

Fully vaccinated critical workers to be able to leave self-isolation in exceptional circumstances

Railway signallers and air traffic controllers are among the critical workers who may in exceptional circumstances be able to leave self-isolation to attend work if deemed a close contact under new plans to prevent serious disruption to vital public services.

From today, in exceptional circumstances – where there would otherwise be a major detrimental impact on essential services – a limited number of critical workers may be informed by their employer, following advice from the relevant government department, that they may be able to leave self-isolation to attend work.

This is a small and targeted intervention to ensure that services critical to the safety and functioning of our society can continue. This means enabling individuals to attend work where not doing so would lead to major detrimental impact on the availability, integrity or delivery of essential services – including those services whose integrity, if compromised, could result in significant loss of life or casualties, and/or where there is an immediate risk to defence or security.

This will only apply to workers who are fully vaccinated (defined as someone who is 14 days post-final dose) and will be solely so that they can attend work. They will otherwise need to continue to self-isolate as directed by NHS Test and Trace. It applies to asymptomatic contacts only and not individuals who have tested positive or who have Covid-19 symptoms.

Critical workplaces that take this approach will follow conditions to minimise any risk of transmission. Critical workers who attend work in these exceptional circumstances will need to take a PCR test as soon as possible followed by daily LFD tests before attending work each day of their self-isolation period. If they test positive or start to show symptoms they must immediately self-isolate and will no longer be able to attend work.

Workplaces will follow other safeguards, including ensuring that social distancing is maintained and face coverings worn at all times.

Decisions to inform employers that designated critical workers may have a reasonable excuse to attend work will be made by the relevant department with responsibility for the critical service.

This is a short-term measure before the exemption for fully vaccinated contacts is introduced on 16 August. It is highly limited and focused to prevent public harm from disruption to critical services. It will only apply to named individuals from a specific set of organisations. Employers covered by this process will receive a letter from a government department setting

out the designated critical workers and telling employers what steps they and those critical workers must follow.

Health and Social Care Secretary Sajid Javid said:

Throughout this global pandemic, critical workers across the country have been doing the extraordinary by delivering vital services – from policing the streets to keeping our transport links open.

These individuals form the backbone of many of our most vital services and, as we learn to live with this virus, it's right we do everything in our power to protect services from disruption by allowing our fully vaccinated critical workers to keep doing their important work.

[Statement following the meeting of the Specialised Committee on the implementation of the Protocol on Ireland and Northern Ireland: 19 July 2021](#)

Press release

The eighth meeting of the Specialised Committee on the implementation of the Protocol on Ireland and Northern Ireland was held today via video conference.



The eighth meeting of the Specialised Committee on the implementation of the Protocol on Ireland and Northern Ireland was held today via video conference

and co-chaired by officials from the UK Government and the European Commission.

A representative from the Northern Ireland Executive also attended as part of the UK delegation in line with the commitment made in the New Decade, New Approach deal.

Further to the last Withdrawal Agreement Joint Committee meeting on 9 June, the UK and EU took stock of the outstanding issues raised by both parties.

The UK noted that the underlying issues with the Protocol remained unresolved, particularly regarding the impact of customs and SPS requirements for goods moving from Great Britain but remaining in Northern Ireland, as clearly set out in a letter from the British Retail Consortium to the co-chairs of the Joint Committee. The UK reiterated that the Government would set out its approach to Parliament within the week.

The UK nevertheless welcomed the fact that that agreement was reached on extension of the grace period for the movement of chilled meat products between Great Britain and Northern Ireland, but noted the importance of finding a permanent solution. The UK also welcomed that the EU had now, after a considerable delay, provided details of their approach on certain discrete issues including medicines and assistance dogs. Further technical discussions are required to establish whether these proposals can successfully address these problems.

The UK and the EU recalled their commitment jointly to engage with business, civil society and other stakeholders in Northern Ireland and agreed that this should continue.

Published 19 July 2021

Minister Nadhim Zahawi Oral Statement on step 4 of the road map

With permission, I would like to make a statement on the pandemic. Today marks an important milestone Mr Speaker in our fight against this virus, as we take Step 4 on our roadmap.

It is a long-awaited moment for the businesses who now can open their doors at long last, the happy couples who can have weddings without curbs on numbers and of course the people who can see more of their loved ones in care homes.

Although we have made huge advances Mr Speaker in our race between the

vaccine and the virus, we are not at the finish line yet. Instead, we are entering what I believe to be the next stage. A stage where we continue with caution, while doing what it takes to manage the risk of this virus – which is still with us and still possess a threat. Cases and hospitalisations have risen over the past week, as we predicted Mr Speaker and we know that these numbers will get worse before they get better.

