

[New offence to tackle dog theft moves step closer](#)

A new criminal offence to crack down on dog theft and put people who steal these much loved pets behind bars for up to five years has been set out in the Government's Kept Animals Bill today.

The dog abduction offence, [announced in September by Defra](#), will be added by the Government to the Kept Animals Bill, bolstering the raft of measures it already includes to further protect pets, livestock and kept wild animals.

Prior to this new offence, pet theft was treated as a loss of property to the owner. This new offence will take into account the emotional distress caused to both the owner and the dog and will help judges' ability to hand down more targeted penalties and sentences for pet thieves. A provision will also be made in the Bill to extend the offence to other pets in the future, should evidence support this.

By introducing this offence, the Government is following the recommendation of the [Pet Theft Taskforce](#), launched in May 2021 to tackle a reported rise in pet thefts during the pandemic. Evidence shows that more than 2,000 incidents of pet theft were reported to the police last year, causing considerable distress for owners and their pets alike. For crimes recorded by police in which animals are stolen, around seven in 10 involve dogs.

Environment Secretary George Eustice said:

The loss of a much-loved pet causes unique distress. I am pleased that we are legislating to recognise this specific crime.

The new dog abduction offence will reflect the impact on animals in penalties for criminals, and deliver justice for victims.

Welcoming the introduction of the new offence, Chief Veterinary Officer, Dr Christine Middlemiss said:

The recognition of the distress caused to animals by pet theft is an important step forward, treating them as sentient beings rather than merely property.

The new offence should build greater awareness of the significant impacts of dog theft on people and animals, and reassure pet owners that these crimes are being taken seriously.

David Bowles, Head of Public Affairs at the RSPCA, said:

The theft of a pet is devastating and we're pleased the Government has announced these amendments which we hope will act as a real deterrent to those who carry out this crime. While the current proposed law applies to dogs, we are really pleased to see the Government has also recognised how much other animals mean to people as well, and put in provision to extend it to other pets. We hope this new law, which will see sentences up to five years, will help crackdown on the heart-breaking issue of pet theft.

Paula Boyden, Veterinary Director at Dogs Trust, said:

Having your beloved pet stolen is an extremely stressful, often heart-breaking experience. For years, Dogs Trust has called for harsher penalties to deter those who profit from this despicable crime. We wholeheartedly welcome the measures the Government has taken today to tackle pet theft and prioritise the welfare of our pets as sentient beings, and very much hope that the increased sentencing will make pet thieves think twice.

The RSPCA has warned the public about the risk of thieves stealing beloved pets. Victims of this awful crime include French bulldog, Minnie, who was found badly injured and abandoned late at night in Burnley. RSPCA officers scanned her microchip and discovered she belonged to a family who lived 170 miles away in Gloucestershire. Minnie was reported as missing back in March 2020 after being taken from her owner's garden. She is now back at home with her family.

The police advises that dog owners should avoid leaving their pet unattended while out in public, vary their routines when walking their dogs and take basic security steps at home such as checking locks on doors and garden gates.

The new measures form part of the commitment to strengthen the UK's position as a global leader in animal welfare standards. Since 2010, the Government has brought in mandatory microchipping for dogs to help reunite lost dogs with their owners, introduced additional protection for service animals through '[Finn's Law](#)', and introduced [Lucy's Law](#) to tackle puppy farming by banning the commercial third-party sales of puppies and kittens.

The Kept Animals Bill can be found [here](#).

Today's announcement builds on the UK Government's commitment to revolutionise the treatment of animals in the UK and introduce measures to protect the welfare of animals abroad, as set out in the [Action Plan for Animal Welfare](#).

Allowing Afghans to starve serves no one's interests

Thank you Mr President and I would like to thank SRS Lyons and Ms Karim for their powerful briefings. This situation in Afghanistan they described today is of deep concern. The risks of a humanitarian catastrophe are real, and are exacerbated by the onset of winter and an economy in sharp recession. 19 million people are already facing crisis and emergency levels of food insecurity. Allowing Afghans to starve serves no one's interests. Urgent action is needed.

