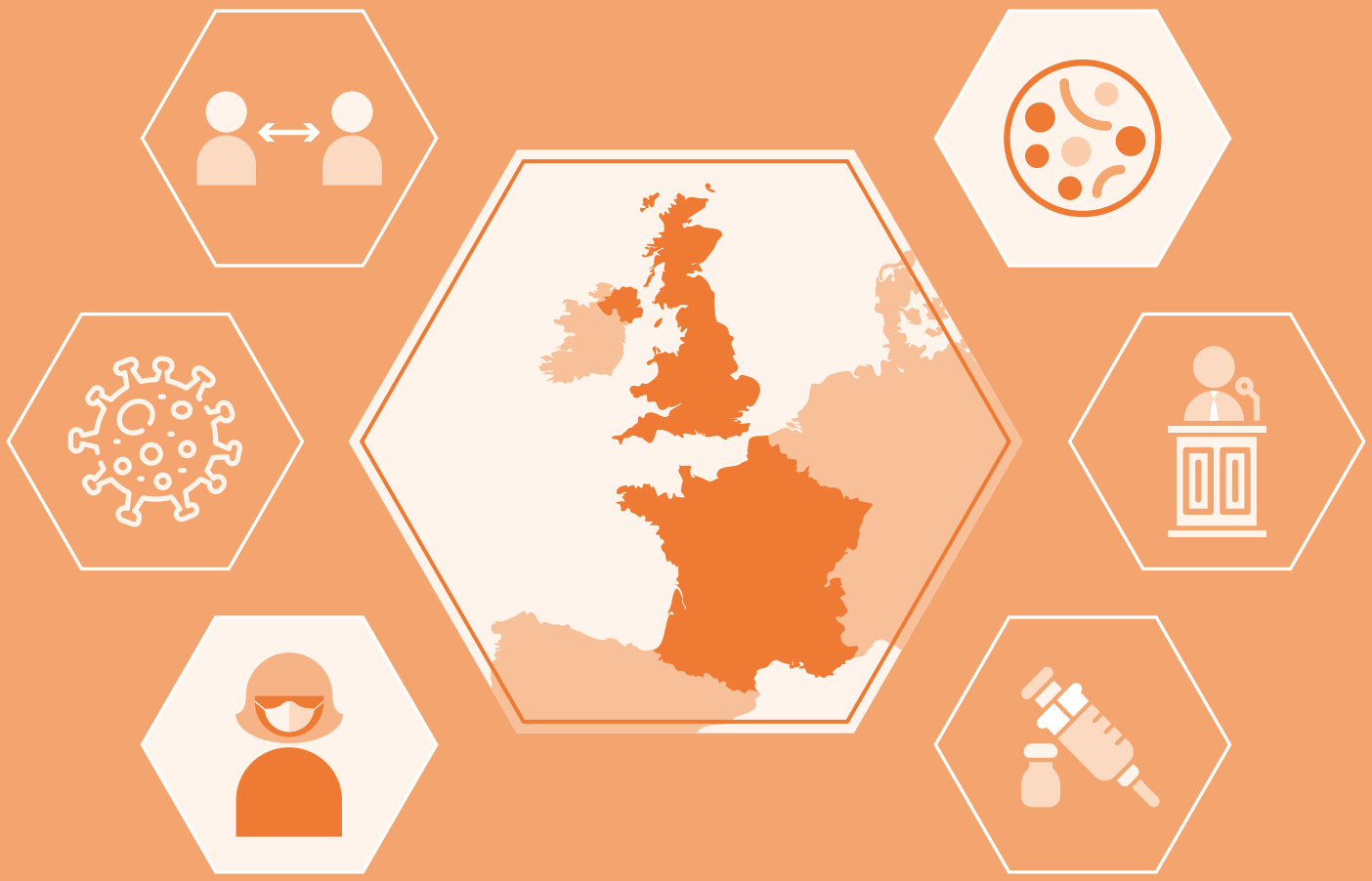

From Science to Policy: UK and France Symposium on COVID-19 Vaccines

Meeting report

14 December 2021

The Academy of Medical Sciences

Académie nationale de médecine

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Opinions expressed in this report do not necessarily represent the views of all participants at the event, the Academy of Medical Sciences, or its Fellows.