Although there's never a perfect time to take this step, making the move today gives us the best chance of success. We're cautiously easing restrictions when we have the natural firebreak of the school holidays and when the warmer weather gives us an advantage. So we will move forward, with caution, drawing on the defences we have built, as we set out in our five-point plan two weeks ago.

One of these five defences is the protective wall provided by our vaccination programme and I would like to start by updating the House on this life-saving work. Our vaccination programme has given us extra legs in our race against this virus. The protection it has built up in people across the United Kingdom means the ratio between cases and hospitalisations is the lowest it has been during this pandemic. This reinforces the need to protect as many people as we can, as quickly as we can and we made a four-week delay to Step 4 so we could do exactly that. 8 million more vaccinations in that period. We set the target of giving second doses to two-thirds of UK adults by today – and we hit that target last week, with five days to spare. We also pledged to offer a first dose of a vaccine to all adults – and we've met this target too.

And now almost 88 per cent of adults have taken up this offer – and although uptake amongst 18 to 30-year olds is much lower and needs to increase we are looking at this. So our work is not over yet. Just as we strive to reach the remaining adults who have not yet had first or second doses, we are already making our plans for the next stage.

Because we do not know how long immunity lasts and because coronavirus mutates, just like flu, we must stay one step ahead of the virus.

So we are drawing up plans for a potential booster programme – subject to advice, the final advice from the JCVI – so we can protect the most vulnerable ahead of winter.

And we are also looking at extending our vaccination programme so we can protect even more people. We asked the JCVI to consider whether children and young adults should be given the offer of a vaccine – and this advice has been published today.

Before I continue, allow me to apologise to you for mistakenly referencing to this on air this morning, before setting out the details in full before the House. The JCVI considered not just the health impacts, but also the non-health impacts, like how education is disrupted by outbreaks in schools. I should reassure the House that the number of children and young people who have had severe outcomes from COVID is extremely low with a hospitalisation rate during the second wave of between 100 and 400 for every million.

And when we look at the small numbers that were hospitalised, most of them had severe underlying health conditions.

Today's advice recommends that we continue to vaccinate 16 to 17-year-olds who are in an at-risk group, as we do now. But it also recommends expanding the offer of the vaccine to some younger children with underlying health conditions that put them at greater risk of COVID-19. This includes children aged 12 to 15 with severe neuro-disabilities, Down's Syndrome, immunosuppression, and profound or multiple learning disabilities.

The JCVI advice also recommends offering a vaccine to children and young people aged 12 to 17 who live with someone who is immunosuppressed. This means we can indirectly protect the immunosuppressed, who are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination. Finally, the JCVI advises that we should offer the vaccine to all 17-year-olds who are within three months of their 18th birthday, so we can make sure they are protected as soon as they turn 18.

Together with Health Ministers in all parts of the United Kingdom, the Secretary of State has accepted this advice and has asked the NHS to put it into action as soon as possible. As we do this, we will be using the Pfizer/BioNTech vaccine, which is the only vaccine in the UK that's been clinically authorised for people between the ages of 12 and 17. I know that people will have questions about what it means for them and their children. But I can assure them Mr Speaker that nobody needs to come forward at this stage.

The NHS will get in touch with them at the right time, and they will make sure that the jabs are delivered in a setting that meets their complex needs. We also asked the JCVI to consider rolling out vaccines out to all children and young people over the age of 12. And although we are not taking this step today, the JCVI is keeping this matter under review, and they will be looking at more data as it becomes available especially on children with a second dose of the Pfizer/BioNTech vaccine. The steps we are taking today mean we will be offering even more vulnerable people the protection that a vaccine brings. And we will all be safer as a result.

We know that vaccines are our most important defence against this virus. This is especially the case in adult social care settings that are home to some of the people most vulnerable people in our communities who are vulnerable to a devastating impact from COVID-19. So last week, this House passed regulations to make vaccination a condition of deployment in care homes – and the Lords will consider those regulations tomorrow. These regulations are designed to help maximise vaccine uptake and protect some of our most vulnerable citizens. Yet I recognise the need for more detail on the Government's analysis of the expected impact of these regulations. So today we have published an Impact Statement – and we will be publishing a full Impact Assessment as soon as possible.

As we learn to live with COVID-19 we must be pragmatic about how we manage the risks we face. Self-isolation of positive cases and their close contacts remains one of the most effective tools we have for reducing transmission.

