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Covid-19: Vaccination

Volume 686: debated on Monday 14 December 2020

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[Sir David Amess *in the Chair*]

🕒 6.00pm

Elliot Colburn >

(Carshalton and Wallington) (Con)

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I beg to move,

That this House has considered e-petition 323442, relating to vaccination for Covid-19.

It is a pleasure to serve under your chairmanship, Sir David. The petition is entitled,

“Prevent any restrictions on those who refuse a Covid-19 vaccination”.

To date, more than 307,000 people have signed it, including 641 from my constituency. It states:

“I want the Government to prevent any restrictions being placed on those who refuse to have any potential Covid-19 vaccine. This includes restrictions on travel, social events, such as concerts or sports. No restrictions whatsoever. You cannot force someone to have a vaccination, and should not be able to coerce them into it by way of restrictions. We have to the right to assess the risk ourselves as we have done in the past.”

The Government’s reply states categorically:

“There are currently no plans to place restrictions on those who refuse to have any potential Covid-19 vaccine.”

So there we are. I quite agree that, in a modern liberal democracy, the state cannot and should not force someone to put something into their body, nor should it introduce punitive measures against those who refuse to do so. The Government have confirmed in their reply that they have no such intention, but rather than leaving it at that I will make some remarks. As the petition gives us the opportunity to discuss vaccinations, I will urge people to get the vaccine when their time comes. In doing so, I will offer reassurance about the safety of not just this vaccine but others, which also go through rigorous trials before being distributed to the public. I also want to dispel some of the myths about vaccinations.

We can be proud that a Brit, Edward Jenner, first discovered vaccinations in the form that we know them today. In 1796—a year that none of us was around for, I am sure—Jenner demonstrated that a mild infection with the cowpox virus conferred immunity against the deadly smallpox virus. Cowpox served as the natural vaccine for smallpox until a more modern vaccine emerged in the 19th century, laying the groundwork for the system of vaccinations that we know today. Smallpox remains the only virus that is considered to be eradicated internationally since its eradication was declared in 1980.

Since Jenner's discovery, vaccines have been developed to offer immunity to a whole range of viruses, such as measles, mumps, rubella, influenza, tetanus, polio, diphtheria, yellow fever, rabies, hepatitis, human papillomavirus, meningitis and so many more. It is easy, therefore, to take vaccines for granted, but I invite colleagues to have a think just for a moment about the impact that vaccines have had on the world. Those illnesses would once have struck dread, fear and anguish into the millions who were diagnosed with them. Yet today our lives are quietly unaffected by those horrors, thanks to the seemingly simple concept of quick action through vaccines.

Of course, when we have to put things into our bodies, we want to know that they are safe, and vaccines have some of the most—if not the most—rigorous safety tests in the world. One of the most common questions I receive from my constituents, which I am sure other hon. Members receive from theirs, is about how we know whether the covid vaccine is safe. Vaccines are not like electrical items such as new iPhones, which go through some initial testing and then into the market. When initial flaws are found, they are then brought out with new additions to address those flaws. Vaccines have to be considered safe from day one.

The standard for testing and monitoring vaccines is higher than for most other medicines, because they are unusual in the medical world in that they are put into the bodies of healthy people, especially healthy children. That means that the acceptable level of risk of harm is much lower than in cancer treatment, for example, for which we accept a certain level of risk, given the illness that we are battling.

According to the Oxford Vaccine Group, the following are just some of the stages that a vaccine has to go through before use: a literature review to look at what has been done before; a theoretical development or innovation, coming up with a new idea or varying an existing one; and laboratory testing and development, involving in vitro testing using individual cells and in vivo testing, which often uses mice. Even at that early stage, when the vaccine is not being tested on humans, it still has to pass rigorous safety tests to demonstrate that it works.

After that stage, it will move on to a phase 1 study: an initial trial of a small group of adult participants, normally up to only 100, carried out to ensure that the vaccine does not have a major safety concern in humans and to work out the most effective dose. We then move on to a phase 2 study: a trial with a larger group of participants, normally several hundred, to check that the vaccine works consistently across various groups of people and to look at whether it starts to generate an immune response. It is also in this stage that we start to find out any potential side-effects.

After that stage, we move on to a phase 3 study: a trial of a much larger group of people—normally several thousand. Those trials gather statistically significant data on the vaccine's safety and efficacy, which means looking at whether the vaccine generates the level of immunity that would prevent disease, and which provides evidence that the vaccine can actually reduce the number of cases. The phase 3 study also gives us a better chance of understanding side-effects, particularly rarer side-effects that might not have been caught in the phase 2 trials.

After the phase 3 studies, we move into licensing and expert review of all trial data by the UK Government and the Medicines and Healthcare Products Regulatory Agency. At that stage, regulators check that the trials show that the product meets the necessary efficacy and safety levels. They also ensure that, for example, the product's advantages far outweigh the disadvantages. After the vaccine is disseminated to the public, phase 4 studies start: post-marketing surveillance of the vaccine to monitor the effects after it has been administered to the general population.

That is quite a substantial list of safety tests, but it does not stop there, because the vaccine, and the trials used to test it, must also meet a set of regulations. They include regulations laid down in international conference on harmonisation good clinical practice; the declaration of Helsinki, which is about ethical principles for medical research involving human subjects; the EU clinical trials directive, enshrined in UK law by the Medicines for Human Use (Clinical Trials) Regulations 2004; and the Royal College of Paediatrics and Child Health guidelines for the ethical conduct of medical research involving children.

In addition to that additional layer of safety, for trials in the United Kingdom the vaccine and the trials used in its development must receive individual approval from the MHRA, while the trial itself must be approved by an NHS research ethics committee, a local NHS research and development office, and the Health and Safety Executive. That is quite an extensive list of tests and regulations that a vaccine has to go through before it is considered safe to be used by the wider public.

Vaccines go through rigorous testing, and all information relating to their testing, licensing, side-effects and so on is available for public scrutiny. Vaccines are also constantly monitored after approval. The extensive list of stages a new vaccine must go through raises the question of how the covid-19 vaccine—the Pfizer vaccine currently being rolled out—was approved so quickly. Vaccines can take several years to be approved, so that is a fair question, which we must answer.

To reassure people, there are several answers, and I am sure that the Minister will have further details. The first obvious reason why

this particular vaccine has been rolled out so fast is the huge international effort that has gone into finding and the funding that has gone along with it. Finding a working vaccine has been the primary, if not sole, job of many of the world's scientists for much of the past year, and has been backed by funding from various foreign Governments.