All web references were accessed in February 2022

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Preface

Vaccination has been central to the response to the COVID-19 pandemic in both the UK and France. In December 2021, the UK Academy of Medical Sciences and the French Académie Nationale de Médecine convened a joint meeting to compare experiences in the two countries. The purpose of the meeting was to discuss the lessons learned from the vaccination policies implemented in both the UK and France and to examine the role of science in influencing policy..

The meeting was chaired by **Professor Maria Zambon FMedsci**, Director, Reference Microbiology Services, Deputy Director National Infection Service, UK Health Security Agency (formerly Public Health England), and Head, UK WHO National Influenza Centre, and by **Professor Patrice Debré**, Chair, International Relationship Committee, Académie Nationale de Médecine.

Welcome addresses were delivered by **Professor Frances Brodsky FMedSci**, Interim Vice-President International, Academy of Medical Sciences, and **Professor Bernard Charpentier**, President, Académie Nationale de Médecine.

This report provides a summary of workshop presentations and discussions. It reflects the views expressed by participants at the workshop and does not necessarily represent the views of all participants, the Academy of Medical Sciences or the French Académie Nationale de Médecine.

Executive summary

During 2020 and 2021, the COVID-19 pandemic has been the predominant public health threat in both the UK and France. The pandemic presented both a scientific challenge, with little initially known about SARS-CoV-2 or the disease it causes, COVID-19, as well as a test of the mechanisms established to feed scientific advice into national policymaking.

In December 2021, the UK Academy of Medical Sciences and the French Académie Nationale de Médecine jointly convened a workshop to consider responses to the pandemic in the two countries, with a particular focus on vaccination strategies and the role of science in influencing policymaking. The workshop provided an opportunity to share experiences and to learn lessons that could be applied to the next phase of the COVID-19 pandemic or future public health emergencies.

Presentations and discussions at the workshop indicated that the **UK and France had experienced very similar pandemics**, and that policy responses had also been largely the same in the two countries. Initial disease control focused on public health and social measures, with vaccination campaigns being introduced early in late 2020 and early 2021 as the first vaccines became available. Some minor differences were seen in areas such as:

- The experience of **variants**, including the emergence of alpha in the UK and circulation of the Congo variant in France.
- Use of an **extended interval** in the primary COVID-19 vaccination series, first introduced in the UK and later adopted more widely.
- **Vaccination of children**, which has been introduced earlier and more extensively in France.
- More extensive **genomic surveillance** in the UK, drawing on past strategic national investments in genome-sequencing capacity.
- Greater use of **vaccine/health passes** in France, which may have had a significant impact on vaccination coverage.
- **Mandatory vaccination of healthcare workers**, which was introduced earlier in France.

Participants identified a range of key lessons that have been learned during the pandemic in individual countries (or across both), including:

- In the UK, the importance of **investment in a testing infrastructure** and ensuring data flows, to generate timely intelligence on evolving public health threats.
- In France, the need for stronger **genomic surveillance** to track variants.
- The need for more proactive approaches to increase vaccination take up in **hard-to-reach groups**, which typically show low take up of other vaccines and health services.
- The importance of **investment in public health and disease prevention**, which were felt to be neglected prior to the pandemic, undermining early disease control efforts.
- The opportunity to learn lessons from the response to the COVID-19 response to **enhance long-term resilience** to pandemics and other public health threats.
- The importance of maintaining **a strong science base**, which rapidly pivoted and began to work collaboratively to address COVID-19 challenges; this may hold lessons for the research response to other public health challenges.

In both the UK and France, the scientific community was able to provide substantial **input into policymaking** through existing and newly established structures. Participants suggested that the factors contributing to this effective scientific input into policymaking included:

- **Clear routes of communication** of scientific advice to governments.
- Mechanisms to **synthesise data from multiple sources**, drawing on the work of multidisciplinary advisory groups.
- Development of **agreed scientific positions** to present to policymakers and politicians, with scientists still able to discuss individual viewpoints in a personal capacity.
- The role played by **'trusted messengers'**, particularly in the UK, where the UK Government's Chief Scientific Adviser and Chief Medical Officer have been key links between the scientific community and Government.
- **Effective public communication and media engagement**, to ensure that populations are well informed and to minimise distracting public pressures on politicians.