But as SRS Lyons said, this humanitarian crisis is preventable. The work of UNAMA and UN leadership will be crucial. We need to ensure an adequately resourced, prioritised and coordinated international response led by the UN. The United Kingdom will continue to be one of the foremost supporters of the humanitarian response. Total UK aid to Afghanistan this year is now £286 million. £50 million of this funding will provide lifesaving humanitarian support to over 2.5 million vulnerable Afghans.

But the international community needs to do more and to act quickly to find creative solutions to address the liquidity crisis and to establish principles and mechanisms for providing assistance beyond basic humanitarian aid. We hope the World Bank and donors will find a way to repurpose quickly the \$1.5bn in the Afghanistan Reconstruction Trust Fund, in order to support health and other basic services.

For its part, the Taliban should address the concerns of the international community regarding terrorism, humanitarian access, safe passage, inclusive government and human rights, particularly those of women and girls.

On terrorism, we urge the Taliban to make clear in public that Foreign Terrorist Fighters are not welcome, and not to allow Al Qa'eda, Islamic State and other terrorist groups to organise, raise funds or plan attacks from Afghan territory.

We welcome SRS Lyons' report that the Taliban are taking positive steps to provide unimpeded and safe humanitarian access for male and female aid workers. We're also encouraged by the re-opening of secondary schools to girls in at least eight provinces.

However, all children, including girls of all ages, should be able to go to school. All women should be able to work, access services and participate in public life. Educated healthy women and girls will contribute to peace, stability and development. We hope that leaders from across the Islamic world will continue to reinforce this message.

While the number of conflict related deaths may be falling, the human rights

situation in Afghanistan remains of deep concern, with credible reports of serious human rights abuses and violations, including extra-judicial killings, restrictions on civil society, and attacks on minority groups. International coordination

Mr President, our approach to the Taliban will continue to be calibrated according to their actions, not their words. This Council clearly set out its minimum expectations in Security Council resolution 2593. The best way for these expectations to be met, and to avoid the worst humanitarian outcome, is for the international community to be united, including in its engagement with the Taliban.

Thank you Mr President.

[Elections and the future of international security support to Somalia](#)

Thank you, Mr President, and may I start by thanking the briefers Jim Swan, Special Representative Madeira and also Executive Director Siyad, thank you very much for your briefings. Mr President, I will focus my remarks today on two issues: elections and the future of international security support to Somalia.

Mr President, this Council has followed the electoral process in Somalia closely, and the United Kingdom welcomes the completion of the Upper House process, which represents an important milestone as does the election of 26 percent of women to the Upper House – but, it was eloquently qualified by Executive Director Siyad's challenge, to meet the 30 percent quota in the Lower House elections and to see the full inclusion of women in the political, social and economic decision making in Somalia.

Back to elections, we remain deeply concerned by the very slow electoral progress overall. Somalia has committed to start the Lower House elections immediately and to conclude them by the 24th of December. It is vital that the elections are not delayed beyond this date. Further delays will continue to undermine progress on Somalia's national priorities, increase political uncertainty, provide Al-Shabaab with the opportunity to regain ground and boost its political influence and, as Executive Director Siyad said, disadvantage women.

Mr President, we have a collective interest in protecting against any deterioration of security in Somalia, and this leads me to my second point. With the expiry of the current AMISOM mandate fast approaching, we need to make urgent progress on security transition, to ensure continuity of

international security support to Somalia in a manner which reflects the evolving situation on the ground.

It's clear that there is a broad range of views about what such support should look like. In our view, this support must be both realistic and affordable, and should support the progressive transition to Somali-led security provision as set out in the Somali Transition Plan. Our view is that the AU-UN Multidimensional Stabilisation Mission model endorsed by the African Union Peace and Security Council will not achieve this. In our view it would run counter to the idea of progressive transition to full Somali security responsibility.

