



Department  
of Health &  
Social Care

**NIHR** | National Institute  
for Health Research

*From the Chief Medical Officer & Chief Scientific Adviser  
Professor Chris Whitty CB FMedSci*

7<sup>th</sup> Floor, 39 Victoria Street  
London  
SW1H 0EU  
[chris.whitty@dhsc.gov.uk](mailto:chris.whitty@dhsc.gov.uk)  
[www.gov.uk/](http://www.gov.uk/)

Dear Dr Mehta and Dr JS Bamrah,

Thank you for your letter concerning vulnerable children and adults during the COVID-19 pandemic. Like you, we agree we need to ensure both that existing disadvantages are not exacerbated by differentially discouraging children from schooling or adults from employment, with potentially lifelong implications, and also take into account different levels of risk from the virus. Protecting those who are at high risk of severe outcomes from COVID-19 is obviously very important. I have outlined below some of the steps taken to protect those who are vulnerable to this virus, and the plans going forward.

Early in the pandemic, the Shielded Patients List was developed to identify people with particular conditions which put them at high risk of becoming very unwell or dying from COVID-19, based on the data available at the time. These people were advised to substantially reduce their social contact. This of course ensured they were largely kept safe from contracting the virus, but was no doubt a challenging and difficult time for many.

Given the emerging evidence on COVID-19 and the greater understanding we now have of risk factors, the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) were asked to assess whether a new predictive risk tool could be developed. The resulting tool is in development and will take into consideration ethnicity along with other demographic and medical risk factors when identifying risk. The tool will ensure that those people who are vulnerable to the virus are able to understand their personal risk, and through a conversation with their clinician, can make appropriate decisions about their (risk-taking) behaviour going forward.

Your letter raised an important point on schools. As you'll be aware, it is well documented that a lack of schooling has a significant negative impact on a child's overall health and wellbeing, as well as their future prospects. In addition, we know that the risk posed to children from COVID-19 is small, with the great majority having only mild or no symptoms at all; this is the view of SAGE and of the Royal College of Paediatrics and Child Health among others. Therefore, it is a priority wherever possible to get children safely back into school this year, following the disruption they faced last academic year. This is probably even more important in disadvantaged groups. The UK CMOs wrote about the importance of this and provided a summary of the current evidence in the following statement:

[www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-schools-and-childcare-reopening](https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-schools-and-childcare-reopening)

To further reduce risk, schools are following strict guidance from the Government to ensure it is as safe as possible. Children who live with high-risk adults are still expected to attend school, based on the evidence that transmission between pupils in the school setting doesn't appear frequently and systems of control are in place to ensure any risk is minimised. The negative implications for differentially not having them at school, for what could be a full academic year, has to be proportionate to the risk; this is not an easy balance.

Finally, let me briefly detail some of the wider work the Government are currently doing to address the disparities in risks and outcomes of COVID-19; I share your view on the importance of this. You'll be aware that Public Health England published a report exploring the risk factors of COVID-19 earlier this year. Following this, the Minister for Equalities is leading cross-Government work to address the recommendations in the report. This work will help build understanding on why certain groups are more negatively impacted than others, and even more importantly establish what interventions can effectively address this. A focus within this work is improving the communications to certain vulnerable groups. This is crucial and will help address inequalities. Furthermore, there is a vast amount of research being undertaken to understand the interplay between ethnicity and outcomes from COVID-19, much of which is being funded by the National Institute of Health Research (NIHR).

I hope this response addresses your concerns on this very important series of issues.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'C Whitty', written in a cursive style.

**PROFESSOR CHRIS WHITTY  
CHIEF MEDICAL OFFICER FOR ENGLAND,  
CHIEF SCIENTIFIC ADVISOR TO THE DEPARTMENT OF HEALTH AND  
SOCIAL CARE**