



BMA submission to Cabinet Office review on COVID-status certification

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Background

COVID-19 has had a devastating impact on individual and public health, but the effect of the pandemic cannot be measured in clinical outcomes alone. It has also had, and is having, far-reaching and deleterious consequences for society. Control measures used to date, while necessary, have disrupted normal life, delayed or cancelled medical appointments, caused schools and businesses to close and disabled the economy. This has had a pervasive impact on health and well-being, with the harms felt most acutely by those who were already socio-economically disadvantaged prior to the pandemic. Mechanisms through which this can be addressed would represent a significant public good.

Vaccination and, where appropriate, testing will have a significant role to play in allowing the relaxation of lockdown measures and restrictions on individual liberty. However, the domestic application of a COVID-status certification scheme to enable participation in the reopening of society is unprecedented and would engage substantive issues of justice, equity and fairness as well as practical considerations which must be addressed. Our members view this as an extremely nuanced and contentious issue, with a very broad scope and significant implications for wider society.

The BMA does, however, acknowledge the widespread consensus that a certified vaccine record will in future be required for some international travel, even if the UK does not implement such a requirement itself. A number of practical elements to support this require careful consideration. We note that expert

analysis from the Ada Lovelace Institute¹ and the Royal Society² has highlighted concerns about both the domestic and international application of such a scheme, outstanding questions that must be addressed and criteria that need to be met, with both arguing that we are not yet at the stage where certification can be introduced.

It is vital that Government's deliberations on the introduction of a vaccine and/or COVID-status certification scheme include a careful balancing of the relevant risks and individual or societal costs, alongside an analysis of alternatives. We therefore welcome a comprehensive review on this topic, as it will allow Government policy to be informed by robust debate and evidence, and to balance the risks and benefits of various approaches.

International comparators

The development and deployment of some form of 'vaccine passport' or COVID-status certification have accelerated rapidly internationally since the beginning of the year, with more widespread vaccine rollouts giving rise to debates around what sort of restrictions ought to apply to vaccinated individuals. Below are several examples of countries exempting vaccinated individuals from restrictions and the kind of infrastructure, both physical and digital, being deployed to facilitate this.

- There is a growing list of countries, including Lebanon, Georgia, Poland and the Seychelles which have already unilaterally taken the decision to waive quarantine rules for individuals who can prove they have been fully vaccinated. At present a vaccination certificate from a relevant health authority is required.
- There are also a number of countries signaling their intent to waive restrictions on vaccinated individuals in the coming months, including Thailand, Spain, Portugal, and Israel.
- Development of a certified vaccine record has therefore become a necessary response for Governments around the world, and we have seen a number of countries begin to deploy their own certificates or schemes.
- Since October 2020, the World Health Organization has been working alongside the Government of Estonia to develop an 'International Certificate of Vaccination' to help strengthen and facilitate the COVAX programme. This is expected to launch in the next few months.
- In March 2021 the European Union announced its plan to develop a digital 'Green Pass' to facilitate easy movement around the bloc. The Green Pass will display vaccination status but will also allow for other ways to show a person is not infectious, such as COVID-19 test results and other medical information, with the aim of ensuring that the scheme is equitable for those who are not vaccinated.
- The US Federal Government has stated that while Americans will need a way to prove, reliably and safely, that they have been vaccinated against COVID-19, it is not for the Government to

¹ Ada Lovelace Institute (2021) [What place should COVID-19 vaccine passports have in society? Findings from a rapid expert deliberation chaired by Professor Sir Jonathan Montgomery](#)

² The Royal Society (2021) [Twelve criteria for the development and use of COVID-19 vaccine passports](#)

provide this; instead it will look to NGOs and the private sector to provide this service. The US CDC (Centers for Disease Control and Prevention) has issued guidance to American residents that fully vaccinated individuals should be exempt from certain restrictions, including social distancing with others who have been fully vaccinated or are at low risk and quarantine procedures in the event of exposure. However, they should still exercise caution and practise low-impact interventions such as wearing a facemask when in public and social distancing in some settings. The CDC does not recommend international travel at present.