Reaching agreement on a joint UN-AU proposal, in consultation with the Federal Government of Somalia and donors, as requested by this Council will mean moving past the current impasse and finding consensus on the way forward. Such a joint proposal should reflect our common objectives of preserving AMISOMs hard-won achievements but beginning the transition away from external support to full Somali responsibility for security as this Council set out unanimously in UNSCR 2568. And the United Kingdom will continue engaging with all stakeholders, including the Federal Government of Somalia, the UN, African Union, Troop Contributing Countries and donors, to identify areas of common ground and help stakeholders reach consensus.

Mr President, Somalia faces important electoral and security transition in the months ahead. Successful completion of these processes will form a crucial part of enabling Somalia's security and prosperity for the long-term. We hope, and encourage, Somalia's leaders, the UN, the AU and donors will come together and collaborate to achieve lasting peace and security in Somalia. I thank you.

PPE procurement in the early pandemic

Today, the government is publishing further information about its exceptional procurement exercise to secure critical personal protective equipment (PPE) during the early months of the coronavirus (COVID-19) pandemic.

We have already published details of all government PPE contracts in line with our transparency obligations. Today's publication goes above and beyond those obligations as a measure of our commitment to openness about procurement processes during the pandemic.

Market overview in March 2020

The outbreak of COVID-19 in 2020 saw the total disruption of global PPE markets. Demand for PPE skyrocketed, leading to huge price inflation and limited supplies. Normal market dynamics ceased to exist, and with them our

NHS procurement procedures. It was essential that government adapted its approach to sourcing PPE for health and social care frontline workers, moving extremely quickly where necessary and taking carefully considered risks with new suppliers where appropriate, in order to secure vital supplies in the teeth of stiff competition all around the world.

To save lives, we focused our efforts, resources and attention on sourcing PPE. We continue to stand by the efforts we made at the height of the early pandemic to prioritise and protect our staff in the frontline.

Adapting to market volatility

Within the first few months of 2020, COVID-19's dramatic impact on public bodies, and their ability to secure necessary levels of PPE, was becoming clear. Global demand was outstripping supply, while at the same time brand new manufacturers and suppliers were rushing to fill the gaps in the volatile PPE market.

The government took decisive action. In order to secure the PPE needed by the NHS, in the quantities and to the timescales required, we adopted an entirely new 'open-source' approach to procurement.

Agile and decisive decision making

This was an entirely new approach to government procurement – we were inviting industry to come to us: opening up fresh sources of supply that we could rapidly vet as being technically, legally and commercially compliant in order to secure product in the rapidly-moving global market for PPE. Absolutely central to this new approach was our willingness to work with brand-new suppliers, because this was a brand-new marketplace for PPE.

The response from industry was phenomenal. Over 15,000 businesses came forward with over 24,000 offers within a 14-week period and we are hugely grateful for this support.

Managing and processing offers

To secure product quickly and effectively, we focused efforts on prioritising and processing offers. At the peak, over 400 staff were assigned to work on processing the offers of PPE, which were divided into a number of discrete workstreams.

A 'UK Make' workstream, for example, handling offers from UK-related sources, sought to establish a resilient domestic manufacturing base for PPE that would provide security of supply for the future. Other offers were specifically processed through a 'China Buy' workstream whose caseworkers could harness the expertise of our embassy in Beijing to identify and secure priority opportunities within China (the market leader in supplying PPE).

A small proportion of offers – approximately 430 of the 24,000 – were processed through a 'high priority referral' route.

These were all ways of managing the incredible volume of offers, and the breadth of sources, to ensure we could find the product when we needed it most. As of June 2020, when the peak had passed, all these procurement routes were closed down.

The High Priority Lane

There has been significant interest in the High Priority Lane. We take our responsibilities around due diligence extremely seriously and, as the National Audit Office has found, ministers were not involved in procurement decisions.

