally Madam Deputy Speaker, I'd like to turn to measures to help keep the health and care system safe for the long term by making vaccination a condition of deployment for more health and social care settings. Across the UK, the overwhelming majority of us have made the positive choice to accept the offer of a vaccination against COVID-19 and 91 per cent of NHS staff already have had two doses.

But we need to get this figure even higher. Uptake rates vary between different health and care organisations, and across the country and despite the incredible effort to boost uptake across the country there are still approximately 94,000 NHS staff who are unvaccinated. It's critical to patient safety that health and care staff get the jab. To protect some of the most vulnerable who're in their care and also keep the NHS workforce standing strong in the wake of Omicron.

We made vaccination against COVID-19 a condition of deployment in care homes from the 11th of November this year. And contrary to what some feared we're

not aware of any care home closures where vaccination as a condition of deployment has been the primary cause. Today, we're putting before the House regulations to extend this requirement to health and other social care settings. The settings in which this applies to include NHS hospitals, and GP and dental practices, regardless of whether a provider is publicly or privately funded. Anyone working in those health or social care activities regulated by the Care Quality Commission will need to be vaccinated against COVID-19 if their role will involve direct contact with patients.

This is apart from a few limited exemptions, for example for medical reasons. The definition of fully vaccinated is currently two doses, but we're keeping this under review and of course I'd urge everyone who works in the NHS and social care to get their boosters too. I hear the concerns that have been raised about the impact of the measures on the workforce, especially during these winter months although even before the pandemic workplace policies were in place requiring the Hepatitis B vaccine for those who had to perform certain clinical procedures.

However, we're allowing a 12 week grace period to give people the chance to make the positive choice to get protected and we're aiming to start enforcing these requirements on 1st April next year subject to the will of this House. Today, the Chief Executive of the NHS England has written to me reinforcing the importance of getting the job to protect themselves, their loved ones, and their patients. I'll be placing a copy of this letter in the Library of both Houses.

I'm pleased to say that, despite the concerns that some people have raised we've already seen a net increase of over 55,000 NHS staff vaccinated with a first dose since we consulted on the policy in September. Madam Deputy Speaker, although I firmly believe that these measures are a proportionate way of protecting those at greatest risk I know that Honourable Members have questions about whether we would extend these measures further. And I'd like to say very clearly to the House once and for all that although we've seen plans for universal mandatory vaccinations in some countries in Europe I will never support them in this country.

I firmly believe that getting vaccinated is something that should be a positive decision and I can assure the House the government has no intention of extending the condition of deployment to any other workforces or introducing mandatory vaccination more widely.

Madam Deputy Speaker, the Regulations we're debating today are not measures that any of us would like to be putting in place. But they are the measures that the situation demands. Because when the facts change, our response must change too. As we look ahead to a winter with Omicron in our midst the measures before the House today will fortify our national defences and guard the gains we've all made against this deadly virus.

I commend these Regulations to the House.

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## UK Government confirms £430 million funding for Devolved Administrations to tackle Covid



£430 million of additional funding from the UK Reserve will be made available to the governments in Scotland, Wales and Northern Ireland to progress their vaccine rollout and wider Covid-19 response.

While the devolved administrations are well-funded to continue their response to Covid-19, and have their own reserves and contingency funds, any additional in-year Barnett funding will not be confirmed until early 2022 through the Supplementary Estimates process. HM Treasury has therefore announced that additional funding will be made available to the devolved administrations to provide greater certainty and allow them to plan as they tackle Covid-19 during the crucial weeks ahead.

The amounts being provided to each government are:

- Scottish Government – £220 million
- Welsh Government – £135 million
- Northern Ireland Executive – £75 million

These amounts will be kept under review in the coming weeks.

These are confirmed additional amounts on top of the funding set out at the Autumn Budget 2021, relating to health pressures and the Covid-19 Additional Relief Funding. It means that the devolved administrations have the certainty they requested to spend additional funding now rather than waiting for Supplementary Estimates in the new year.

The UK Government has already provided the devolved administrations with an extra £12.6 billion through the Barnett formula this year – this includes £1.3 billion confirmed at the recent Autumn Budget, which took their total funding this year to £77.6 billion.

This is on top of UK Government spending on vaccines and tests for the whole

of the UK and UK-wide support for businesses and jobs.

**Chancellor Rishi Sunak said:**

Throughout this pandemic, the United Kingdom has stood together as one family, and we will continue to do so.

We are working with the governments in Scotland, Wales and Northern Ireland to drive the vaccine rollout to all corners of the United Kingdom and ensure people and businesses all across the country are supported.

If the amount of funding provided up front to each devolved administration is more than the Barnett consequentials confirmed at Supplementary Estimates then the difference will be repaid in 2022-23, or over the Spending Review period if necessary.

If the Barnett consequentials are higher than the amount provided up front then the devolved administrations will keep the extra funding.

**Further information:**

- Any changes to departments' funding are confirmed at the end of the financial year through the Supplementary Estimates process. This process usually concludes in January/February before being voted on in Parliament. At this point the UK Government also confirms any changes to the devolved administrations' funding.
- The UK Government and devolved administration ministers and officials continue to work closely together, including regular COBR meetings chaired by the Secretary of State for Levelling Up. The additional funding being confirmed today was discussed in advance by officials and at COBR.

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1. 15 December 2021

Updated with confirmed figures.

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