



Independent Advisory Panel on Deaths in Custody

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Professor Wei Shen Lim
Chair (COVID-19), Joint Committee on Vaccination and Immunisation

Dear Professor Wei Shen Lim,

Vaccination of prisoners and prison staff

Thank you for your letter of 16 March setting out your decision not to recommend prisoners and prison staff for whole institution vaccination. The Independent Advisory Panel on Deaths in Custody (IAPDC) notes that you and your Committee are keeping matters under review. I write now with a formal request from the IAPDC to reconsider your decision and issue new advice in the light of detailed scientific evidence, modelling and conclusions drawn on 25 March by the Scientific Advisory Group for Emergencies (SAGE).

In its report, 'COVID-19 Transmission in Prison Settings' published on 23 April, SAGE records evidence of higher levels of infection in prison than in the general population, higher rates of hospitalisations and higher associated mortality in prisoners and prison officers. Adverse rates for prisons will continue to worsen as community rates improve. Robust research indicates that people in prison are three times more likely to contract the virus than people in the community. SAGE makes it clear that there is a public health risk of prisons acting as amplifiers of infection and becoming reservoirs for new variants of concern.

The IAPDC notes the conclusion by SAGE that 'Increasing early vaccination of all prisoners and staff would allow faster lifting of severe restrictions, reduce outbreaks and decrease mortality, and benefit the wider control of COVID-19.' The severe restrictions introduced in prisons are recognised to have helped to save lives. There are increasing concerns about the impact on mental and physical health of these continuing restrictions and extreme isolation, some of which are documented by SAGE in its report. Ministry of Justice figures show an increase in the number of self-inflicted

deaths in custody over the last three months. We understand that the probation service is concerned about an increase in the number of drug-related deaths on release.

Universal vaccination would enable HMPPS and the NHS in prisons to focus on recovery, introduce measures to mitigate risk and prevent self-inflicted and other deaths in custody. Additional support for prisoners and staff needs to be introduced. The keywork procedures that the IAPDC has advocated since the Harris review will be re-introduced into some prisons and are due to be rolled out for the first time across the women's estate. For keywork to mitigate against the risk of self-inflicted deaths, it needs to be delivered one to one and be based on establishing good close professional relationships – difficult to achieve currently. Of the almost 17,000 men, women and young people who have contracted COVID in custody since the pandemic began, many are still incarcerated and will be suffering from long COVID.

Recent decisions taken by the JCVI have bearing on our formal request for reconsideration. On 11 March your committee published its advice, which was accepted by the Department of Health and Social Care, to prioritise homeless people and rough sleepers for vaccination. Your reasoning, which the IAPDC welcomed, being that 'people who are experiencing homelessness are likely to have health conditions that put them at higher risk of death from COVID-19'. Similar reasoning can be applied to prison settings. Many people in prison are recorded as homeless on entry to, and release from, custody.

On 29 March you advised that adults living with someone who is immuno-suppressed should be vaccinated to reduce the risk of transmission and protect lives. Co-morbidity and health inequalities in the prison population indicate that many under 50-year olds in custody will be this position – not only living, but also sharing a small, poorly ventilated cell and all facilities, with a vulnerable person, locked down together in those cramped conditions for up to 23 hours a day. In its report SAGE refers to 'poor clinical coding' in prison settings. This would make it hard to identify all those who are immuno-suppressed and the people sharing cells with these individuals. Prisons have poor staff/prisoner ratios at the best of times. With a still depleted officer and healthcare workforce, operational complexities and clinical imperatives of this kind are difficult to manage. In some overcrowded establishments, there are cases where a healthy prisoner has been required to share a cell with someone who has tested positive for COVID-19.

Early in the pandemic, the JCVI advised on, and commended the positive impact of, vaccinating all staff and residents in care homes. We note from the SAGE report that the greatest risk of incursion and spread of the virus in prisons is through staff. The ONS infection survey 2021, referenced in the report, identifies 'protective service occupations' which category includes prison officers, as at highest risk of all occupations of testing positive for COVID-19. Only a comparatively small proportion of prison staff have been vaccinated on age and vulnerability criteria, leaving for months to come the prospect of exposure to risk. As this is the case, it cannot be safe or fair to expect an unvaccinated prison officer on escort duty to be handcuffed to an infected prisoner being transported to hospital for treatment for COVID-19.

As you are aware, the role of the IAPDC, a non-departmental public body, is to advise Ministers and officials on how best to prevent deaths in custody. We are writing now to the Secretary of State for Health and Social Care and the Lord Chancellor and to the chairs of both Health and Justice Select Committees, to advise that full and proper account is taken of the scientific advice and modelling presented by SAGE. We hope

very much that the JCVI will issue new advice to the DHSC on public and prison health grounds to adopt a universal, or whole institution, approach to vaccinating all prisoners and prison staff.

As ever,

A handwritten signature in black ink, appearing to read 'Juliet Lyon', with a stylized flourish at the end.

Juliet Lyon CBE, Chair of the Independent Advisory Panel on Deaths in Custody
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cc.

Rt. Hon Robert Buckland QC MP, Lord Chancellor, Ministry of Justice
Rt. Hon Matt Hancock MP, Secretary of State for Health and Social Care
Jeremy Hunt MP, Chair, Health Select Committee
Sir Bob Neill MP, Chair, Justice Select Committee
Professor Anthony Harnden, Deputy Chair, JCVI