Dr June Raine, the chief executive of the MHRA, has explained further how the UK in particular was able to approve the vaccine so quickly. I advise people to look at her article in *The Times* titled, "How we backed a Covid vaccine before the rest of the West", in which she spoke of the work that went into getting preparations in place before the vaccine data arrived, meaning that the MHRA was not starting from scratch. That included setting up an independent expert working panel in June, preparing laboratories for batch testing in September, and reviewing rolling data from Pfizer from October. That meant that by 23 November, when the final data submission arrived at the MHRA, good progress had already been made so that it could review the data, consult with the Commission on Human Medicines and approve the vaccine for use once satisfied, with no corners cut and no stone left unturned.

It is only natural to have questions about something that we put into our bodies, so I hope that that offers some peace of mind. People should ask questions, speak to their GP, pharmacist and so on about this or any vaccine, and find out the information that they want to know. Go to those with the knowledge—please do not listen to dangerous internet conspiracy theories.

If people need any proof that the anti-vax movement is driven by anything but concern for public safety, they need look no further than Brian Deer's excellent book, "The Doctor Who Fooled the World: Andrew Wakefield's War on Vaccines", which I had the pleasure of reading before today's debate. He expertly demonstrates the lies, the bad science, the personal ambition and everything in between that drives this well-funded and well-organised movement, which has ulterior motives to the ones it claims publicly. Because of the anti-vax movement, children are now dying from illnesses that they could easily have been prevented from contracting, such as measles, mumps and rubella, which is an absolute disgrace.

Vaccines are not just safe, but they are a marvel of hundreds of years of medical and scientific research. A seemingly simple concept of an injection, over in a matter of seconds, will prevent people from contracting ailments that would otherwise have caused them life-changing harm or even death. I hope I have managed to demonstrate that vaccines in the UK go through the strongest possible checks for safety before they can be used.

I have heard the calls, as I am sure have other hon. Members, from those who say, "Well, if it is safe, why don't you have it? Prove to us that you have had it." As a 28-year-old with no underlying health conditions that make me more susceptible to a respiratory illness, such as coronavirus, I should not be taking the vaccine from someone who needs it, but if that is what it takes to get people to have it, then I will gladly have it. Sign me up, and I will have the vaccine, with as many cameras there as people want. Ultimately, I want people to listen to the debate and take away this message: please, please, please have the vaccine when the time comes and you are asked to come forward. The right, healthy, patriotic and human thing to do is to be vaccinated to protect individuals and those around them.

I was not the only one moved by the words of those who had the vaccine on the first day. They talked about how they had been separated from their loved ones for so long, and were looking forward to seeing people and doing normal things again. Any number of the people who had the vaccine on the first day would have been poignant to reference, but I cannot sum up today's debate in any better words than those of Mr Kenyon, who was interviewed on the streets of London by the American news organisation CNN:

"There's no point dying now, when I have lived this long, is there?"

🕒 6.12pm

Jim Shannon >

(Strangford) (DUP)

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It is always a pleasure to speak on any issue in Westminster Hall, Sir David, but my mailbag has been full of points of view about this issue. I agree with some of those points of view, and have questions about others.

The hon. Member for Carshalton and Wallington (Elliot Colburn) set the scene exceptionally well. The purpose of the debate is to say that those who are convinced to have the vaccine should do that—I am one of them—and that those who have questions should have those questions answered. That is thrust of where the hon. Gentleman was coming from, and it is exactly what I would wish to see being done. I thank him for setting the scene and bringing forward the debate.

As some hon. Members will know, I lost my mother-in-law to covid about seven weeks ago. The effect of covid-19 was particularly relevant to my family. At the time my mother-in-law had covid-19, she had underlying issues, so, unfortunately, when covid-19 struck, her time in this world was always going to be difficult. The doctors thought they might be able to do the plasma test with her, but they quickly realised they could not do that, because her kidneys would be unable to take it. Therefore, it was basically palliative care.

It was terribly sad, because she was on a ward on her own in the Ulster Hospital and none of us could go and see her. We all wanted to, but we could not. Her daughter —my wife's sister—was in the ward across from her in the intensive care unit, with covid-19 as well, at the same time. She could not even go the distance from where the hon. Member for Carshalton and Wallington is seated to where I am now to see her mum, because it was not allowed. My wife and my father-in-law were self-isolating. My wife's aunt and uncle both had covid-19 at the same time. My wife's uncle Frank was on oxygen in the ICU of the Ulster Hospital, as was her sister-in-law. They are all better today.

My 11-year-old granddaughter also had it at about the same time. I can never understand how covid-19 can take this person and not that person. At 11 years of age, my granddaughter is very strong and fit and able to combat it. It did not affect her mummy, daddy or sister, who did not have it, so it is sometimes a bit hard to understand. But when I talk about this disease and the e-petition, I have personal knowledge of how it affects families.

Also, I had two very good friends. Norma McBride, a lady who looked after our Soldiers, Sailors, Airmen and Families Association coffee morning every year, had underlying issues and did not last long. Here is a story. Two sisters, one of whom works in my office, came together for a family reunion in February this year. Betty from my office and Norma both drank from the same bottle of water. Norma took covid and died, and Betty did not. One would think that the chances of getting covid after drinking from the same bottle as one's sister, who went on to get covid, would be fairly strong. That would have been my opinion, but Betty did not get it. I also lost a good friend, Billy Allen, one of my constituents. He lived most of his life in England but then came back home to Newtownards, and I knew him quite well.

We have had some difficult times, but I am very aware of the need for a vaccine to combat the virus and to give people the best opportunity to win the battle against covid. I am a type 2 diabetic, unlike the hon. Gentleman who introduced the debate. When it comes to handing out the vaccine, I will probably fit into a priority category, but I want to say this: come to me after everybody else in the priority list has had it, because I do not want to be ahead of anybody else. I want it, I know I need it, and I have no doubts about it whatsoever, but I wish to make sure that we follow the order that the Government and the regional Governments have set out, and at some point it will come to me as a type 2 diabetic. I urge everyone to take the covid-19 vaccine and to be safe.

I am not a medical professional so, in preparation for this debate, I have been in contact with several medical professionals, including a GP, a pharmacist and an intensive care doctor. I raised with them issues that have been highlighted to me, such as concerns about women's fertility, which is an issue when it comes to the Government giving the vaccine to pregnant ladies, for instance. The long-term effects are a concern. The outcome of those discussions have meant that it is likely that I, as a diabetic, will take the vaccine probably between now and the summer, if we go down the priority list of networks.