During the course of the pandemic, stronger relationships have developed between the scientific community and policymakers, leading to high levels of trust and more extensive dialogue. Scientists have also consolidated their position as trusted sources of information, and in both countries, an opportunity now exists to build on these advances to strengthen scientific input into other areas of policymaking relevant to health and engagement with public audiences.

Introduction

The UK and France both experienced the full brunt of the COVID-19 pandemic early in 2020. While public health and social measures, including lockdowns, were initially the main methods used to protect populations, in 2021 the availability of COVID-19 vaccines provided additional tools of disease control. Policymakers in both countries have made decisions on how vaccines should be used and how they should be combined with other control measures, with input from the scientific community.

In December 2021, the UK Academy of Medical Sciences and the French Académie Nationale de Médicine jointly convened a meeting to discuss the approaches taken to vaccine use in each country and the role played by scientific advice in informing political decision-making. The meeting provided an important opportunity to compare and contrast practices, and to identify lessons for further health emergencies and for strengthening the links between the scientific community and national policymakers.

SARS-CoV-2 in the UK and France

Professor Wendy Barclay CBE FMedSci, Head of Department of Infectious Diseases, Imperial College London, discussed how the **COVID-19 Genomics UK Consortium (COG-UK)** was rapidly established to generate genome sequence data on UK SARS-CoV-2 viral isolates. However, to interpret genome sequence data, there was a need to understand the implications of genetic variation for virus biology. To achieve this, the **G2P (Genotype to Phenotype) National Virology Consortium** was established as a nationwide collaboration to generate evidence to inform risk assessments of variants. It focused on key aspects of viral biology, including transmission, pathogenicity, impact on interventions, immune escape and infection of animal reservoirs.

Infection of animals in mink farms in Denmark early in 2020 illustrated the potential for SARS-CoV-2 to cross species barriers, evolve and re-infect people. Ultimately, mink-derived variants have not spread widely in people, but spill over events remain a significant risk.

In the UK, waves of infection have been driven primarily by new **variants of concern**. What is now known as the alpha variant first emerged in South-East England before becoming the nationally dominant strain. Genetic changes in the alpha variant altered the results obtained by PCR testing, such that 'S gene target failure' (SGTF) could be used as a surrogate marker of alpha without the need for full genome sequencing, facilitating nationwide surveillance. Subsequently, the delta variant was not affected by SGTF, so its rise at the expense of alpha could also be tracked, while omicron is characterised by SGTF so its displacement of delta could be similarly monitored.

Laboratory studies have been used to explore the properties of viral infection of cultured human airway cells. These findings can be compared with the results of clinical studies, for example on household transmission, to determine which aspects of viral biology may have most significance for spread of infection.

During the delta wave, genomic surveillance has shown that the delta variant is itself diversifying. Targeted surveillance has also been undertaken for specific mutations associated with, for example, immune evasion, such as E484K. Although this mutation has been detected in the UK, and E484k-containing viral isolates are less well neutralised by vaccine-induced antibodies, they have not become established in the UK, possibly because they are not able to compete with dominant circulating lineages.

Omicron is more transmissible than delta and more able to evade immune responses. It appears to be better adapted to humans, showing mutations at the furin cleavage site, a critical site facilitating infection of human cells. Neutralising antibody titres to omicron are reduced and it is able to evade the action of some monoclonal antibody therapeutics. Early indications are that omicron is responsible for less severe disease than delta.

When the omicron variant appeared, studies embedded in routine practice have been able to generate rapid estimates of vaccine effectiveness. Early data suggested that vaccine effectiveness against omicron was reduced, but restored by boosting. Two vaccine doses appear not to be sufficient to protect against symptomatic disease (although levels of protection remain high for severe disease). These findings were instrumental in the decision to extend eligibility criteria for boosting. Neutralising antibody levels fall relatively rapidly after boosting, however, and it is unclear how long protection will be maintained and whether vaccines will need to be updated.

Overall, the response to SARS-CoV-2 indicated how quickly the scientific community could pivot to work on key aspects of COVID-19, and delivered evidence that was of direct relevance to policymaking.