- The Africa CDC has launched a 'COVID Pass' tool to simplify international travel to and on the continent. The platform will allow users to upload health information such as vaccination certificates for COVID-19 or yellow fever and test results to a portal, which can then be presented to immigration officials as per country requirements.
- On 8 March 2021, the Chinese Government deployed its own vaccine passport, both as a physical certificate and digitally through the app WeChat. The passport, which is an extension of the domestic 'traffic light' system used in China at the beginning of the pandemic, will permit vaccinated individuals to more easily travel around China and to enter business premises. China is also planning to expand this internationally, with interoperability between systems being a key concern for other Governments.
- Domestic vaccine certification is also being used by a number of countries, including Israel, Bahrain and Brunei. The Israeli 'Green Pass' scheme, which is the most developed, allows fully vaccinated individuals access to specific amenities such as gyms hotels, theatres and restaurants. Israel has also signed up to an 'international bubble' with Greece and Cyprus that will see quarantine restrictions waved between the three countries for fully vaccinated individuals.

Key considerations for a UK vaccine certification scheme

Scientific considerations

- There is a growing body of evidence indicating that the vaccines currently being deployed in the UK are significantly more effective in preventing both illness and infection than we could have anticipated, and we can be confident of their real world effectiveness.³ However, there remains some uncertainty in our understanding of the level and durability of protection that natural or vaccine-acquired immunity provides, including for different patient groups and against different variants, as well as the efficacy of a single vaccine dose following COVID-19 infection. Despite positive emerging data,⁴ more certainty is also needed about the extent to which the UK-licensed vaccines prevent transmission of the virus.
- It is vital that Government maintains clear messaging and legal requirements to ensure that infection control measures, such as washing hands, wearing masks and social distancing, continue to be practised while this uncertainty remains and so long as a significant portion of

³ Ramsay M. (2021) Public Health England Blogs, [COVID-19: analysing first vaccine effectiveness in the UK](#)

⁴ Shah, A, et al. (2021) Preprint, [Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households](#)

the population remains unvaccinated. It will be critically important to consider how vaccine and/or COVID-status certification interacts with other non-pharmaceutical interventions. This should include consideration of how long individual and societal interventions, such as mask use and social distancing, should be kept in place, in what settings and for which groups, including those who remain unvaccinated in the long term.

- Differences between vaccines and the impact of new variants of concern would need to be addressed. Measures would need to be put in place to ensure the scheme was responsive to new scientific information, with consideration given to the impact on societal access (e.g. in the event that only some or none of the UK population had received a vaccine that offered a significant level of protection from a new variant of the virus). The fact that robust data on the impact of new variants on vaccinated individuals takes time to generate must also be considered.
- It will be important to recognise that testing is not equivalent to vaccination in determining the risk of an individual being infected with the virus. As individuals can be pre-symptomatic at the point of testing negative, or go on to become infected at any point following a test, they pose a much higher risk. However, vaccination and testing could be used together to increase confidence that individuals are not infectious. This approach is already in use in Gibraltar, with access to events requiring both vaccine certificate and negative test.
- If any COVID-status certification scheme is brought in, it should avoid relying solely on vaccination status and incorporate multiple options for demonstrating reduced risk, such as previous infection and test results. However, we have ongoing concerns about the accuracy of LFTs (Lateral Flow Tests) as an enabling measure and believe that the risk of false negative results must be communicated much more clearly in messaging to the public. If LFTs are used to enable attendance at events and social activities, it may be appropriate to require a test to have been taken within 24 hours to provide greater (albeit incomplete) assurance that an individual is not currently infectious. Because PCR tests can detect the virus at lower levels, a test within three days is likely to be acceptable.
- The use of vaccine certification to enable international travel has a long-established precedent with other communicable diseases (for example, yellow fever vaccination is required for entry into a number of countries, including Tanzania, Burundi and the Ivory Coast). However, there are significant differences between the scientific knowledge base around such vaccines and knowledge about the new COVID-19 vaccines and their impact on emerging variants of the virus. This must be reflected in any scheme and may, for example, pose challenges to setting expiry dates on any certification.