In the past, vaccines were taken by some because they felt that it was a risk they should take, whereas others were not sure. The eradication of some of the world's diseases, as the hon. Member for Carshalton and Wallington set out, should be an evidential base for what we should do. Many people, whenever they saw that past vaccines were successful, were convinced that they could take it and not die as a result, so I think there is every merit in making sure that we do that as well, as the hon. Gentleman referred to. It was a salient point and a key issue for this debate.

Queen's University Belfast and other universities across the United Kingdom of Great Britain and Northern Ireland have formed partnerships to investigate and try to find a cure for diabetes, cancer and heart disease, and also for dementia and Alzheimer's, and for those who have vision problems. If we did not have these pioneering investigations, examinations and medical tests going on across the United Kingdom of Great Britain and Northern Ireland, we would be unable to find the things that are important for the cures that I believe can happen.

I want to put on the record that I think I should have the vaccine, because I want to have it, and I believe it is right to have it. I thank the Minister—I have said this in the Chamber and now say it here—for all the hard work that he and his team have done. We owe him a debt for his leadership through this difficult time, because things were so uncertain back in February and March, when we did not know the answers, because we were all learning as we went along. What joy it brought me and many others across this great nation when it was announced that a vaccine had been found.

Vaccinations should be strongly encouraged, and I encourage people to take up their flu jab, the measles, mumps and rubella vaccination and others, and to take this covid-19 vaccine when it comes as well. However, it must be a matter of personal choice

vaccination and others, and to take this covid-19 vaccine when it comes as well. However, it must be a choice, and I in no way support punishing those who do not choose to take this vaccine, ever mindful that I want to see that they would, and I hope that we can convince them. The hon. Member for Carshalton and Wallington set the scene in his excellent contribution. It is our job to convince, and I look to the Minister for that purpose. How can we convince others who may be unsure or doubtful as to the best way? The debate centres around the fact that there must be an element of choice, and while the Government have said that vaccination will not be mandated at present, responses such as

“the Government will carefully consider all options to improve vaccination rates, should that be necessary”

may pose a question in the minds of some people about whether they will be made to take it. I do not think that they will be, but I will listen to the arguments.

When I was much younger, as a councillor in a previous life, I had a fairly black-and-white opinion of things. Over the past 30 years of married life, my opinions have changed greatly and I see things in a much wider and more general way than in the past, which I believe allows me to be persuaded by those who have an evidential base and who can persuade me that something is right and that I should do it. That is what I am asking the Government to do. Many people need their concerns addressed and fears dispelled, and I believe this debate is the time to ensure that one option is not enforced vaccination, or a penalty for not being vaccinated, or even a curtailment of activity. Again, it is a point of persuasion. While I am aware that other nations may consider immunity passports alongside vaccination, it is my fervent belief that we must not penalise people who remain unconvinced.

Those who have questions should have them answered. I am awaiting answers to questions I asked of SAGE—asked through the Prime Minister’s office, by the way—regarding constituents’ concerns. That is what we do: we ask questions on behalf of constituents. When I get those answers, as I know I will, I will be happy to pass them on. Many of my acquaintances are happy to take the vaccine, but some wish not to, or they wish to wait—that might be a better way of putting it. Medical professionals and others advise caution, and like much of the coronavirus pandemic, both sides, whatever they may be, should be understood as valid.

I also express my concern over some of those on the internet and social media who promote the opinion—I will be careful how I put this—that the vaccine could be harmful and would be detrimental to health and wellbeing. I gently suggest that we need to listen to the scientists who have the evidence and the knowledge and who can deliver the convincing evidence necessary for people to understand that there should not be a fear. I caution the internet and social media users against the drive that there seems to be to do that.

I understand that there must be a decent uptake for this vaccine to be effective, but I also understand that those who have questions must have the opportunity to discuss it, and that that discussion must be with our medical professionals, many of whom feel ill-informed at this stage to recommend the vaccine. Reliable information and all the necessary evidence must be made public, so that everyone can weigh up the risks and benefits for themselves. That freedom must be the cornerstone of any discussion of the vaccine.

Let me be clear that I will take the vaccine when my time comes. I am not good with needles, but I do take my vaccines—I take the flu jab, and a while ago I had a tetanus injection after cutting my hand. Those are things I had to do. I trust those with whom I have spoken who know more than I do, but I uphold the right of those who are uncertain at this time to hold back. That is freedom.

I have heard the hon. Member for Wycombe (Mr Baker) talk about freedom many times in a genuine way. I hope that we will not be too far apart in what we say in our speeches. I understand the point that he has made. In this House we must protect our people. I want to protect my constituents. I want to ensure that they are safe. I believe that they need the vaccine in order to be safe, but on behalf of those who have signed the e-petition, I believe we have a job to do. Sir David, I have gone on too long.

🕒 6.26pm

Mr Steve Baker >

(Wycombe) (Con)

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I am delighted to serve under your chairmanship, Sir David, and to follow my hon. Friend the Member for Carshalton and Wallington (Elliot Colburn) and the hon. Member for Strangford (Jim Shannon). I thank the 589 Wycombe constituents who signed the petition.

I want to make three points. First, vaccines are a good thing. My hon. Friend the Member for Carshalton and Wallington made a passionate case for a vaccine. I only wish to add to it something said by the deputy chief medical officer, Professor Van-Tam:

“If we can get through phase one”—

of the priority list—

“and it is a highly effective vaccine and there is very, very high up take, then we could in theory take out 99% of hospitalisations and deaths related to Covid 19.”

That is his estimate. That is a tremendous thing, which reinforces the case that my hon. Friend made. I am 49 years of age, so I do not think I will be offered the vaccine any time soon, but I will certainly have a safe and effective vaccine when it is my turn, and I encourage others to do so. However, I will not gainsay those people who wish to refuse a medicine.

That brings me to my second point. Whatever we may think of other people’s opinions, we cross an ethical boundary if we compel people to take a medicine. It is clear from what my right hon. Friend the Prime Minister has said that there is no question of the Government compelling people to take a vaccine for this disease, and quite right, too. It is worth remembering that although the infection fatality rate for this disease is considerably worse than flu—I understand it is between 0.5% and 1%, and considerably worse for those vulnerable to it—it is not comparable to, for example, the haemorrhagic fevers. We are not talking about a 10% infection fatality rate. I dare say, if we were up at an 80% infection fatality rate, we would all support authoritarian measures without too much of a second thought, because such a serious disease would threaten our civilisation. This disease, dreadful as it is, has an infection fatality rate of about 1% overall, so there can be no question of coercing people directly to take the vaccine.