However, we recognise there are some very specific circumstances where there would be a serious risk of harm to public welfare if people in critical roles are unable to go to their workplace – like air-traffic controllers or train signallers. So people in those kinds of roles who have received two vaccinations – plus two weeks beyond a second vaccine – will not need to self-isolate to perform those critical tasks. They will, however, have to continue to self-isolate at all other times.

The people eligible for this will receive personalised letters setting out the steps they must follow. Mr Speaker, this is a sensible and pragmatic step – and one that will be used sparingly and responsibly.

We are being similarly pragmatic at our borders. As my Right Honourable Friend, the Transport Secretary, has confirmed: UK residents arriving from amber countries who have been fully vaccinated will no longer have to quarantine – although they will still need to comply with necessary testing requirements. This will not apply to France, due to the persistent presence of cases of the Beta variant, which was first identified in South Africa. We are doing everything in our power to restore international travel – and restore it safely. But new variants pose the greatest threat to our path out of this pandemic – and we will not hesitate to act in a similar way with any other country. We will continue to keep a close eye on the data and be firm and decisive in how we protect the process we have made and the progress we have made. But the enduring message is this: getting vaccinated is the best way to ensure you can travel as freely as possible.

Vaccination also holds the key for doing the things we love doing here at home Mr Speaker. We are supporting the safe re-opening of large, crowded settings – such as nightclubs, as we saw last night, and music venues with the use of the NHS Covid Pass as a condition of entry, to reduce the risks of transmission. I encourage businesses to draw on this support and use the NHS COVID Pass in the weeks ahead.

We will be keeping a close watch on how it is used by venues, and we reserve the right Mr Speaker to mandate it if necessary. By the end of September, everyone aged 18 and over will have the chance to receive full vaccination – and the additional two weeks for that full protection to really take hold. So at that point we plan to make full vaccination a condition of entry to nightclubs and other venues where large crowds gather. Proof of a negative test will no longer be sufficient.

Any decisions will, of course, be subject to parliamentary scrutiny – and we will ensure the appropriate exemptions for those who have genuine medical reasons for why they can't get vaccinated. And I am clear: we will always look at the evidence available and do all we can to ensure people can continue to do the things they love.

Our vaccination programme has put us on the road to recovery. We should all be proud of how this national effort is helping us take steps towards a more normal life. But we must keep reinforcing that wall of protection. Getting the jab. Getting the second jab if you've had the first. And getting the booster shot if you're asked to come forward. And with such a deadly virus –

and the continued threat of new variants – our wall of protection must be more than just vaccines alone. We must continue to do all the other sensible things we know can keep the virus at bay. Getting tested. Considering the advice. And continuing to act with caution. Taken together, Mr Speaker, this will help us all enjoy these new experiences – and safely slow the spread of this deadly virus.

I commend this statement to the House.

[PM statement at coronavirus press conference: 19 July 2021](#)

Good afternoon, today we've reached the fourth step on our roadmap and I know that with cases increasing steadily and with more and more people being asked to self-isolate, there will, of course, be those who would rather that we waited weeks or months longer and kept social distancing and all the restrictions that we have been placing on our lives.

And so I want to remind you all why I believe that taking this step now – however difficult it seems – and the logic remains the same that if we don't open up now then we face a risk of even tougher conditions in the colder months when the virus has a natural advantage and we lose that firebreak of the school holiday.

And there comes a point when restrictions no longer prevent hospitalisations and deaths, but simply delay the inevitable. And so we have to ask ourselves the question: if not now, when?

And though both hospitalisations and deaths are sadly rising, these numbers are well within the margins of what our scientists predicted at the outset of the roadmap. And so it is right to proceed cautiously in the way that we are.

But it is also right to recognise that this pandemic is far from over. And that is why I'm afraid it is essential to keep up the system of Test, Trace and Isolate. I know how frustrating it is for all those who have been affected – or pinged and I want to explain that people identified as contacts of cases are at least five times more likely to be infected than others.

And even if they have been vaccinated there is a significant risk that they can still pass the disease on. And so as we go forward I'm afraid the continuing sacrifice of a large minority the continuing sacrifice of those who are being asked to isolate remains important to allow the rest of society to get back to something like normality.

And, at this stage, it is simply a consequence of living with Covid and opening up when cases are high in the way that they are.

As you know we will be moving on August the 16th to a system of testing rather than isolation for those who are double vaccinated by which time we hope that the wall of immunity in our country will be even higher.