Professor Christine Rouzioux, Chief Virologist, Necker Faculty of Medicine, discussed the impact of SARS-CoV-2 in France, evolution of the virus and latest findings on the omicron variant.

By the end of 2021, France was experiencing its sixth COVID-19 wave (France counts oscillations within the primary waves seen in the UK as separate waves). The virus has evolved rapidly, particularly within key areas of the spike (S) protein, including the receptor-binding domain, the N-terminal domain and furin cleavage site. The sixth wave has been dominated by delta, although some other variants are in circulation, including the so-called Congo variant.

Towards the end of 2021, case numbers began to rise again in Europe, particularly in East Europe where vaccination levels are relatively low. Even before omicron began to circulate, case numbers and hospitalisations were beginning to increase in France. Omicron first began to circulate in younger age groups. Genomic surveillance capabilities are being boosted, for example through the **EMERGEN Consortium**.

Omicron continues to evolve and two sub lineages (VA1 and VA2) have been described. It is unclear to what the limits are on SARS-CoV-2 evolution. Genomic data imply that it diverged early in 2020, suggesting that it has spent many months evolving, potentially in an immunocompromised host or an animal reservoir. Although neutralising antibody levels against omicron are reduced, vaccine-induced protection appears to remain high against severe disease. Because of immune evasion, reinfections with omicron are possible.

Professor Rouzioux suggested that future studies needed to focus on the impacts of boosters and, globally, continuing surveillance and reporting of genome data to support identification of new variants and tracking of virus evolution. Potential counter-measures could include the development of omicron-specific vaccines or bivalent or multivalent vaccines, addition of other viral antigens to broaden protection, or use of new technologies such as self-replicating mRNA vaccines to reduce the need for boosters.

In conclusion, Professor Rouzioux noted that the impact of COVID-19 varied widely across Europe, with countries prioritising different approaches to pandemic control. The situation in Eastern Europe was of particular concern. Among the key next steps were to boost as many people as rapidly as possible, to vaccinate younger age groups, and to continue the use of health passes and other strategies to reduce viral transmission.

Epidemiology and impacts

Professor Dame Angela McLean DBE FRS, Chief Scientific Adviser at the UK Ministry of Defence and Co-Chair of the Scientific Pandemic Influenza Group on Modelling (SPI-M-O), outlined how **modelling** had played a critical role in the policy response to the COVID-19 pandemic in the UK.

Through 2020 and 2021, the UK experienced three major waves of COVID-19 infection, the third wave running from July to December with multiple oscillations in case numbers for reasons that are not clear. The third wave has seen significantly fewer hospitalisations due to high levels of vaccination.

SPI-M-O is a subgroup of the **Scientific Advisory Group for Emergencies (SAGE)**, the principal body providing scientific advice to the UK Government through the pandemic.

SAGE meetings aim to generate a scientific consensus which is then communicated to policymakers through the Government Chief Scientific Adviser (GCSA) and the Chief Medical Officer (CMO. GCSA and CMO have developed crucial positions trusted voices representing the scientific and medical communities.

SPI-M-O meets weekly. Its key role is to provide insight into the possible future trajectory of the pandemic. It generates projections and provides a weekly consensus on key areas of interest, qualified by levels of uncertainty. An important function of SPI-M-O is to assimilate multiple sources of data, which can help to identify early signals of emerging trends. SPI-M-O also generates mid-term projections and runs scenarios based on different assumptions. Professor McLean stressed that modelling can illustrate possible trajectories for the pandemic but cannot predict the future. In the interests of transparency, academic groups contributing to SPI-M-O publish their analyses in the scientific literature.

In terms of public perceptions of modelling, Professor McLean suggested that few data were available on public attitudes specifically to modellers but global surveys suggest that trust in scientists has increased during the pandemic. Some strands of the UK press have been highly critical of modellers, who have been accused of being unduly pessimistic or 'doom-mongers'. However, science correspondents have generally adopted a more balanced approach and made well-informed contributions that, she suggested, had contributed to high levels of pro-social behaviour during lockdowns.