That brings me to the text of the petition, which states:

“I want the Government to prevent any restrictions being placed on those who refuse to have any potential Covid-19 vaccine.”

That goes a little further. That is not about stopping the Government from compelling people to take it; it is about ensuring that those people who, for whatever reason, do not wish to take the vaccine, do not lose their liberties as a consequence. I understand from people better versed in medical ethics that this is known as implicit coercion.

One can imagine a circumstance in which, for example, an airline chose to say to people, “You may not fly until you have had a vaccine.” A restaurant might say, “You cannot come in until you have had the vaccine.” On and on it would go, until reaching a point where unless people have had the vaccine, they cannot live what most of us would consider a normal life, going to restaurants, shops or whatever it may be. To me, that would be totally unacceptable.

Before moving on to why that would be unacceptable, I have to say that it would also be ineffective. There is a difference between a vaccine stopping someone from getting a disease and being killed by it and a vaccine that stops someone shedding the disease on to others. The harm principle in the philosophy of freedom is about constraining people’s liberties so that they do not harm others. That means there is a profound practical difference between the purpose of a vaccine being to stop people getting sick and the purpose of a vaccine being to stop people shedding the virus. At the moment, a number of businesses that are looking at restricting their customers to those who have been vaccinated have not understood that, actually, we do not yet know whether the vaccine will stop people shedding the disease.

I turn to something that the Secretary of State for Health and Social Care said in relation to the Pfizer vaccine. When asked how many people will need to be vaccinated before life can return to normal, he said:

“The answer to that is we just do not know. So the trials can tell you if a vaccine is clinically safe and if it’s effective at protecting an individual from the disease. What we can’t know, until we’ve vaccinated a significant proportion of the population, is how much it stops the transmission of the disease.”

That is my first point. I would say to businesses large and small, “Please don’t start seeking to restrict your customers’ ability to come and do business with you because they haven’t had the vaccine.” That is not an effective strategy, and the Secretary of State has explained why.

I want to come to what I think is the moral case. Some people argue that property rights should be so strong that property owners should be allowed to serve whoever they wish, but that is not the approach we take in an enlightened and modern civilised society. I am afraid the argument touches on some very difficult issues. For example, we do not allow people to say that they will not have same-sex couples in their bed and breakfast. We will not allow discrimination against the range of protected characteristics.

I can see that Ministers might face a temptation to say, “Let’s allow the acceleration of the roll-out of the vaccine by turning a blind

I can see that Ministers might face a temptation to say, 'Let's allow the acceleration of the roll-out of the

eye to property owners insisting on people being vaccinated before staying in their bed and breakfast, or we can see that some Ministers might argue, on the basis of property rights, that shop owners, hotel owners and so on ought to have the choice—I understand the argument, because I am a classical liberal and I think about property rights—but I have to say to the Minister, who I am sure understands the argument, that we cross a Rubicon if we say that it is possible to discriminate against people on the basis of their health status. That would be a very sad and wrong basis on which to go forward as a country, even though I can understand that in the face of this disease, with all that that implies, there is pressure on Ministers, officials, members of the public and businesses—we all know what the costs are. It would be very easy to make an ethical mistake, which we could regret for a very long time.

For those two reasons—because it is not an effective thing to do, and because it is morally wrong to discriminate against people on the basis of their choice not to take a vaccine—I will stand with the petitioners in asking the Government to prevent any restrictions being placed on people who refuse to have any potential covid-19 vaccine. Of course it is a very serious disease, and of course we

should all take the vaccine. I absolutely stand with my hon. Friend the Member for Carshalton and Wallington and the hon. Member for Strangford, who support vaccination. I will not give the least succour to the anti-vaxxers, but I say to the Minister that people have all sorts of strange beliefs in this world. If people do not want to take a vaccine, please let us not turn a blind eye to any kind of discrimination against them.

🕒 6.33pm

Patricia Gibson >

(North Ayrshire and Arran) (SNP)

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I am very pleased to participate in this debate about the covid vaccine, and I thank the hon. Member for Carshalton and Wallington (Elliot Colburn) for his comprehensive exposition of the matter before us.

We can all agree that it is simply not the case that either the UK Government or the Scottish Government have any plans to mandate the covid vaccine and make it compulsory. Indeed, the Scottish Government—and, I believe, the UK Government—have explicitly said that they will not utilise coercive measures to ensure compliance and increase vaccination rates. Before I go any further, I would like to say—I believe it has already been said—that we are in a very fortunate position to be able even to discuss and debate the roll-out of a vaccine. What a marvel! Six months ago, we would have been delighted to be in this position. Finally, we can see an end to the terrible damage and restrictions that this deadly virus has placed on all our lives. Too often, it has cost lives. Every Government, in the face of a pandemic or any threat to public safety or disease, must have the safety of their people at the forefront. That must be the overriding and principal concern. The public who, on the whole, have been extremely compliant with the restrictions, will overwhelmingly and collectively be breathing a sigh of relief that we now have a vaccine that will help to end—or begin to end—these terrible days. It will not just allow us to resume some kind of normality, but save lives, particularly of older people who are vulnerable to this terrible disease.

I will not be philosophical, because it is my personal view—perhaps I am an eternal optimist—that judging from the high levels of public compliance with the public health measures, which we have all found difficult, the take-up of the vaccine will be very high. Of course, individuals can choose to refuse it, but I honestly believe that the overwhelming majority will have it, just as the overwhelming majority of those eligible take advantage of the flu vaccine, and just as parents ensure that the vaccines to protect their children against rotavirus, diphtheria, hepatitis B, haemophilus influenzae, polio, tetanus and whooping cough are taken up.

Such vaccinations are given to children; in fact, that is the list of vaccinations given to children in the first 16 weeks of their life when they are at their most vulnerable. Without those vaccines, babies would be less safe and less protected from nasty, and potentially fatal, diseases. That is why parents take their children along to the local GP to have those vaccines administered. As always with vaccines, there may be a few uncomfortable side effects for a very small number of children or of any group receiving the vaccine. That is not new. The protection given to children, however, and those who receive vaccines against serious diseases far outweighs any discomfort that may subsequently be felt; and so it is for the very small number likely to have minor discomfort after the administration of the covid vaccine.

