



Department
of Health &
Social Care

Freedom of Information Team
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

www.gov.uk/dhsc

Mr Mark Squires

By email to: request-825342-1a5e785e@whatdotheyknow.com

2 March 2022

Dear Mr Squires,

Freedom of Information Request Reference FOI- 1386347

Thank you for your request dated 23 January 2022, in which you asked the Department of Health and Social Care (DHSC):

Dear Department of Health and Social Care,

1. I'd like the Department of Health to publish information pertaining to the efficacy of Vaccine Passports in:

- A.) Reducing infection and onward transmission*
- B.) Reducing the rate of hospitalisations*
- C.) Reducing deaths.*

2. Similarly, I would like to see all evidence that was utilised in allowing Vaccine Passports to form part of the amended health protection regulations between 15th December 2021 & 26th January 2022.

Please accept my apologies for the lateness of this reply

Your request has been handled under the Freedom of Information Act 2000 (FOIA).

DHSC holds information relevant to your request. However, as this information is already in the public domain, we will, under section 21 of the FOIA (information accessible to the applicant by other means), refer you to the published source(s).

Section 7 of [The Health Protection \(Coronavirus, Restrictions\) \(Entry to Venues and Events\) \(England\) Regulations 2021 - Explanatory Memorandum \(legislation.gov.uk\)](#) sets out the reasons for the introduction of proof of COVID-19 status, based on vaccination, testing, or exemption, as a condition of entry to certain non-essential settings as part of Plan B. Paragraph 7.5 summarises the public health information that was available to the government at the time of the policy's introduction.

[Lord Kamall's response to Lord Taylor of Warwick - Written questions, answers and statements - UK Parliament](#) explains the rationale for both the introduction of domestic vaccine-or-test-based certification and for its sunset effective 27 January.

In addition, [SAGE 87](#), the [COVID-Status Certification Review \(6 July\)](#), and

[SAGE 96](#) outline the potential impacts of a vaccine-based model (rather than a vaccine-or-test-based model) of certification in reducing transmission, hospitalisations and deaths in the context of Delta variant.

[SAGE 97](#), (29th November 2021) stated that “past SAGE advice on measures to reduce transmission (including certification) remains highly relevant” in the context of the emergence of the Omicron variant.

No public health assessment has been made of the individual impact of mandatory domestic certification since its introduction on 15th December 2021 and later sunset on 26th January 2022. As stated in [EMG, SPI-M and SPI-B: Considerations in implementing long-term 'baseline' NPIs, 22 April 2021 - GOV.UK \(www.gov.uk\)](#), considered at [SAGE 87](#), “measures do not generally have a simple additive effect as they interact. Since measures are not introduced in isolation and form part of a package, it is difficult to estimate the impact of individual non-pharmaceutical interventions (NPIs). Therefore, it is important to consider packages of measures.”

You may also be interested in the following information, which may provide useful additional context:

Proof of COVID-19 status, based on vaccination, testing, or exemption, as a condition of entry to certain non-essential settings, was part of a package of short-term measures aimed at reducing pressure on the NHS. From 27th January, venues and events are no longer legally required to check the NHS COVID Pass as a condition of entry.

Current information shows that in the context of Omicron variant, vaccination still provides significant protection against severe disease and hospitalisation. This protection is optimised by a booster.¹ Estimates for vaccine effectiveness against infection with the Omicron variant are not yet available².

Individuals can also show a recent test result to access settings which operate vaccine-or-test certification. Negative test results provide some assurance that an individual is not infectious when the test is taken and for a short time afterwards.

Overall, vaccine or test certification helps reduce risks in these settings when compared with no intervention. It does not, however, eliminate the possibility of infectious people attending or transmitting the virus in these settings so individuals should continue to exercise caution.

¹ The most recent (as of date of correspondence) UKHSA report on vaccine effectiveness can be found here [Vaccine surveillance report - week 7.pdf](#).

² [Vaccine surveillance report - week 7.pdf](#), page 11. The [COVID-19 vaccine surveillance report - week 49](#), published prior to the introduction of mandatory COVID-19 status checks, stated that vaccine effectiveness against infection of the Delta variant is estimated to be 65% with Vaxzevria (AstraZeneca) and 80% with Comirnaty (Pfizer).

On 19th January, in response to data that shows that COVID-19 cases are falling, and that the high levels of vaccination and booster uptake have helped to reduce the risk of severe disease and hospitalisations, the government announced the sunset (effective 27th January) of mandatory certification to access certain settings, along with other Plan B measures.

We have responded to your request on the basis that you are referring specifically to the public health evidence used in the decision to introduce COVID-19 status checks, rather than to other information sources such as the stakeholder engagement and the public call for evidence the government conducted which helped inform the details of the policy. If you intended these to fall in-scope of your request, you may wish to clarify it. However, please be aware that we cannot guarantee that any clarified requests will fall within the FOIA cost limit, or that other exemptions will not apply.

If you are not satisfied with the handling of your request, you have the right to appeal by asking for an internal review. This should be sent to freedomofinformation@dhsc.gov.uk or to the address at the top of this letter and be submitted within two months of the date of this letter.

Please remember to quote the reference number above in any future communication.

If you are not content with the outcome of your internal review, you may complain directly to the Information Commissioner's Office (ICO). Generally, the ICO cannot make a decision unless you have already appealed our original response and received our internal review decision. You should raise your concerns with the ICO within three months of your last meaningful contact with us.

The ICO can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow SK9 5AF

Website: <https://ico.org.uk/concerns>

Yours sincerely,

Freedom of Information Team

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