And, in the meantime, I want to assure you that we will protect crucial services including the staffing of our hospitals and care homes, the supplies of food, water, electricity and medicines, the running of our trains, the protection of our borders and the defence of our realm, by making sure that a very small number of named, fully vaccinated, critical workers to leave isolation solely for this work. But for the vast majority of us, myself included, I'm afraid we do need to stick with this system for now. And, of course, the only reason we are able to open up in this way at all, is that we have vaccinated such a large proportion of the population – and at such speed.

It is phenomenal that every adult in the country has now been offered a first dose. But unfortunately that does not mean that every person over 18 has yet had a first dose.

So far 96% of over 50s and 83% of 30-50 year olds have taken up the offer in England. But there are still 35 per cent of 18-30 year olds – 3 million people – who are completely unvaccinated.

And though we can see the enthusiasm of millions of young people to get their jabs, we need even more young adults to receive a protection that is of immense benefit to your family and friends – and to yourselves.

And so I would remind everybody that some of life's most important pleasures and opportunities are likely to be increasingly dependent on vaccination. There are already countries that require you to be double jabbed as a condition of quarantine free travel and that list seems likely to grow. And we are also concerned – as they are in other countries – by the continuing risk posed by nightclubs.

I don't want to have to close nightclubs again – as they have elsewhere – but it does mean nightclubs need to do the socially responsible thing and make use of the NHS Covid Pass which shows proof of vaccination, a recent negative test or natural immunity – as a means of entry.

As we said last week, we reserve the right to mandate certification at any point, if it is necessary to reduce transmission. And I should serve notice now that by the end of September – when all over 18s will have had the chance to be double jabbed – we are planning to make full vaccination the condition of entry to nightclubs and other venues where large crowds gather.

Proof of a negative test will no longer be sufficient. Let me stress – we want people to be able to take back their freedoms as they can today.

We want this country to be able to enjoy the fruits of our massive vaccination campaign. But to do that we must remain cautious and we must continue to get vaccinated.

And that is why we are asking you to come forward and get your jabs now.

JCVI issues advice on COVID-19 vaccination of children and young people

Following a request from the Department of Health and Social Care (DHSC) for advice on a possible extension of the COVID-19 vaccination programme, the JCVI has looked at the available evidence around vaccinating children and young people under the age of 18.

From today, the JCVI is advising that children at increased risk of serious COVID-19 disease are offered the Pfizer-BioNTech vaccine.

That includes children aged 12 to 15 with severe neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities.

The JCVI also recommends that children and young people aged 12 to 17 who live with an immunosuppressed person should be offered the vaccine. This is to indirectly protect their immunosuppressed household contacts, who are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination.

Under existing advice, young people aged 16 to 17 with underlying health conditions which put them at higher risk of serious COVID-19 should have already been offered vaccination.

The JCVI is not currently advising routine vaccination of children outside of these groups, based on the current evidence.

As evidence shows that COVID-19 rarely causes severe disease in children without underlying health conditions, at this time the JCVI's view is that the minimal health benefits of offering universal COVID-19 vaccination to children do not outweigh the potential risks.

Almost all children and young people are at very low risk from COVID-19. Symptoms, when seen, are typically mild and fewer than 30 children have died because of COVID-19 in the UK as of March 2021.

The Pfizer-BioNTech vaccine is the only vaccine that has been authorised for children in the UK, for those aged 12 or older. This followed a US clinical trial in around 1,000 children aged 12 to 15 that found side effects in this group were generally short lived and mild to moderate.

Real-world data on the safety of COVID-19 vaccines in children is currently limited, but there have been extremely rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart) following the use of the Pfizer-BioNTech and

Moderna vaccines in millions of younger adults.

Until more safety data is available and has been evaluated, a precautionary approach is preferred.

Professor Anthony Harnden, Deputy Chair of the JCVI, said:

The primary aim of the vaccination programme has always been to prevent hospitalisations and deaths. Based on the fact that previously well children, if they do get COVID-19, are likely to have a very mild form of the disease, the health benefits of vaccinating them are small.

The benefits of reducing transmission to the wider population from children are also highly uncertain, especially as vaccine uptake is very high in older people who are at highest risk from serious COVID-19 infection.

We will keep this advice under review as more safety and effectiveness information becomes available.

Operationally, it is considered reasonable to allow a lead-in time to offer vaccination to children who are within 3 months of their 18th birthday to ensure good uptake in newly turned 18-year-olds.