Although I appreciate that more tests are required to perfect a covid vaccine for children, because such vaccines are always tested on adults first, between the ages of one and 16 years old, five more vaccines may be administered to children. Older people may be offered several other vaccines from the age of 65 years. There is even a shingles vaccine. When pregnant, women are offered the whooping cough vaccine. Vaccines are entwined and embedded in various stages of our lives, and all of them are perfectly safe.

There is a range of vaccines that are a normal part of our lives and which we accept readily, because we know they are important for our health and wellbeing.

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I read that 70% of the population needs to be vaccinated with the covid vaccine before we can return to normality, although I take on board the point made by the hon. Member for Winchester about that. Regardless, I hope that take-up will be higher than 70% by the time the roll-out is complete.

Regarding ongoing restrictions for those who may choose not to take up the vaccine, as far as I am aware, only Qantas airlines has said that it will not carry passengers who cannot prove that they have been vaccinated. We do not know yet if that is a knee-jerk reaction, if Qantas will be a lone voice, or if individual businesses will seek to impose conditions on the public to access their services while the vaccine is rolled out. We shall see, but I honestly doubt that that will happen. It certainly seems unlikely that businesses will be able to legally insist that those whom they employ must be vaccinated.

A word of caution: nobody denies that people have the right to refuse the vaccine, but insurance companies will surely levy higher premiums for life and travel insurance for those who do not take up the vaccine, because they operate on the basis of risk. They make all sorts of decisions about the level of our premiums based on that information, so that is something to consider.

Mr Baker >

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My constituency is Wycombe, by the way. I agree with the hon. Lady on this point. If people make a choice about their own person that increases their own personal risk and then ask somebody to insure them for it, it is completely reasonable to charge a higher premium. But I will just say this to her, if I may, on the Qantas point. I agree with her that it is just Qantas so far, but people are afraid out there. Actually, I want the take-up of this vaccine to be as high as possible, so does she agree with me that we in this place, in order to provide leadership on a cross-party basis, need to appeal to business owners and others to be reasonable about what they do?

Patricia Gibson >

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Yes, I agree. The reason why I have talked about Qantas is that I do think that it is a knee-jerk reaction. People are afraid. I think that, as the vaccine is rolled out, as there is more information and as they see that more and more people are taking up the vaccine with no ill effects, the concerns that both business and the general public might have will all start to dissipate. Perhaps I am just the eternal optimist, but I genuinely believe that that will happen, because vaccinations are not new.

What I have heard from constituents and what I have read is that the overwhelming majority of people want to stop having to worry about this virus. They want an end to the restrictions that we face as soon as that is safely possible. They want a vaccine to help put this dark time behind us, and they want these things to be delivered as soon as that is possible.

Many have contacted me—I am sure that I am not alone in the Chamber in saying this—to ask whether, in the roll-out of the vaccine, we could include, as a priority, those who are living with a terminal condition, which makes their vulnerability to the virus very concerning. I share the view that those who are living with a terminal condition ought to be prioritised for receiving the vaccine. I throw that in, because it is important at this point, when we are talking about concerns about the vaccine, to say that there are also concerns about groups who feel they may be excluded from being prioritised, which is very important.

Jim Shannon >

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The hon. Lady has outlined a concern on behalf of those who have terminal illnesses. The families want to enjoy that bit of time with their loved one as well. We can never ignore their feelings and input into this, either.

Patricia Gibson >

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Yes. I would expect and hope that anybody whose immune system was compromised would be prioritised in the roll-out. That is

important, because those people have to be able to enjoy whatever time they have.

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There is a minority—I believe it is a minority—of people who are concerned about the vaccine’s safety and/or efficacy. As we have heard, there is a job to do in convincing them that the vaccine is safe—that the vaccine is the work of top scientists and experts in the field and is as safe as the vaccinations that they have had and that have been administered, with their consent, to their own children when they were but babes in arms. Yes, we have a vaccine for covid-19 that has been delivered at breath-taking speed in scientific terms. However, that should not be a cause for concern or alarm; it should be a cause of pride. It should be the cause of a great sense of achievement that wonderful scientists and dedicated teams have worked flat-out to deliver this vaccine, and have rigorously tested it by undertaking mass trials with thousands of human volunteers to ensure that the vaccine is safe and effective.

The higher prevalence of covid-19 in the population, compared with other viruses against which vaccines have been developed, has led to a much faster rate of infection in respect of test/control groups, meaning that conclusions about efficiency were faster. In addition, the funding for this vaccine has enabled its rapid development, as there has been no delay due to financial considerations.

Add to that the advances in technology to enable the mass manufacturing of huge quantities of the vaccine, alongside a global effort involving almost every scientific research institute, global health organisation and country, bringing together global, state and private power, as opposed to relying on a handful of scientists working for a small number of private companies. If we take all of that into account, we can appreciate how this vaccine has been delivered in record time. That is the message and information that need to be relayed again and again, to allay the fears of those who are concerned about the safety and/or efficacy of the vaccine.

However, that may not always be easy, with disinformation and conspiracy theories thriving on the internet. I had no idea there were so many self-styled experts without any medical or scientific expertise expounding their view that the vaccine is not safe, but that is not surprising, given that they are probably the same people who, throughout this entire pandemic, have been perpetuating the myth that the covid-19 virus is some fictional, mythical dark conspiracy. We know that those who expound these bizarre theories are in the minority, but they manage to reach and even convince some people, and they frighten people. As such, the job for every Government and for all of us is to expound the positives of this game-changing vaccine, which will allow us to resume some kind of normality and save lives.

The roll-out of this vaccine is a good-news story: in fact, it is the best news story this year, if not this decade. It is a story that should be told with joy, pride and relief. We all have a duty to tell this story in our own way, and I know the Minister will be very keen to share in the telling of that story. Vaccines have protected us from birth to old age, and have saved countless lives. They are nothing short of a medical and scientific wonder, so I hope and believe that as this vaccine is rolled out, we will all be reminded of that fact, and the overwhelming majority of us will avail ourselves of this vaccine, which could save our lives.

🕒 6.46pm

Alex Norris >

(Nottingham North) (Lab/Co-op)

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It is a pleasure to serve under your chairship in this debate, Sir David. Over 300,000 people have signed the e-petition that we are debating, which shows the strength of feeling on this matter, and I am very grateful to the hon. Member for Carshalton and Wallington (Elliot Colburn) for his leadership of this debate and for having taken it on on behalf of the Petitions Committee. It was the anniversary of his election to this place a couple of days ago, and he has made a significant impact over that year, although he will forgive me if I do not look back on that date with quite the same level of enthusiasm as he might. However, I thought he made an outstanding case about how detailed the process of a vaccine coming from conception to usage is. I hope those who are listening will have taken that on face-value terms, because it should give us all a lot of comfort.