In conclusion, Professor McLean noted that, although the mechanisms underlying scientific input into policymaking were unchanged, good levels of trust had been developed across different groups of stakeholders. This has led to more regular conversations across stakeholders and ongoing dialogue with the Cabinet Office.

Professor Alain Fischer, medical doctor, Professor of paediatric immunology and President of the National Vaccine Strategy Orientation Council, noted that by December 2021, France had experienced more than 8 million cases of COVID-19, with 120,000 deaths and more than half a million hospitalisations. Early data suggested that older people were most affected, which informed vaccine rollout policy and the prioritization of groups such as care home residents, healthcare workers and others according to age and underlying vulnerabilities. In mid-June 2021, vaccination began to be offered to children older than 12 years of age.

France has mostly relied on mRNA vaccines. After a slow start, caused by its reliance on EU procurement mechanisms, vaccination coverage levels increased rapidly and soon matched those of the UK. Around 6 million people (10% of the population) have not been vaccinated, a group that includes those strongly opposed to vaccination as well as many members of ethnic minority populations in overseas territories and some healthcare workers. Professor Fischer suggested that more proactive approaches were needed to reach such people.

France's approach has been to encourage take up of vaccination through education, incentives and coercion as a last resort. A **health pass** was introduced in July 2021, which was required in order for people to engage in certain social activities. This coincided with a marked shift in coverage, with an additional 4–5 million people being vaccinated. From being 17% behind the UK, coverage in France drew level with that seen in the UK within a month.

France's first three waves were managed by public health and social measures. Multiple reasons may be behind its fifth delta-driven wave, including seasonal factors (more indoor mixing), waning immunity following vaccination, weaker adherence to public health and social measures, and circulation of virus in unvaccinated adults and children. Its booster programme got off to a good start, although Professor Fischer noted that waning immunity might still leave vaccinated people at risk of omicron infections.

Take up of vaccination has been high in children, with 90% of children over 12 years of age now vaccinated. The incidence of COVID-19 in children aged 5–11 has been increasing, with some hospitalisations, and vaccination in this age group is being considered. Clinical trials suggest that vaccination in this age group is safe and real-world data are awaited from the USA, which has already introduced vaccination for young children. Decision-making considers both the individual and collective benefits of vaccination.

Professor Fischer suggested that outstanding questions included the choice between preventing transmission and protecting vulnerable populations (although this distinction is to a degree artificial), and how to improve take up of vaccination in hard-to-reach populations. Unanswered scientific questions include the duration of protection in different populations, the nature of correlates of protection, the link between neutralising antibody levels and vaccine effectiveness, and the potential need for updated vaccines to address variants of concern. Equity in access to vaccination is a key global issue.

Policy perspective: Engaging with policymakers and the public

Professor Wei Shen Lim, respiratory consultant and Chair of COVID-19 Immunisation on the Joint Committee of Vaccination and Immunisation (JCVI), provided insights into the activities of the JCVI, focusing on the decision to increase the interval between doses in primary COVID-19 vaccination.

The UK's Medicines and Healthcare Products Regulatory Authority (MHRA) is responsible for approval of vaccines (and other medical interventions), while the JCVI provides advice specifically on vaccination. Both bodies are independent and report to the Department for Health and Social Care, independently of SAGE. The first COVID-19 vaccine was approved for use in the UK on 2 December 2020 and the first dose was administered on 8 December 2020, to a 90-year-old individual, in line with the age-based prioritisation recommended by the JCVI.

Faced with rising cases in late December 2020, the JCVI called an emergency meeting. It recommended that provision of a first dose of COVID vaccine should be a priority and that the interval between first and second doses should be increased up to 12 weeks. The Chief Medical Officer for England issued a public release communicating this position and was able to ensure its rapid implementation within the NHS in England. The new policy was not supported by all – the British Medical Association was strongly opposed and some media commentators were highly critical. Professor Lim noted that the mainstream media, who are also independent of government, can exert significant influence on politicians and their decision-making.

Stronger evidence in support of the new policy accumulated over time. The first vaccine dose was confirmed to provide very good protection, particularly against severe disease. Laboratory data suggested that a longer gap between doses generated stronger immune responses, which in clinical studies was found to lead to enhanced vaccine effectiveness. There was also some evidence to suggest the longer gap was associated with fewer adverse events. Modelling studies identified clear public health benefits of the policy for low- and middle-income countries.

