Department for Education

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Rt Hon Robert Halfon MP
Chair, Education Select Committee
House of Commons
London
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29th January 2021

Dear Chair,

During the session on 19th January, I committed to write to you with the case the Department is making for teachers and support staff to be prioritised for vaccinations. I have also included answers to follow-up questions we have received from the Committee.

The role of the JCVI and the case for vaccination prioritisation

Following the session, you also asked for clarity on the role the Joint Committee on Vaccination and Immunisation (JCVI) plays in deciding who has priority access to vaccines. The JCVI are the independent experts who advise the Government on which vaccine/s the UK should use and provide advice on who should be offered the vaccination first. They advise that the vaccine first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk.

Regarding the next phase of vaccine rollout, JCVI have asked that the Department of Health and Social Care consider occupational vaccination in collaboration with other Government departments. The Department for Health and Social care have not yet set out the principles they will use to prioritise occupational groups for Phase 2 of vaccine prioritisation. The Department for Education is working with the Department for Health and Social Care and Public Health England to ensure that the education and childcare workforce is considered for prioritisation in the roll out of the vaccine and this subject is regularly discussed by our Ministers.

Workforce data on infection rates and NEU analysis

The Committee asked for the Department's view on the NEU's analysis and concerns on teacher and school staff infection rates for the last school week in December.

As published in recent SAGE minutes[1], Children's Task and Finish Group: update to 4th Nov 2020 paper on children, schools and transmission[2] published 31 December 2020: "*ONS CIS data from 2 Sept-16th Oct show no evidence of difference in the rates of teachers/education workers testing positive for SARS-CoV-2 compared to key workers and other professions (medium confidence). This is seen even when combining different categories of school staff in the analysis.*" This currently remains the most recent ONS CIS data on the education workforce, however we are working with ONS to keep this position under review – recognising the importance of this analysis.

In addition, the COVID-19 Schools Infection Study[3] was undertaken last term by ONS in partnership with the London School of Hygiene and Tropical Medicine to investigate the prevalence of current COVID-19 infection and COVID-19 antibodies among pupils and staff in sampled primary and secondary schools in England, measured at half-termly intervals during the school year. Initial estimates derived results from the first round of testing carried out between 3 November 2020 and 19 November 2020 were published on 17 December 2020, and are referenced in the same SAGE paper: "*The Schools Infection Survey (SIS) confirms that, even with testing, there are low levels of infection in schools.*" As testing is conducted for pupils and staff who are in school, these figures will reflect the levels of infection without clear symptoms only (as symptomatic individuals should not be attending).

These findings are supported by the ONS release of COVID-19-related deaths by occupation[4] on Monday, covering 3 March to 28 December 2020. This statistical release found that rates of death involving COVID-19 in teaching professionals were not statistically significantly different to the rates seen in other professional occupations.

We have engaged with NEU to understand the methodological basis for their recent analysis. However, the Department's daily attendance data, on which the NEU bases its figures, is used to understand reported workforce attendance and absence at both regional and national level. It is not considered a primary source of data on infection, incidence and COVID-19 cases overall. This data is owned elsewhere in Government, such as Public Health England data which can be found within the coronavirus in the UK dashboard[5] and the Office for National Statistics coronavirus infection survey pilot statistics[6]. DfE regularly reviews evidence and advice from a number of different sources including SAGE outputs and PHE, to ensure our policies are guided by the most up-to-date scientific evidence.

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[1] https://www.gov.uk/government/collections/sage-meetings-december-2020

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948617/s0998-tfc-update-to-4-november-2020-paper-on-children-schools-transmission.pdf

[3] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/covid19schoolsinfectionsurveyround1england/november2020

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/latest#deaths-involving-covid-19-in-teaching-and-educational-professionals

[5] https://coronavirus.data.gov.uk/?_ga=2.91108568.335840232.1603021384-1347302696.1578321854

[6] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/16october2020

MHRA endorsement of rapid asymptomatic testing in schools and colleges

Following the session, on 20th January, the Department announced that the rapid asymptomatic testing programme in schools and colleges will be expanded to twice-weekly testing of primary school staff as planned. You asked whether the Medicines and Healthcare Produces Regulatory Authority (MHRA) endorses twice weekly lateral flow testing of pupils and staff as being effective.

Public Health England and NHS Test and Trace has endorsed the ongoing regular testing of staff in order to identify more positive cases of COVID-19 and ensure those who are infected isolate. All secondary schools and colleges will be expected to test their students as they return to school/college - two lateral flow tests, three to five days apart - to help identify and isolate asymptomatic students before they circulate in the school/college community.

Twice weekly testing of staff uses a lateral flow device produced by Innova. The Innova device has a CE mark. Under the regulatory system for medical devices, it is not MHRA's role to approve or endorse any CE marked device for any purpose where that use is consistent with the device's instructions for use. This is how the device is used in secondary schools.

In light of the higher prevalence of the virus and the increased transmission rates of new variants, NHS Test and Trace and PHE have recommended that the rollout of Daily Contact Testing as an alternative to self-isolation within schools is paused for now, other than for schools involved in further evaluation, while NHS Test and Trace and PHE gather further evidence on the use of lateral flow devices for this purpose.

Rapid Asymptomatic Testing for the early years workforce.

I can confirm that the Committee's understanding of the guidance on rapid asymptomatic coronavirus testing for early years is correct. The testing programme for primary schools includes school-based nurseries and maintained nurseries. Much of the remaining early years workforce will have access to Community Testing, which is being rolled out to all local authorities. Given the large number of early years settings, this has been the most effective way to ensure as full as coverage as possible for early years testing. We are continuing to work with colleagues across Government and local authorities to secure the most effective approach for the EY sector.

I hope this letter is helpful and clarifies any outstanding concerns. I am copying this letter to Dr Jenny Harries, Dr Dougal Hargreaves and Professor Russel Viner.

Osama Rahman

Chief Analyst and Chief Scientific Adviser