The High Priority mailbox was set up at a time when, with the country and citizens in need of urgent help, many suppliers and individuals were rightly passing on offers of support direct to their local MPs, healthcare professionals and civil servants – because they were keen that the government procurement effort knew what was available. The mailbox allowed MPs, ministers and senior officials to direct those offers to a dedicated location.

All offers that came to the mailbox were triaged by an official from the high priority appraisals team to be processed and responded to.

The criteria used to assess offers were the same as those used to assess any other offer from across the PPE procurement programme. The suppliers had to undergo the same checks and clearances as all others awarded a contract. End to end, the process of assessing an offer and awarding a contract was led by officials on the basis of published specifications and commercial expertise. Being referred to the High Priority Lane was emphatically not a guarantee of a contract; indeed, nearly 90% of offers referred through this route were unsuccessful. Those to whom contracts were awarded helped enormously, securing more than 5 billion items of life-saving PPE for the frontline.

The suppliers, and indeed those who referred them, were not notified that their offer was processed through the mailbox. This was not a separate channel for suppliers to provide offers to government; rather, it was an internal process set up for handling such offers.

As the information set out shows, the range of suppliers successfully processed through the high priority route was wide. They came from within government and outside, via politicians and civil servants, from healthcare professionals and commercial experts. The list also reflects the number of different types of 'referral', ranging from offers that were simply forwarded by staff working in ministerial private offices and personal referrals from MPs, to suppliers passed on by healthcare professionals and offers referred by the NHS's existing supply chain – SCCL.

Due to incomplete record keeping, in a small number of cases we have not been able to identify the individual or team who directed the offer to this route.

We publish this account today as an insight into how the government mobilised the resources of our Parliamentarians, our businesses, the Civil Service and

the whole country to meet the challenges of a national emergency. We are proud of the efforts to secure PPE supplies for our frontline workers at a time of incredible need. Above all, we are hugely grateful to all those who responded to the calls to help us protect those who care for the most vulnerable in our society. Our PPE stocks are now resilient. We have a strong UK manufacturing base, and a contingency stockpile should there be further spikes in demand.

Routes used to identify suppliers

The following lists indicate the range of routes used to identify suppliers.

High Priority Lane

The 'source of referral' is the individual or team that identified the organisation and the 'actual referrer' is the individual or team who directed the offer to the high priority route.

| Supplier | Source of referral | Actual referrer |
|--|--|--|
| Aiya Technology | GCF COVID-19 Enquiries mailbox, Cabinet Office | DHSC PPE Buy Cell |
| Aventis Solutions Ltd | NHS E&I | Office of Dr Emily Lawson, DHSC |
| Ayanda Capital Ltd | NHS Shared Business Services | Darren Blackburn, Cabinet Office |
| Blueleaf Ltd | Keith Lincoln NHS E&I | GCF COVID-19 Enquiries mailbox, Cabinet Office |
| Brandology Ltd | Dr Julian Lewis MP | Office of Penny Mordaunt MP |
| Cargo Services Far East Ltd | Andrew Percy MP | Matt Hancock MP |
| CCS McLays Ltd | Steve Brine MP | DHSC Special Adviser |
| Community Pharma Co Ltd | Office of Esther McVey MP | Office of Esther McVey MP |
| Crisp Websites Ltd trading as Pestfix | Office of Steve Oldfield, DHSC | Nick Dawson, NHS E&I |
| Euthenia Investments Ltd | Office of Lord Agnew | Office of Lord Agnew |
| Excalibur Healthcare | Matt Hancock MP | Jonathan Marron, DHSC |
| Eyespace Eyewear | Grant Shapps MP | Not available |
| GBUK Ltd | Preeya Bailie, NHS E&I | Not available |
| Global United Trading | Dominic Cummings | Steve Oldfield, DHSC |
| Headwind Industrial (China) Ltd | Ljupsco Mihailovszki, DIT Budapest | Ljupsco Mihailovszki, DIT Budapest |
| Hotel Logistics Ltd | SCCL | Not available |
| Ideal Medical Solutions Ltd | SCCL | Not available |
| Invisio Ltd | SCCL | PPE Buy Team |
| JD.COM | Matt Hancock MP | Jonathan Marron, DHSC |

