SESSION SEVENTEEN OF THE ALL PARTY PARLIAMENTARY GROUP
Pandemic Response and Recovery
Monday 17 July 2023, 5.30-6.30pm, Room S

MINUTES

In Attendance: Esther McVey MP (Chair), Graham Stringer MP (Co-Chair), Chris Green MP, Sir Christopher Chope MP, Henry Smith MP, Earl of Leicester, Lord Reay.

Apologies: Philip Davies MP, Sir Iain Duncan Smith MP, Sir Graham Brady MP, Miriam Cates MP, Greg Smith MP, Rt Hon Sammy Wilson MP, Dawn Butler MP, Ian Paisley MP, Paul Girvan MP, Baroness Fox of Buckley, Baroness Noakes, Lord Lilley, Lord Strathcarron, Baroness Foster, Baroness Morrissey, Lord Moylan, Lord Robathan, Lord Ashcombe.

1. The Chair welcomed the APPG members to the meeting to discuss the Covid-19 vaccines and the Yellow Card system.

2. The Chair introduced the speakers, Professor Carl Heneghan, Professor of Evidence-Based Medicine at the University of Oxford and Director of the Centre for Evidence-Based Medicine, and Peter Todd, a solicitor with over 30 years post qualification experience, with a particular interest in cases of adverse reactions to vaccines. He is acting for 43 families of people who have suffered fatal blood clots as a result of AstraZeneca vaccination.

Prof Heneghan outlined his findings from a systematic search for publications since 2010, giving some background on the Yellow Card system and how reports of suspected adverse drug reactions (ADRs), which account for 6.5% of hospital admissions, are the early warning system allowing the Medicines and Healthcare products Regulatory Agency (MHRA) to detect safety signals. He described some of the problems with the Yellow Card system, under reporting, possibly as high as 98%, detection and analysis of signals substantially hindered by under reporting and assignment of causation, citing the Independent Medicines and Medical Devices Safety (IMMDS) Review that the system is too “complex and diffuse” to allow early signal detection and requires reform. Professor Heneghan then looked at yellow card reporting of the Covid-19 vaccines, querying why since January, the MHRA summaries of Yellow Card Reporting for Covid-19 vaccines focus on the vaccines from the start of the Autumn 2022 booster campaign. He gave the total number of reports of suspected ADRs 481,239 including 2,546 with a fatal outcome.

He raised questions about the MHRA’s assertion that previous under reporting estimates should not be used, found no evidence of the high public awareness claimed by the MHRA so the number of suspected ADRs could be 10 times higher and suggested validation studies would ascertain a more robust estimate, noting the MHRA uses inadequate reporting in the system preventing any analysis, so cannot assess or compare the safety of different vaccines, despite claims it carefully reviews and takes all reports with a fatal outcome very seriously.

He cited Denmark, Norway and Iceland as examples of better systems, which suspended the AstraZeneca Covid-19 vaccine due to blood clots in March 2021. Professor Heneghan

identified further issues causing widespread problems with suspected ADR reporting, such as the MHRA's funding, primarily by the pharmaceutical industry, concluding that patient safety is compromised and without legislative and funding changes and the separation of regulatory approval from post marketing pharmacovigilance, more harm and cost to the health system will result.

Peter Todd outlined his experience of dealing with vaccine damage cases and the Vaccine Damage Payment Scheme (VDPS), the main source of vaccine compensation, and how difficult and unpleasant for the victim it is to attempt a claim against a manufacturer - especially when no such claim has been successful previously in a UK court. He described the parallels between the 2009 Pandemrix vaccine for swine flu and the Covid vaccines: a global pandemic; the government commissioning emergency vaccines that were not fully tested and hastily rolled out with an indemnity against any civil claims. He added that where a new vaccine technology is introduced through a vaccine programme, testing is extremely important.

He updated the Group on the latest VDPS data: as of 20 June 2023, the VDPS has had 6,183 applications for compensation; 2,101 (33%) have been determined so far; 139 applications have been waiting for more than 18 months (processing was 3 to 6 months pre-pandemic); 119 awards for severe disability as a result of vaccination have so far been made, 44 of which died as a result of vaccination; 162 claims found disablement caused by the vaccine was not severe enough so no award was made. Mr Todd expressed concern about how those assessments were done, in many cases the doctor making the assessment does not meet with or speak to the applicant, and the length of time to appeal.

Mr Todd highlighted the disproportionate number of covid vaccine applications (about 2,600), compared to non-covid vaccine applications (208) in the same period, which have generated a very high number of adverse reactions in relative terms and in a normal pre-pandemic year it was about 100. He outlined the injuries in the cases he is acting for, strokes, heart attacks, amputations and 43 families of people who suffered fatal blood clots as a result of AstraZeneca vaccination. For Yellow Card figures in relation to the clots alone, there is a total of 81 deaths and 445 serious injuries. He also spoke of his concern about the effect such an unprecedented level of severe ADRs may have on people's inclination to have vaccines generally.

In conclusion he called for a fundamental overhaul of the whole process and the Department of Health to get behind a decent compensation scheme, without which long term reticence in vaccines could grow and lead to a resurgence of diseases.

3. The Chair opened the meeting up to Members. Discussion points focussed on the limitation period of 3 years being triggered before people have had the chance to get their case to a tribunal, denial of liability by AZ and the government and the prohibitive cost of bringing such cases to court and how many people were harmed due to the failure of the MHRA to withdraw the AZ vaccine as quickly as other countries, raising questions about their role as regulator or enabler. There was also discussion about the Emergency Use Authorisation approval process giving manufacturers the ability to get treatments on the market quicker and the way it negates informed consent. Other areas of discussion touched

on the wider issue of conflicts of interest in research and other examples of court cases involving damage due to medical treatment such as Primodos.

4. The Chair thanked all who attended and confirmed the date of the next meeting, 5.30pm, Wednesday 6 September 2023 and brought the meeting to a close.