Similarly, the word that I double-underlined was “marvel”. We should marvel at vaccination, and we should also marvel at the role of Britain in vaccination: whether in 1796, 1996 or 2020, and whether that is brilliant British scientists or enlightened British Governments of all persuasions. The thing I particularly reflect on is Britain’s role in vaccinations around the world, through the Global Vaccine Alliance and through our own bilateral aid arrangements. Hundreds and hundreds of thousands of deaths have been prevented because of our role in the process of vaccinations, and we should take a lot of pride in that. It is a real British success.

The hon. Member for Strangford (Jim Shannon)—we are a bit warmer than we were in this Chamber together last Thursday—made a poignant contribution, with a reminder about loss. We can sometimes get wrapped up in the figures behind all this, but each one of the people whom we have lost this year is a person with a family and a story. His contribution was also very poignant when it came to the vagaries and variances in all of our experiences, as well as the range of vaccines, a point that was also made by the SNP spokesperson, the hon. Member for North Ayrshire and Arran (Patricia Gibson). I hope that the 300,000 people who signed this e-

petition, or those who choose to listen to this debate, will understand this vaccine as part of all vaccines distinct or different. Although it is the story of the day, it fits very much within the suite of things we think collectively are good for people, and it has gone through all the tests that have been described. I hope, again, that is something people will take comfort from.

I was very pleased to see the hon. Member for Wycombe (Mr Baker) in this debate. As the hon. Member for Strangford said, I always follow his contributions closely. Before becoming the shadow public health Minister, I was an Opposition Whip—I do not know what I had done, but I was an Opposition Whip for some time—and the major upside of that role, if there is one, is that Members get to sit in the Chamber and hear from colleagues of all persuasions—ones whose contributions they might not otherwise look out for. They hear about Southend being a city—I have never been there, and the only thing I think about with Southend, Sir David, is you talking about city status.

The hon. Member for Wycombe made what I think was my favourite speech this year, certainly from the Government Benches, on 30 January—I do not remember the date of everyone's speeches; I have a good memory, but it is not that good. It was the day before we left the European Union, and the hon. Gentleman made a speech in the general debate on global Britain. I have to say, I thought the scheduling of that debate was difficult, because feelings were very strong and running very high. Some people were in Parliament Square celebrating; others were at home, commiserating. The hon. Member made a very important speech about the need for victors to be gracious and for the vanquished to look forward. I think that everybody could take something from that. I am not sure, 11 months on, whether we are quite there yet, but I hope so, and I think that we all, as leaders, have a role to take on.

Mr Baker >

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I am honoured by the hon. Member's words, and am very grateful.

Alex Norris >

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I have not finished yet. The hon. Member concluded his speech that day with lots of references to Ronald Reagan, which sent me down a reading rabbit hole that I have not yet finished. I still cannot get the attraction, but the merits of Reagan are perhaps a debate for another day. However, I thought the hon. Member made a very strong case on both the pragmatic and the moral arguments. I will come back to some of the implied coercion points that he made.

I welcome the Minister to his place. This is certainly the first time I have opposed him. We all enjoyed William Shakespeare being one of the first to get the vaccine, but no one made the Stratford connection to him as Minister. I thought that was a missed opportunity. I will make a few points, and hopefully draw him out on a couple of them. We know that many basic freedoms have been curtailed over the last year, and we all want that to end as soon as possible. We know that there is a strong desire for things to get back to normal, but these significant measures and restrictions on freedom are necessary, and we have seen yet another reminder of that today.

Vaccines are the most effective public health intervention, either in relation to coronavirus or health in general, so the progress that has been made should cheer us. It is therefore important that a significant proportion of people take up the vaccination, especially those with the greatest vulnerabilities. The last time we debated the covid-19 vaccine in this place was just over a month ago. It was the day after the Pfizer/BioNTech vaccine had achieved success in phase 3 studies. Similarly, since then both the Moderna candidate and the University of Oxford AstraZeneca vaccine have achieved similar success.

That is a remarkable story in terms of time. We saw wonderful pictures of people receiving their first dose last week, and I understand that this week the vaccination programme is being extended to GP surgeries. It has been a whirlwind month, and I commend the Government for what they have achieved. It is no small feat, and I know that the Minister will take my attempts to seek clarity in that spirit. I am not seeking to throw rocks at the success, but we want some answers.

I am particularly keen to know the Minister's assessment of the take-up required for the programme to be effective. I submitted a written question on that and received a holding answer, but he might indulge me today. If the Government are not keen to be drawn on what the figure is, which I can understand, perhaps he could explain why they do not think sharing it is helpful. In my head, I would have a totaliser. When we are fixing the community centre roof, and we need to raise money, we colour it in every time we receive another hundred pounds, but that might well not be the right approach, and I would be keen to know why.

The vaccine is one thing; a vaccination programme is another. We have rightly been very critical of the Government both in the roll-out of personal protective equipment and the implementation of test and trace. We cannot afford a situation where vaccines complete the set. I recognise that the early signs have been positive, but I wish to pick up on a couple of bits. We have been made aware of some care-home and hospital staff being at risk of missing out due to requirements of the IT system. Have those loopholes been closed yet? Has that been clarified?

Similarly, GPs have raised concerns with us about the new rules being brought in late in the day, so that vaccinations will take twice as long, as patients need to be observed for 15 minutes. Again, that might be on very good public health grounds, but I am keen to know from the Minister what they are. We know that general practice per designated site has to deliver at least 975 vaccinations over a seven-day period. I did not receive a convincing answer when I raised this last month with my opposite number, the Minister for Prevention, Public Health and Primary Care, but what is the assessed impact on other GP services and how will we ensure that practices can meet their normal case load? I would be very keen to hear those points addressed.

Turning to the substance of what these 300,000 people have asked us to discuss, at the root it is about vaccine hesitancy. It is very easy to talk about the anti-vax elements. I am glad that colleagues have not majored on that, because to an extent that is a straw man. Multiple hon. Members made contributions about just how thin the basis for those conspiracy theories or anti-vax sentiments are. We could spend all day deconstructing them and never lose the argument, but that concerns only a very small proportion of the British people.