According to Professor Lim, the experience emphasised the need for bodies such as the JCVI and MHRA to communicate with public as well as professional audiences, to build public trust in advisory bodies. Other important lessons are the importance of independent scientific advice, a willingness of advisory bodies to offer tough advice, being practical and nimble, and coming to conclusions based on scientific evidence alone – 'without fear or favour' from government.

In terms of the vaccine programme itself, Professor Lim suggested a range of factors had underpinned its success. These included the fact that it was simple to understand and implement, it was seen to be fair, and it adopted a risk-based approach (for example with respect to age).

Professor Yves Buisson, epidemiologist and President of the COVID-19 Taskforce at the Académie Nationale de Médecine, discussed some of the activities undertaken by the Académie, particularly its media engagement to encourage informed debate on policy options, including vaccination policy.

In early 2020, a range of bodies were invited to provide input to the French Government, while the Académie created a specific 'cell' dedicated to consideration of COVID-19 policy issues. The Académie set out to monitor and review Government recommendations, to explore issues at the interface between medicine and science, to prepare papers on topical issues, and to produce press releases and bulletins to inform debate and shape policy.

Over the past two years, the Académie has produced more than 130 press releases, 27 of them focused on vaccination-related issues. Most of these were produced at early stages of the pandemic. As well as COVID-19 vaccination, releases also stressed the importance of not neglecting childhood immunisation and flu vaccination campaigns.

Other early themes included the need to develop a strategy for vaccination in advance of vaccines being available and the importance of developing an electronic vaccine record system. The Académie also raised awareness of the issues relating to informed consent in older people, including those with cognitive impairments.

In April 2021, the Académie urged the French Government to accelerate the vaccine introduction programme. It also promoted the use of vaccine or health passes and argued that vaccination was preferable to repeated use of tests to demonstrate the absence of infection. In August 2021, it advocated for booster doses for those aged over 65 or with co-morbidities, alongside intensification of efforts to reach the unvaccinated. It has also pressed to extend immunization to special groups, including pregnant women, migrants and vulnerable children. In addition, it has highlighted the potential application of mandatory vaccination, initially for healthcare workers but also for the general population.

Overall, suggested Professor Buisson, the main focus of vaccination-related communication activities has been the practicalities of mass vaccination, the need to achieve high levels of population immunity, applying strategies such as a health passes and mandatory vaccination to increase coverage, and highlighting the need for additional research in new vaccines and alternative vaccination protocols.

Discussion and emerging themes

The meeting coincided with the early phases of the **omicron wave** in the UK and France, and discussions focused on how well prepared the two countries were to deal with the new variant. The critical importance of the early warning provided by South African scientists was acknowledged. The UK strategy has principally been to promote uptake of booster doses. Its booster programme began in September 2021, and it was suggested that higher vaccine uptake then would have placed the UK in a stronger position to manage the on-coming omicron wave. Notably, however, at the beginning of November 2021, there were still nearly 6 million people who were eligible for vaccination but unvaccinated.

France has achieved good population coverage, and has been more willing to maintain public health and social measures. Participants suggested that crisis communication in France could have been better; it was felt that the French population had in general been coping well with the stresses of the pandemic and control measures, although fatigue was felt to be setting in. The potential for political factors to influence policymakers was also emphasised, with upcoming French elections in 2022 potentially having an impact on decision-making.

It was suggested that genomic surveillance has not been as extensive in France as in the UK. Changes to scientific practices, particularly the establishment of multidisciplinary research programmes focused on COVID-19, plus rapid publication of results, could be a model adopted for other public health threats.

French participants suggested that **public health and disease prevention** had been neglected in the country prior to COVID-19. In the UK, underinvestment in testing capacity led to major difficulties in obtaining data early in the pandemic. The importance of being open minded about the nature of a pandemic threat and flexible in planned responses was also emphasised, as early responses to COVID-19 in the UK may have been shaped by the expectation that the next pandemic would be an influenza virus.

