



OGUK Position Paper on COVID-19 Vaccinations

Memorandum

2nd December 2020

The MHRA has today (2 December 2020) for the first time approved a Covid-19 vaccine for use in the UK (1), and the UK government has indicated it plans to commence a vaccination programme as early as the week of 7 December 2020 (2).

This position paper describes the anticipated factors relevant to vaccination from an oil and gas industry perspective.

1 General points

Globally, governments are planning risk-based strategies for in-country vaccine deployment, and the UK is no exception. It is expected that vaccine deployment across the population should be on a science- and evidence-based basis, with appropriate ethical considerations for all recommendations on vaccine use.

Industry employers/entities considering implementing a vaccination programme independent of government should follow the same evidence-based and ethical considerations in doing so; in particular, any vaccine considered for use should have been through the UK regulatory approval process and be licenced for use.

2 Vaccine availability

The UK Government will determine what vaccine(s) will be made available to the UK population. It is to be expected that different vaccines (possibly with varying levels of effectiveness), will become available at different times, and different vaccines may be used in different age/vulnerable groups. It is very unlikely individuals will be able to choose which vaccine to have.

A population-wide vaccination programme is likely to encounter logistical hurdles in production, distribution and administration, including a potential need for repeated administration of second or repeat vaccine doses.

Access to vaccine is likely to be initially limited to specific vulnerable groups, such as the elderly and essential workers in healthcare and groups prioritized by government. While precise timing of vaccination is likely to vary for specific groups within the UK, the JCVI has recommended (3) that population vaccination should follow the sequence of:

- 1st Residents of care homes, and their carers
- 2nd All those 80 years of age and older. Frontline health and social care workers
- 3rd All those 75 years of age and older
- 4th All those 70 years of age and older. Clinically extremely vulnerable persons.
- 5th All those 65 years of age and older
- 6th All those aged 16 to 64 years, with underlying health conditions which put them at higher risk of serious disease and mortality (i.e. those who are 'clinically vulnerable')
- 7th All those 60 years of age and older
- 8th All those 55 years of age and older

9th All those 50 years of age and older

Industry should respect the need to offer vaccination to the most vulnerable in society first and foremost and avoid actions which may adversely impact on vaccine supplies to the most vulnerable in the population.

Nevertheless, although no mention has yet been made of prioritisation of 'key workers' after the 9th group, industry is expected to lobby government for vaccinations for key workers once the most vulnerable in society have had the opportunity. Overall, however, it is not expected that vaccine will become available to workers out with these nine groups before mid-2021 at earliest.

3 Expected vaccine effectiveness

Note: vaccination is the process of administering a vaccine to individuals; immunisation is the process by which the administered vaccine confers immunity to the person vaccinated (4). Although often used interchangeably, these concepts are not equivalent.

It is possible that vaccination will provide only partial immunity, limiting the severity of COVID-19, but not stopping the illness completely. Different vaccines may vary in their ability to produce immunisation.

Operationally, industry should beware of a false presumption that vaccination has produced total immunity.

The duration of immunity conferred by vaccination will only become apparent from long-term follow-up studies. In the best-case scenario this will be long-lasting, but in a less favourable scenario immunisation may be temporary only, and repeated vaccination required to maintain it.

4 Anticipated benefits of vaccination

It should not be expected that vaccination will completely stop COVID-19 from spreading between people. Human to human transmission will be decreased due to population vaccination; the benefit of vaccination will be greatest if a state of 'herd immunity' is achieved, but this is likely to require sustained immunity in at least 60% of the population and should not be assumed to be achievable.

5 Decisions around vaccination

It is not expected that a UK national vaccination programme will involve mandatory or compulsory administration of vaccine. Individuals will choose whether or not to accept vaccination, and their decision will be influenced by perception of vaccine effectiveness and side-effects, including perceptions created by 'mainstream' and social media. In general, trust in medical procedures is created by openness and transparency in regard to research findings and known 'pros and cons', rather than by attempts to directly influence thinking.

Some workers may express reservations about being vaccinated until longer-term efficacy and safety data is known, while others may express reservations about working alongside others who have chosen not to accept vaccination. Employers/operators may feel it necessary to consider setting terms of employment/offshore deployment which require vaccination: careful consideration of the ethical, employment law, and legal liability issues would be necessary if so.

6 Influence of vaccination programmes on industry infection control measures

Industry should assume that a national vaccination programme will not of itself remove the need for continuation of established infection control measures (hygiene, distancing, etc.) within the foreseeable future – while a highly effective vaccine conferring long-lasting immunity to a sufficiently large proportion of the population may remove the need for ‘exceptional’ Covid-specific infection control measures, it will take a significantly long period to establish if this is possible.

7 References

1. <https://www.gov.uk/government/news/uk-medicines-regulator-gives-approval-for-first-uk-covid-19-vaccine>
2. <https://www.bbc.co.uk/news/health-55045639>
3. <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>
4. <https://www.healthdirect.gov.au/immunisation-or-vaccination-whats-the-difference>



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