| Supplier | Source of referral | Actual referrer |
|---|--|---|
| KPM Marine Ltd | Office of Dr Emily Lawson, DHSC | Office of Dr Emily Lawson, DHSC |
| Liaoning Zhongquiao Overseas Exchange Co Ltd | Office of Chancellor of the Duchy of Lancaster | Office of Chancellor of the Duchy of Lancaster |
| Mazima Markets Ltd | Lord Leigh | Lord Feldman |
| Mayfair Global | Michael Urwick, Hinduja Foundation | Direct approach |
| MDS Healthcare Ltd | Referred because the supplier managed a PPE donation made by a third party | Not available |
| Medicom Healthcare Holding | David Reed, FCD0 | GCF COVID-19 Enquiries mailbox, Cabinet Office |
| Meller Design Ltd | Office of Chancellor of the Duchy of Lancaster | Office of the Government Chief Commercial Officer |
| MGP Advisory Ltd | GCF Commercial Policy Team | GCF COVID-19 Enquiries mailbox, Cabinet Office |
| Monarch Acoustics Ltd | Matt Hancock MP | Matt Hancock MP |
| New Asia Logistic Service PTE Ltd | Dr Andrew Swift | Office of the National Medical Director |
| Nine United Ltd | Matt Hancock MP | Jonathan Marron, DHSC |
| NKD International Ltd | Dame Donna Kinnair, RCN | Jonathan Marron, DHSC |
| P14 Medical Ltd trading as Platform 14 | Dr Ian Campbell, Innovate UK | Richard James, Cabinet Office |
| P1F Ltd | Chris Dunn, FCO | Chris Dunn, FCO |
| Pakan Medical | Christine Emmett, Former HS2 NED | Janette Gibbs, Cabinet Office |
| PPE Medpro Ltd | Baroness Mone | Office of Lord Agnew |
| Regal Polythene Ltd trading as Regal Disposables | Chris Hall, Cabinet Office | Chris Hall, Cabinet Office |
| Rehear Labs Ltd | SCCL | Not available |
| Sanaclis | SCCL | Andy Wood, Cabinet Office |
| SG Recruitment UK Ltd | Lord Chadlington | Lord Feldman |
| Skinnydip Ltd | Lord Leigh | Lord Feldman |
| Summit Medical Ltd | SCCL | Direct approach |
| Technicare Ltd trading as Blyth Group Ltd* | Office of Gavin Williamson MP | Cabinet Office Correspondence Team |
| The Paper Drinking Straw Ltd | Stuart Marks | Chris Hall, Cabinet Office |
| Tower Supplies | Pia Larsen, NHS | Richard James, Cabinet Office |
| Uniserve Ltd | Lord Agnew | Jonathan Arrowsmith, Cabinet Office |
| Unispace | GCF COVID-19 Enquiries mailbox, Cabinet Office | GCF COVID-19 Enquiries mailbox, Cabinet Office |

| Supplier | Source of referral | Actual referrer |
|--|--|--|
| Universal Solutions Trading Ltd | HMT Special Advisor | DHSC Special Advisor |
| Urathon Europe Ltd | Jane Harrison, SCCL | DHSC PPE Buying Cell |
| Visage Ltd | COVID-19 Single Point of Contact mailbox, DHSC | COVID-19 Single Point of Contact mailbox, DHSC |
| Worldlink Resource | Lord Agnew | Office of Lord Agnew |
| Wuhan Xiaoyaoyao Pharmaceutical | Office of Lord Deighton | Office of Lord Deighton |

* This listing was added after the original publication. Following a review of our records, we discovered this offer was in fact processed through the High Priority route.