We know from polling, and from our constituency mailbags, that those people are a very small group indeed. There is a much more significant and noticeable chunk of people—though far from a majority—who are vaccine-hesitant, and entirely reasonably. Some might simply not want to have it, as the hon. Member for Wycombe said, and we ought to respect that. Others might not want to do so because of safety concerns—something I have heard from lots of constituents. They want to know that any vaccination, be it for covid-19 or anything else, is safe, so we as political leaders have a really important role in giving constituents the confidence that they seek. That will hopefully come from people observing the debate, and from our public engagements in general.

I know people will be watching this debate. I do not always think that about the debates we have; I suspect my 30-minute Adjournment debates do not pull in the big numbers. My message to people watching is that if they are unconvinced by what we are saying, which is perfectly reasonable, they should ask, ask, ask. If they get a question answered and are still not happy, they should ask the next one. I would certainly say that to my constituents. We will seek to get them information through all the available channels, if that is what it takes for them to feel confident about receiving the vaccine.

I agree with a number of hon. Members that the sentiment of the petition slightly misses where we are at the moment. There is a pretty broad political consensus against compulsion, coercion or inconveniencing people into submission. I know what our position is as the Opposition, but no one studies what the Government say more closely than we do, and I have never detected a desire for mandatory vaccination in what they are saying. We all want to have confidence, and to know that the roll-out has been done through the proper process, rather than in any other way, and like other hon. Members who have spoken, I hope that business will take the same view. The Government might have a role in that, and I would be interested to know the Minister's reflections on the contribution from the hon. Member for Wycombe. I would say gently to businesses that compulsory vaccination will almost certainly not do what they want it to do. It is therefore important to take some time and have a cool head on this issue.

People's unwillingness to take the covid-19 vaccine has a knock-on effect on vaccine hesitancy more generally. In fact, this is probably the FA cup final of vaccine hesitancy. Last year, vaccine hesitancy was in the World Health Organisation's top 10 threats to global health—it was up there with a future pandemic. It is something that we have to address, whether it is related to covid-19 or not. In Denmark in 2013, false claims in a documentary about the human papillomavirus vaccine led to a decline in uptake of around 90% among some cohorts. Similarly, between 2014 and 2017 in Ireland, vocal attacks on the HPV vaccine from the anti-vaccine lobby led to a drop in uptake from 70% to 50%. These things matter.

What we see through those developments, and through our experiences in this country, is that the best method of countering those views is through proactive, positive health-promoting campaigns. I know that is something the Government are doing, and it is very welcome—we will support them in that. It is almost certainly too early to have enough data to be able to talk about the efficiency of such things, but we want the Government to keep pushing hard on this issue. That is what our constituents want us to do—to explain and, as I say, make ourselves available to answer any questions that they have.

We have had an extraordinary year fighting the virus. There is now clearly a path for us to take—a light at the end of the tunnel, or however people want to characterise it. We need to pursue it with the same vigour with which we attacked the previous year. If we do, we might just get out of this thing.

🕒 6.58pm

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(Nadhim Zahawi)

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It is a pleasure to serve under your chairmanship, Sir David. I congratulate my hon. Friend the Member for Carshalton and Wallington (Elliot Colburn) on his leadership of this important debate on e-petition 323442. Over 300,000 people have signed the petition, including 641 in his constituency.

I am grateful to the hon. Member for Strangford (Jim Shannon) for his very moving speech, and I am deeply saddened by the loss of his mother-in-law and the infection of his wife, other family members and friends. As the shadow Minister rightly pointed out, the hon. Member for Strangford brought home that each and every statistic is a person, with a family and people who love them very much.

I will hopefully address the excellent—as always—speech by my hon. Friend the Member for Wycombe (Mr Baker). I am grateful to the hon. Member for North Ayrshire and Arran (Patricia Gibson) both for her excellent speech and for her clear confirmation that neither the Scottish Government nor the United Kingdom Government will mandate vaccination at all. I congratulate her chief medical officer, as well as the chief medical officers in Northern Ireland and Wales, who worked together so that we could all start to vaccinate on the same day, last Tuesday. I am grateful, Sir David, for the opportunity to speak on behalf of the Government this evening.

Jim Shannon >[Share](#)

We in Northern Ireland were first.

Nadhim Zahawi >[Share](#)

I hear the hon. Gentleman; Northern Ireland was first by a few minutes.

Last week was a most important week across the United Kingdom, because we began vaccinating people against covid-19, and that, I hope, has started to turn the tide on this virus. The pandemic has forced the Government and our devolved Administrations to take steps that are truly unprecedented in peacetime. They are steps that no democratic Government would wish to take unless they were absolutely necessary. At each point in the pandemic, every decision we have taken has been with the utmost consideration for its impact on our personal freedoms. As hon. Members have brilliantly highlighted this evening, and as my hon. Friend the Member for Wycombe rightly reminded us, the petition that we are debating is a matter of great legal and ethical complexity.

Before I address some of those complexities, I will set out the facts. First, there are currently no plans to place restrictions on those who refuse to have a covid vaccination. As my hon. Friend the Member for Carshalton and Wallington reminded us, we have no plans to introduce so-called vaccine passporting. My hon. Friend the Member for Wycombe was slightly nervous about that, quite rightly, as when I did my first interview about the issue—with the BBC, I think—I was asked about some of the technological challenges and I may have mis-spoken. I was grateful to *The Spectator* and TalkRadio, which allowed me to explain myself.

Mandating vaccinations is discriminatory and completely wrong, and, like my hon. Friend the Member for Wycombe and others, I urge businesses listening to this debate to not even think about that. I will explain in further detail why that is the wrong thing to do. I put on record my thanks to Professor Karol Sikora, who has many hundreds of thousands of followers, who quoted me and said I eloquently dealt with the issue. We have absolutely no plans for vaccine passporting.

Secondly, cards that were issued after people got their first covid-19 vaccination have been mentioned on social media. Among other details, they contain the date of their second vaccination. That record does not constitute a so-called vaccine passport. It does mean anyone is immune. As we know, the vaccine is given as two injections, 21 days apart. The second dose is the booster dose. I am sure hon. Members will forgive me for repeating the message that patients must return as instructed for their second dose. Without the

second dose, the vaccine will not be effective. That is a really important message, and I am grateful to our hon. Members for repeating that to their constituents.