Further questions for Government:

- What forms of evidence will be accepted as part of a COVID-status certification? For example, would previous infection be included, with or without a further test showing antibody response?
- How will Government ensure that any scheme is responsive to changes in scientific evidence, and is not negatively impacted by commercial pressure?

Ethical considerations

- Cautious opening of society, removing limits on business freedoms and greater social interaction, would represent a significant public good and have positive consequences for health and well-being. However, there remains a strong imperative to keep infections down to protect individual and public health as well as ensure sufficient capacity in NHS services and staff.
- Imposing restrictions in unvaccinated populations while infection rates are high has been a necessary and justified measure to control the spread of the virus, prevent avoidable morbidity and mortality, and to protect over-burdened health services. However, where there is a lower risk of transmission or higher degree of immunity within the population, then ethical arguments for imposing restrictions on freedom to protect others or essential services weaken.
- Vaccination and, where appropriate, testing will have a significant role to play in allowing the relaxation of lockdown measures and restrictions on individual liberty. However, the introduction of vaccine and/or COVID-status certification in a national context to enable this would be unprecedented and potentially divisive. If implementation of such a scheme is deemed to be acceptable, its success would rest on a solid evidence base, and trust in the system (including in the provider, and the openness and transparency of the appointment process), the technology, and the purposes for which it is used. Meaningful public engagement with all affected or potentially affected is essential.
- There would need to be a careful balancing of the relevant risks and individual or societal costs. This must include an analysis of vaccination uptake demonstrating that proof of vaccine and/or COVID-status would be necessary or advantageous. This is inevitably context-dependent and would need to take into account the prevalence of infection in the community at the time, and the varying risks to health in different populations. The Government has a responsibility to make the best use of scarce resources. Determining the acceptability of vaccine and/or COVID-status certification would need to take account of alternative options for investment (e.g. improved access to testing) that might achieve similar public health benefits.
- There is an extensive range of other potential applications or end-uses covering the private and public sphere, which will have different benefits and costs that would need to be assessed on a case by case basis, should certification be deemed appropriate.
- Some measures to control spread of the virus represent a significant curtailment of individual liberty rights, alongside individual and societal costs. For example, the requirement to quarantine on arrival from abroad or the need to self-isolate after exposure to potential infection both impose substantial restrictions on freedom and have financial consequences. In circumstances where an individual can prove that they have been vaccinated and have immunity, such restrictions are unlikely to be justified.
- Where restrictions exist, it would not be appropriate to allow vaccination status alone to determine access to essential public goods, services or spaces, whether provided by the public or private sector.

- Appropriate compensation should also be considered whenever vaccination is required and an individual is unduly or adversely affected.

Further questions for Government:

- What are the alternatives to vaccine and/or COVID-status certification?
- How will Government intervene if private businesses seek to implement their own requirements, or will this be left to individuals to bring litigation if they feel themselves to be unfairly impacted?

Equalities considerations

- Although there would be significant benefits of even a partial opening of the economy, there is also a risk of discriminatory or equity harms in the widespread roll out of vaccine and/or COVID-status certification as there will always be groups who cannot, for clinical or other reasons, be vaccinated. While these risks would need to be balanced against the social good of partial economic revival, we would have concerns about a requirement to prove vaccination status until everyone who is able to receive it has been offered vaccination. It would therefore be important that any scheme incorporate alternative options for demonstrating that an individual poses a reduced risk of transmitting the virus, such as previous infection and test results.
- However, restricting access to services, spaces or goods on the basis of COVID-status, regardless of any specific methodologies employed, has the potential to entrench existing inequity and create novel forms of discrimination between those who can certify vaccination and those who cannot. This includes people who are unable to have the vaccine (e.g. if medically contraindicated), face access barriers to receiving the vaccine (e.g. disabled people, the homeless population and vulnerable migrants), are hesitant and/or unwilling (e.g. particular ethnic or religious groups), or have trouble accessing proof of vaccination (e.g. people who are digitally excluded, speakers of other languages). Such individuals and groups could face discrimination when trying to access essential goods and services or be marginalised in the reopening of the participatory aspects of society.
- There is also the potential for age discrimination to unfairly disadvantage young people if a scheme is rolled out before everyone in the country has been offered vaccination. This potential must also be considered for children, given that no vaccine is currently approved for this group.
- There may be legal implications in terms of *direct* discrimination against *individuals* (e.g. in access to services) which cannot be justified in law. There may also be *indirect* discrimination against particular groups, where there may be a potential defence of objective justification (but this would need to be demonstrated to be a proportionate response).
- However, any form of exclusion based on immunity or vaccine status engages issues in justice which would need serious consideration.