UK Make

- Alpha Solway (Globus) Ltd
- Berry Global Plastics Inc
- Blue Tree Group
- Burberry
- Don & Low Ltd
- Drager: UK
- DTR Medical Ltd
- Duraweld Ltd
- Elite Plastics Ltd
- Eumar Technology Ltd
- Honeywell: UK
- I Love Cosmetics (Expac) Ltd
- Kingsbury Press

- Lenzing Hygeine UK Joint Venture Ltd
- Lincoln Polythene Ltd
- LJA Miers and Co Ltd
- McDonald and Taylor Healthcare Ltd
- Medicom HealthPro Ltd
- MediCare UK
- Numatic International Ltd
- PFF Packaging Group Ltd
- Photocentric Ltd
- Potter and Moore Innovations Ltd
- Private White VC
- Ramfoam Ltd
- Redwood TTM
- SIVA Group
- Staeger Clear Packaging
- Survitec Group
- The Royal Mint

China Buy

- Beijing Union Glory Investment Co. Ltd

- Beijing Yuanlong Yato
- China Meheco Co Ltd
- China National Instruments Import & Export Group Corporation
- China National Pharmaceutical Foreign Trade Corporation
- China Sinopharm International Corporation
- Jason Offshore Equipment
- Qingzhou Yaowang Pharmaceutical
- Shanghai Sunwin Industry Group Co. Ltd
- Shenzhen DJ Medical Equipment Co. Ltd
- Sino Greatwall Healthcare Co. Ltd
- Weifang Yuanhua Plastic Products Co. Ltd
- Winner Medical Co. Ltd
- Xinxing Pipes International Development Co. Ltd
- Yancheng New Cloud Medical Equipment Co. Ltd
- Zheng Ben Yuan Pharmaceutical (Hainan) Ltd
- Zhongcheng Huadao Group Co Ltd

New Buy

These are companies who did not sit on existing frameworks to supply PPE and the Department of Health and Social Care contracted with them in order to ensure the necessary supply of PPE. UK Make, China Buy and the High Priority Lane are all subsets of, and are included in, this.

- Able Services Supplies Ltd
- AEF0 Technical Services Ltd
- Aiya Technology Hk Limited
- Arco
- Ascot Signs Ltd
- Ashfield Health
- Asia Pacific Distributors PTY
- Aventis Solutions Ltd
- Ayanda Capital Limited
- Beijing Union Glory Investment Co., Ltd
- Beijing Yuanlong Yato
- BELLAGIO GLOBAL
- Biosana Health
- BIOSPECTRUM LTD
- Blueleaf Care
- Bluetree Design & Print Ltd
- Blyth Group
- BOLLE BRANDS UK
- Brandology

- British Packaging
- BRYSON PRODUCTS LTD
- Bunzl
- Burberry
- Cambodian Textiles Worldwide Phnom Penh Works Co., Ltd
- Cannagrow biosciences ltd
- CARDIATIS / Worldlink Resources
- Cargo Services Far East
- CCS McClays
- Central National Gottesman
- CH AND L LTD
- Chart One Automotive Ltd
- Chemical Intelligence
- CHINA MEHECO CO.,LTD
- China National Instruments Import & Export Group Corporation
- China National Pharmaceutical Foreign Trade Corporation
- China Sinopharm International Corporation
- CLANDEBOYE AGENCIES LTD
- Clearmask

- Community Pharma Company Ltd
- Cooneen (MOD)
- Crown Salvage Limited
- Deflecto-Europe (Yearntree)
- Direct Corporate Clothing PLC
- Doja Limited
- Don and Low LTD
- Double Dragon International Ltd
- Draeger Safety UK Ltd
- DTC Consulting Ltd
- DTR Medical
- Dunlop BTL LTD
- Duraweld
- Dylan Imports Ltd
- Elite Creations
- ELITE Plastics
- EUMAR TECHNOLOGY LTD
- EURO PACKAGING UK LTD
- Euthenia Investments Ltd