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Thirdly, on completion of both vaccinations, patients will be issued with a vaccine record card, much as they are for other vaccination programmes, so there is nothing different in the way we are dealing with this vaccine. Again, that does not constitute a so-called vaccine passport; nor can it be used as a form of identification. That would be absolutely wrong. Colleagues will appreciate that the careful and accurate recording of vaccination status is an important part of a public health effort. It supports patient safety during probably the largest and most challenging vaccination programme in British history.

Fourthly, in addressing the many who signed the petition, I want to underline one key fact, which we have heard over and over again from hon. Members: vaccines work. It is really important that we send that message from this place. After clean water, they are the single greatest public health tool in the history of mankind. My hon. Friend the Member for Carshalton and Wallington reminded us of

Edward Jenner. It fills me with great joy that the Jenner Institute was one of the first to stand up and say, “We can do this.” I hope that, after a rigorous study by the Medicines and Healthcare Products Regulatory Agency, the Oxford-AstraZeneca vaccine will be in place as soon as approval comes through. Obviously it is up to the regulator to deliver that.

Vaccines, as we have heard, have ended untold suffering for millions, if not billions, of people around the world. When our turn comes and our GP gets in touch, we all have a duty to heed that call. It is how we will be able to protect ourselves and the people around us—our friends and family, the people we love. Months of trials, involving thousands of people, have shown that the vaccines we are using are effective. They work. In answer to my hon. Friend the Member for Carshalton and Wallington, they have been tested on between 15,000 and 50,000 people. There were no shortcuts or quick fixes by the MHRA; it has followed exactly the same process as usual. The difference is that instead of waiting for phase 1 to finish before doing phase 2, and then phase 3, the studies were in parallel; hence we were able to develop the vaccines rapidly.

Fifthly, and equally importantly, each covid vaccine will be authorised only, as I have said, once it has met robust standards of effectiveness, safety and quality. As we have heard, vaccines authorised by our independent regulator, the MHRA, will be assessed for clinical safety and effectiveness through a robust review. The vaccine is free to everyone eligible across the UK. There is really no excuse for someone not to take it when their turn comes.

Sixthly, although we know the vaccine protects individuals, we do not yet know its precise impact on onward transmission. My hon. Friend the Member for Wycombe made that point brilliantly himself, and by quoting the Secretary of State. In answer to the hon. Member for Nottingham North (Alex Norris), we will not know where the point is that he mentioned until we scale up the vaccinations. We will continue to monitor the impact on transmission through the Test and Trace system. As my hon. Friend the Member for Wycombe said, we do know that the vaccine protects people, which is the important thing. That is why I encourage everyone to read, read and read again—or to ask, ask and ask again, to quote the hon. Member for Nottingham North.

The full impact on infection rates will not become clear until we get to those large numbers, so we are monitoring that carefully. Hon. Members will understand that without our knowing that, it would be irresponsible for anyone to declare that they are immune. The Qantas question is therefore completely wrong, because it is impossible for anyone to say that. The science does not yet support that conclusion. Even if people are vaccinated, they must continue to follow the rules where they are, and keep taking the common-sense steps that are now so familiar to us—washing our hands, covering our face and making space.

Hon. Members have raised many questions about the World Health Organisation and the required international response. The United Kingdom Government have led the way. We could do even more. Next year, the UK will take up the presidency of the G7, as the hon. Member for Nottingham North mentioned; we will need to deal with anti-vaxxers nationally and internationally. We look forward to working with many nations on that challenge.

I will turn to some of the hon. Gentleman's other questions. On GPs and the additional 15 minutes, that was the further guidance from the MHRA after two cases in which people with a history of severe allergies had an allergic reaction to the Pfizer-BioNTech vaccine. That is why there was a change to the process. On the roll-out today to primary care networks and the question about caseloads, it is brilliant that GPs have come together with primary care networks. For example, in an area of 50,000 people and five practices, they have come together and agreed that one would lead on the vaccination while the other four continued to support the community and deal with caseloads. On his question about care home staff who continue to be prioritised, I am happy to take that offline with him if he has a particular case or details.

The petition that we have debated is of profound importance. I urge anyone who is considering refusing a covid-19 vaccination to ask and ask again. Not only is the vaccine effective and proven to be clinically safe, but the quicker we are able to vaccinate people, the quicker we can bring forward the date when we can begin to lift the oppressive restrictions that were put in place with a truly heavy

quicker we can bring forward the date when we can begin to lift the oppressive restrictions that were put

heart. I came from a world of entrepreneurialism, of unleashing people's ingenuity, energy and passion.

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restrict people's freedoms, which I profoundly believe in. In the meantime, we all have our part to play. We must continue to respect the rules to ensure that the efforts succeed and can be our shared success, so that we can all have a more joyous 2021. If I do my job properly, we will all be back in this Chamber celebrating, I hope, without the restrictions that we have today.

🕒 7.11pm

Elliot Colburn >

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I thank all right hon. and hon. Members for taking part in this e-petitions debate. The shadow Public Health Minister, the hon. Member for Nottingham North (Alex Norris), is right: people are watching. For Members who are interested, Petitions Committee debates attract higher ratings on average than even Prime Minister's questions, so it is worth taking part.

To reiterate the main points that we have covered in today's debate, the hon. Member for North Ayrshire and Arran (Patricia Gibson) spoke of the privileged position that we are in today to be talking about a vaccine, and I could not agree more. It is excellent news at the end of an incredibly difficult year. The shadow Public Health Minister spoke about the pride that we should take in the UK's history and involvement in vaccines, beginning with Edward Jenner in 1796, and going right up to now, with our contribution to Gavi.

I thank the hon. Member for Strangford (Jim Shannon) for reminding us of the very human cost of the virus. The shadow Minister and the Minister are right: behind every statistic there is a real person and a real family torn apart by the virus. We must remember that as we make decisions on how best to tackle it.

My hon. Friend the Member for Wycombe (Mr Baker) put the case for the petitioners very well indeed. We do not want, and will not see, as the Minister has confirmed, restrictions put in place, certainly not mandated by the UK Government—or indeed the Scottish Government, as the hon. Member for North Ayrshire and Arran has confirmed. I hope that businesses and other organisations are watching and hearing that message. To repeat what we have all said, I urge everyone to get the vaccine when their time comes. They should ask questions if they have concerns, and should listen to the people who have the knowledge. Let us beat this thing and get back to normal.

Question put and agreed to.

Resolved,

That this House has considered e-petition 323442, relating to vaccination for Covid-19.

🕒 7.13pm

Sitting adjourned.