- Access issues, potentially for both vaccine history and testing, due to digital exclusion, cost implications (e.g. for letters providing evidence, private tests), communication format (language, accessibility) and difficulty accessing/registering with GP services would may act as barriers. It is therefore important that such a scheme does not rely on evidence from GP practices. Data flows for vaccination and testing should be held centrally and made directly available to individuals free of charge.
- It is critical that a thorough equality impact assessment of all proposals is carried out to determine how any negative effects for particular groups can be mitigated in advance, as far as possible. This initial assessment of the impact of proposals on groups who share protected characteristics must be made public. Any impacts monitored on an ongoing basis, and there must be processes in place to ensure that the proposals can be modified if further negative impacts are identified.

Further questions for Government:

- Will the Government commit to a transparent Equality Impact Assessment process, including publication of EIA findings?
- In view of the very short timeline of this review, how will Government engage with other stakeholders, including the public and particularly those most likely to be disadvantaged by the introduction of a COVID-status certification scheme? Will Government commit to engage with these groups in alternative formats, to reach those who are digitally excluded, speakers of other languages, and those with communication support and accessible information needs?

Practical considerations for implementation

- Providing evidence of vaccination should not be added to GP practice workload. Instead, patients should be able to access their own vaccine history, alongside other forms of evidence, such as record of previous infection and COVID-19 test results.
- The NHS App, which is a not-for-profit platform owned and run by the NHS, should be the primary digital offering. Although many third-party apps will have the functionality to display vaccine status, patients should be made aware at every opportunity that any advertised functionality in a for-profit app is available via the NHS app. This would ensure that, if a vaccine certification scheme is brought in, there is no risk of exploiting a mandatory public mandate to drive downloads and, ultimately, profits for a private provider.
- Individuals must always have an option to access a 'physical' record alongside a digital one, but this must be done in a way that minimises burden on the NHS. There should be a variety of options for requesting evidence of vaccination, including online, by phone and in writing. Any cost attached must not negatively impact particular patient groups, with access to vaccine records ideally provided centrally and free of charge via NIMS (the National Immunisation Management Service).