- Excalibur Healthcare Services
- Eyespace Eyewear Limited
- Fannin
- Fillcare Fareva
- FirstAid4sport
- Fluid Branding Ltd
- Fonebox Assets Ltd
- Forever Young International Ltd
- Forward Industrial Products Ltd
- Fourds Ltd Trading As Bloc Blinds
- GBUK LTD
- GEMINI SURGICAL UK LTD
- GL Oil and Gas Services
- Global Manufacturing Asia Limited
- Global Unite Trading & Sourcing
- GLSI
- Guangdong Kingfa Science & Technology
- Headwind China Ltd
- HLP KLEARFOLD

- Honeywell
- Hotel Logistics Ltd
- Ideal Medical Solutions
- Imperial Polythene
- Initia Ventures Ltd
- Invios
- Invisio Pharmaceuticals
- Jason Offshore Equipment
- Jingdong e-commerce
- Kau Media Group
- KINGSBURY PRESS
- KPM Marine
- L J A MIERS AND COMPANY LTD
- Leagues Commercial Co Ltd
- LIAONING ZHONGQIAO OVERSEAS EXCHANGE CO., LTD.
- Linc Medical Systems Ltd
- Lincoln Polythene Ltd
- Love Cosmetics Ltd
- LUXE LIFESTYLE LTD

- Macdonald & Taylor Healthcare
- Maxima Markets Limited
- Mayfair Global (UK) Ltd
- MDS Healthcare
- MEDCO SOLUTIONS LTD
- Medicine Box Ltd
- Medicom
- MELLER DESIGNS LTD
- MGP ADVISORY LTD
- MI HUB TA ALEXANDRA
- MIHUB T/A ALEXANDRA
- MIP UK LIMITED
- Monarch Acoustics Limited
- MYSHIPPER LTD
- Network Medical Products
- New Asia Logistic Services Pte Ltd
- Nine United
- NKD INTERNATIONAL LIMITED
- Numatic International Limited

- Ocean Footprint
- Omni-ID Ltd
- Opalion
- P14 MEDICAL LTD
- P1F Limited
- Pakan Medical
- Pestfix
- PFF PACKAGING GROUP LTD
- Pharmaceuticals Direct Ltd
- Photocentric
- Planet Aid
- POLYSTAR PLASTICS LTD
- Potter & Moore Innovations
- PPE Medpro Limited
- Prime Group
- PRIVATE WHITE VC LTD
- Protechnique / Huons Medicare
- Protecting Heroes Community Interest Co (Si Freedman)
- Purple surgical

- Qingzhou Yaowang Pharmaceutical
- RAMFOAM
- Rawbridge Ltd
- RBW Consultancy Ltd / Weihai Dishang Medical Technology CO Ltd
- Red E Med
- REDWOOD TTM LTD
- Regal Polythene
- Rehear Lab
- Robert Housely Limited
- Saiger Llc
- Sanaclis
- Schaefer-Global
- SEAGO YACHTING LTD
- SG Recruitment
- SGH Global
- Shanghai Sunwin Industry Group Co., Ltd
- Shenzhen DJ Medical Equipment Co., Ltd
- Sino Greatwall Healthcare Co., Ltd
- SIVA Group

- Skinny Dip
- SMC Premier Cleaning Ltd
- Southgate
- Sovereign
- Springfield Supplies
- STAEGER CLEAR PACKAGING LTD
- Summit Medical Ltd
- Super 7 Wholesale
- SURVITEC GROUP LTD TA RFD BEAUFORT
- Sustainable Criminal Justice Solutions Community Interest Company
- Swish Dental Limited T/A Biosana Health
- TAEG Energy
- Tara Mobile Uk & Huav Technologies Co Ltd, China TIK Films China
- Technicare Ltd, trading as Blyth Group Ltd
- The Paper Drinking Straw Co Ltd.
- THE ROYAL MINT LTD
- Thermoplastics Ltd
- Toffeln
- Top Gear Consumables