It was suggested that, even at this stage of the pandemic, the **understanding of SARS-CoV-2 transmission** was incomplete, and the full impact of many public health and social measures was still unclear. Over the longer term, a better understanding of these factors could inform the development of infrastructure that was better able to support infectious disease control. For example, learnings from the pandemic could have important implications for areas such as building design and ventilation. These could form part of a more integrated approach that considers resilience to a wide range of anticipated social and public health challenges, including climate change.

How best to maximise vaccination coverage was seen as an important issue in both countries. France has achieved good coverage, but not as high as nearby countries such as Spain and Portugal. It was suggested that social isolation among older people could be contributing to lower take up, with coverage higher in countries where multigenerational households are more common. For the UK, the population groups where vaccine coverage was lower were typically the same groups with lower coverage for immunisations against other diseases. It was noted that intensified efforts are needed to reach underserved groups in both countries.

Discussions also focused on the origins of SARS-CoV-2 and the potential for transmission through **animal reservoirs**. Coronaviruses tend to be 'generalists', with the capacity to infect multiple species, and SARS-CoV-2 has been able to infect many different types of animal. Spill-over into mink and human reinfection highlighted the potential dangers associated with animal reservoirs and the need for surveillance at the human–animal interface. Much remains to be learned about the global circulation of viruses, and the emergence of human pathogens from animal reservoirs is the most likely origin of the next pandemic.

Participants also discussed the potential for **conflicting scientific advice**, given high levels of uncertainty. In the UK, advisory committees such as SAGE have encouraged open debate but arrive at an agreed position that is then communicated to policymakers via the Government Chief Scientific Adviser and the Chief Medical Officer. On occasion, this may require committee members to suppress disagreement in order to ensure a common position can be presented – without such clarity, policymakers may opt not to act.

However, committee members are free to publish their findings and to communicate their views, as long as they make it clear that they are speaking in a personal capacity. In France, it was suggested that, although multiple bodies independently offer scientific advice, in practice inconsistencies have been rare. Ultimately, it has been up to policymakers to interpret the advice provided and to decide on actions.

Vaccination of children has been an area where practice has been different in the two countries. In the UK, vaccination of children has generated strong emotions on both sides of the argument. At the time of the meeting, vaccination had not been approved in the UK for 5–11-year-olds. More than three-quarters of children aged 12–17 have been vaccinated in France, and the country began vaccinating 5–12-year-olds in late December 2021. It was suggested that testing for past infection and use of single doses could reduce vaccine use. However, this would add considerable complexity to a vaccination programme, and there is evidence that past infection is less protective against omicron.

France has also been more willing than the UK to consider **stronger measures to encourage or mandate vaccine uptake**. Its health pass strategy provided an incentive for those wishing to participate in social activities. Mandatory vaccination for healthcare workers, introduced in September 2021, has also been a powerful incentive, as staff have been unable to work without up-to-date vaccination status. The UK is poised to introduce a similar model in April 2022.

The importance of **global equity in access to COVID-19 vaccines** was also stressed. It was acknowledged that policymakers inevitably prioritised their own populations, but participants urged governments also to invest in increasing global access through structures such as COVAX. The emergence of omicron is a vivid reminder of the consequences of high levels of virus circulation in under-immunised populations. As well as greater global availability, the need to ensure COVID-19 vaccine acceptance was also emphasised.

Conclusions

The omicron variant has provided new impetus to the COVID-19 pandemic in both the UK and France. Many aspects of the pandemic have been similar in the two countries, although some elements of national responses have shown minor differences. This provides an opportunity for the two countries to learn from one another as they plan future strategies and responses to further pandemics or other public health emergencies.

Scientific advice has been critical in both the UK and France, and pandemic responses have to a large degree been scientifically informed in both countries, even if the precise mechanisms for scientific input into policymaking have differed. The scientific community has also had an important role to play in communicating with public audiences, directly and through the mainstream media, and it appears that scientists have maintained their position as trusted sources of information. Perhaps inevitably, political considerations have also influenced policymaking, which has at times put Government advisers in a difficult position given their role in conveying scientific advice but also requirement not to undermine Government policies.

During the course of the pandemic, stronger relationships have developed between the scientific community and policymakers, leading to high levels of trust and more extensive dialogue. An opportunity now exists to build on these advances to strengthen scientific input into other areas of policymaking relevant to health.

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