- GP practices should not be required to provide evidence of vaccination. However, if GPs are required to provide evidence, for instance for those who cannot access their status by other means, this additional work must be appropriately funded by the NHS rather than patients themselves. If GPs are not required through their contract or other legislation to provide evidence, patients who request such evidence could be charged in the same manner as for other similar non-NHS services (e.g. completing insurance reports). This would have equalities implications, particularly in the context of domestic use.
- Consideration should be given to whether vaccination data flows directly from a central store to one or more digital passport platforms(s) or whether data flows via the GP record. The latter could have implications for people who are not registered with a GP and/or do not have an NHS number, whom the BMA has actively campaigned to ensure are able to access vaccinations. It is however unclear what the implications would be for data to flow directly from NIMS or another central store.
- Consideration also needs to be given to how vaccines provided in different settings would be captured in the future, such as in the event of mass rollout of booster vaccinations. For example, annual flu immunisations are given by employers (e.g. hospitals), some by private providers (e.g. supermarkets, pharmacies) and some directly through the NHS to registered patients (e.g. by GP practices). It will be important to ensure that occupational or privately provided vaccinations flow into clinical records in a way that is easily accessible for vaccine status certification.
- Careful thought would need to be given to what information needs to be collected (e.g. which vaccines, when, date of infection, clinical or diagnostic confirmation, antibody test results, COVID-19 test results, type of test, etc.) versus displayed to ensure both accuracy and privacy are maintained. Systems would also need to be in place to ensure confidential health data are secure and to combat fraud. We are also aware of concerns that the introduction of COVID-status certification could be a precursor of more widespread health surveillance and loss of confidentiality and privacy rights.
- The introduction of vaccine and/or COVID-status certification could complicate the rollout of any future booster vaccine. If societal access is linked to having an up-to-date vaccination status, this will limit options for targeted initiatives based on risk and potentially necessitate a much wider-scale booster vaccination programme across the entire population, even if this is not medically indicated.
- While beyond the scope of this consultation, if a certified vaccine record is developed, Government should consider whether other vaccinations could be included. It would be helpful if a record of all immunisations, such as childhood vaccinations, occupational vaccinations and travel vaccines, was made directly accessible to patients over time. In-app prompts for future boosters and access to children's immunisation status for school entry would add further value. This technical functionality could be used to reduce the burden currently placed on GP practices.
- It will be important that, if any scheme is introduced, it functions in a consistent way across all four nations of the UK, taking account of any differences in data collection or the way vaccines are rolled out. In the event that the NHS App and/or NHS COVID-19 (contact tracing) App is used

to display vaccine and/or COVID-status certification, consideration should be given to the fact that the NHS App and COVID-19 App used in England are not used universally across the UK.

- In the eventuality that vaccine and/or COVID-status is required for travel abroad, it will be important that any UK documentation is easily understood by border control officials of all countries. This can most effectively be facilitated if the UK Government works with the World Health Organization to develop an internationally standardised format.

Further questions for Government:

- Will Government confirm that no additional burden will fall on GPs to provide vaccine and/or COVID-status certification to patients, or if it does that it will be properly funded?
- Does Government intend to make vaccine and/or COVID-status certification a permanent measure or might it be used temporarily as part of the roadmap to recovery, with a sunset clause and clear criteria for winding down the scheme?
- If the scheme is intended to be in place indefinitely, will Government provide clarity on how vaccine and/or COVID-status will be displayed in the long-term, both in the event that a domestic scheme is brought in and for international travel?

International travel and global equity

- A number of countries already require travelers to prove they have been vaccinated for certain infectious diseases (e.g. yellow fever, meningitis). As set out above, some have already introduced or are investigating a requirement for proof of COVID-19 vaccine status unilaterally, bilaterally or multilaterally to allow entry to any international travelers or those from specific countries.
- Implementation of such schemes, if solely reliant on vaccine status without incorporating other forms of immunity or test results, has the potential to engage issues in justice given the unequal global supply and deployment of vaccines.
- An international system and standards through which proof of vaccine and/or COVID-status is documented and implemented would be the optimum outcome and it is imperative that the UK Government and other nations work collaboratively with the World Health Organization⁵ in its development.
- In lieu of an international system, countries and private carriers will set their own requirements, and the UK Government would be expected to help its citizens to be able to prove their status. In imposing any requirements on entries to the UK, the Government must consider both the public health and equity consequences of any restrictions, and ensure that enabling alternatives (such as testing and managed quarantine) are made available as appropriate. The Government may also wish to explore the purposes of travel as part of any rationale for requiring proof of status, for example there would be a stronger argument for greater restrictions imposed on travel for leisure compared to work or family emergencies.

⁵ World Health Organization (2020) [Open call for nomination of experts to contribute to the Smart Vaccination Certificate technical specifications and standards](#)

Further questions for Government:

- What steps is Government taking to ensure that any certified vaccine record provided by the UK will be interoperable with other national schemes?
- Will Government commit to working with the World Health Organization to support an internationally standardised and multilateral approach?

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