- Tower Supplies
- Trade Markets Direct
- TRANSCONTINENTAL MARKETING LTD
- UK GLOBAL HEALTHCARE LTD TA INDO UK INSTITUTE FOR HEALTH
- UK-China Trading
- Uniserve
- Unispace Global Ltd
- Universal Solutions Trading Limited
- URATHON EUROPE LTD
- Vanguard Air Services Ltd
- Veritas medical solutions
- Visage Group
- Vital Innovations
- Vitalcare UK
- Weifang Yuanhua Plastic Products Co., Ltd
- Weihai Textile Group Import Export Co Ltd (Dishang)
- Winner Medical Co., Ltd.
- Worldlink Resources Limited
- Wuhan Xiaoyaoyao Pharmaceutical Technology Co., Ltd

- Xinxing Pipes International Development Co., Ltd
 - Yancheng New Cloud Medical Equipment Co., Ltd.
 - YEARNTREE LTD TA DEFLECTO
 - Zenith Guild Enterprise Ltd
 - Zheng Ben Yuan Pharmaceutical (Hainan) Ltd.
 - Zhongcheng Huadao Group Co Ltd
 - Zhonghong Pulin Medical Products Co., Ltd.
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UKHSA updates clinical guidance on vaccinations for 12 to 17 year olds

For those aged 16 to 17 who have had coronavirus (COVID-19) infection, the second vaccine dose should be given 12 weeks or more following the first vaccine dose, or 12 weeks following a positive COVID-19 test result – whichever is later.

To be consistent with this advice, the clinical guidance has also been updated by the UK Health Security Agency (UKHSA) to recommend that young people aged 12 to 17 who are not in a high risk group should wait 12 weeks after a positive test showing COVID-19 infection before getting their first (or second if aged 16 to 17) vaccine dose.

This increase from 4 weeks is based on the emerging evidence from the UK and other countries, which suggests that leaving a longer interval between infection and vaccination may further reduce the already small risk of myocarditis in younger age groups.

Dr Mary Ramsay, Head of Immunisations at UKHSA, said:

The COVID-19 vaccines are very safe. Based on a highly precautionary approach, we are advising a longer interval between COVID infection and vaccination for those aged under 18. This increase is based on the latest reports from the UK and other countries, which may suggest that leaving a longer interval between

infection and vaccination will further reduce the already very small risk of myocarditis in younger age groups.

Young people and parents should be reassured that myocarditis is extremely rare, at whatever point they take up the vaccine, and this change has been made based on the utmost precaution.

We keep all advice under constant review and will revise it according to the latest data and evidence.

The COVID-19 vaccines are safe and if you or your child has experienced no symptoms of myocarditis then there is no reason to be worried if they had their first dose at less than 12 weeks following infection.

Anyone who is concerned should be reassured that these side effects occur within a few days of vaccination. Most people recovered and felt better following rest and simple treatments.

If younger people experience any of the following symptoms after receiving their vaccination, they should call 111 or see their GP:

- pain and/or tightness in the chest which may spread across the body
- pain in the neck that may spread across the shoulders and/or arms
- shortness of breath when lightly exercising or walking
- difficulty breathing when resting or feeling light-headed
- flu-like symptoms such as a high temperature, tiredness and fatigue
- palpitations or an abnormal heart rhythm
- feeling like you need to be sick

In younger people, protection from natural infection is likely to be high for at least 3 months so they will be protected against COVID-19 infection for some time, meaning teenagers and parents should not be concerned about prolonging the date when they can get vaccinated to 12 weeks following prior infection.

Those aged 18 and above should still take up their vaccine offer if they are 4 weeks post a positive test. This is because they are at higher risk of the complications of COVID-19 infection.

This change does not affect those aged 12 to 17 in clinical at-risk groups. These individuals should still take up their vaccine offer if they are 4 weeks post a positive test and continue to receive their second dose 8 weeks after the first. This is because their individual risk of severe outcomes from COVID-19 is higher and so outweighs any benefit of delaying to 12 weeks.