



BIG BROTHER WATCH AND LIBERTY JOINT RESPONSE TO THE DEPARTMENT OF HEALTH AND SOCIAL CARE PROPOSAL FOR REVOKING VACCINATION AS A CONDITION OF DEPLOYMENT ACROSS ALL HEALTH AND SOCIAL CARE

INTRODUCTION

Big Brother Watch and Liberty support the revocation of vaccination as a condition of deployment across all health and social care. Mandating vaccination across all health and social care settings is an unacceptable violation of the bodily autonomy of key workers, and will not prevent the spread of Covid-19. It will instead lead to further job losses, putting patients and those in need of care at risk and weakening a sector that already has high levels of job vacancies.

The effect of vaccination mandates is to force individuals, in many cases some of society's most marginalised, to choose between a medical procedure and their livelihood. Given that vaccine uptake is lower amongst Black, Asian and minoritised groups, younger people and poorer people, these groups will be disproportionately impacted.

Big Brother Watch and Liberty continue to oppose mandatory vaccination in health and social care settings on the following grounds:

- **Ineffective** – vaccination reduces the likelihood of serious illness and death, but cannot prevent infection and transmission. A mandatory vaccination policy for staff would not prevent coronavirus circulating in health and care settings, but would undermine workers' rights and bodily autonomy.
- **Impact on those with protected characteristics** – vaccination hesitancy is higher in some religious groups, in Black adults, in more deprived areas and amongst young people. A mandatory vaccination policy will lead to these groups disproportionately facing unemployment.
- **Bodily autonomy** – mandating vaccination fundamentally undermines bodily autonomy for a large segment of the population. Medical decisions must be made freely, without legal compulsion or coercion.
- **Privacy** – normalising health checks of workers sets a dangerous precedent that will likely expand to other sectors and vaccinations. The use of the NIMS database to check NHS staff records is a particularly alarming pivot to employee health surveillance.

Furthermore:

- **65% of respondents to the Government's consultation did not support the proposal for mandatory vaccines.**¹ 80% of members of the public, 75% of current service users, 58% of healthcare workers, 56% of representatives of healthcare organisations and 50% of healthcare organisations opposed the plans.

In revoking mandatory vaccination as a condition of deployment across all health and social care, the Government should prioritise removing barriers to vaccination and building trust through education-based measures. This must include ensuring health and social care workers can safely isolate should they become ill, as well as maintaining accessible testing for all.

Ineffective

While vaccination is extremely effective at reducing the likelihood of serious illness and death from Covid-19, it does not prevent infection and transmission. Vaccination status primarily tells the individual about their own risk of illness from the virus, not whether they pose a risk to others.

This is borne out by statistics published by the UK Health Security Agency, who have consistently found similar rates of Covid-19 infections in vaccinated people as in unvaccinated people.² A rapid review conducted by the UK HSA found that vaccine protection against transmission starts at just 31-45% and “waned substantially over time” for the Delta variant.³ Imperial College analysis notes that there is “strong evidence of immune evasion” (including vaccine acquired immunity) that is 4.51-fold higher for the Omicron variant than the Delta variant.⁴ The unprecedented rates of transmission of the Omicron variant across the UK, despite extremely high vaccine uptake, make it apparent that vaccination does not significantly prevent infection or transmission of the Omicron variant.

This assessment has a profound impact on the efficacy and lawfulness of a vaccine mandate. A similar conclusion was reached by Department of Health and Social Care officials, as revealed by documents leaked to the Guardian:

1 Making vaccination a condition of deployment in health and wider social care sector: Government response to public consultation – Department of Health and Social Care, GOV.UK, 9 November 2021 (p. 15): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1032203/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector-government-response.pdf

2 COVID-19 vaccine surveillance report: 10 February 2022 (week 6) - UK Health Security Agency, GOV.UK, 10 February 2022: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054071/vaccine-surveillance-report-week-6.pdf

3 How well do vaccines protect against Omicron? What the data shows – UK Health Security Agency, 10 February 2021: <https://ukhsa.blog.gov.uk/2022/02/10/how-well-do-vaccines-protect-against-omicron-what-the-data-shows>

4 Report 49: Growth, population distribution and immune escape of Omicron in England – Neil Ferguson et al, Imperial College COVID-19 response team, 16 December 2021: <https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2021-12-16-COVID19-Report-49.pdf>

“While Omicron is more transmissible there appears to be a substantially lower risk of hospitalisation and mortality for those vaccinated vs Delta.

“The low VE [vaccine effectiveness] against infection (and consequently effect on transmission) plus the lower risk posed by Omicron brings into question both the rationality of the VCOD2 policy and its proportionality and makes the case for vaccination requirement weaker than when [ministers] decided on the policy.

“The evidence base on which MPs voted on VCOD2 has now changed and we may see more objections from MPs, increased media interest and higher likelihood of judicial review.”⁵

The Royal College of Nursing said that the Government should “instigate a major rethink” in light of the leaked documents and that “sacking valued nursing staff during a workforce crisis is reckless.”⁶

Additionally, it is illogical to impose a vaccine requirement on health workers who work in environments where patients and visitors do not have such requirements. The main impact will be to exclude and alienate the small minority of staff who are currently unvaccinated, resulting in a less safe rather than more safe environment.

Requiring health and social care staff to be vaccinated to retain their roles will not prevent the spread of Covid-19 in health and social care settings, but will lead to increased levels of staff vacancies, putting people in need of health and social care at greater risk.

Lack of evidence

There is insufficient evidence to suggest that policies compelling people to take the vaccine are effective in increasing vaccine uptake. Rather, research shows that compulsion, whether through the use of vaccine passports or mandatory vaccination policies, has the effect of increasing vaccine hesitancy instead of reducing it.^{7,8} Similarly, data on vaccine uptake from numerous European countries suggests that countries adopting policies of mandatory vaccination do not achieve a higher rate of vaccine uptake than neighbouring or similar countries.⁹

Mandating vaccination for health and social care workers is a blunt, coercive approach to a complex, concentrated issue and could further undermine trust.

5Health department warning over vaccine mandate for NHS staff in England – Aubrey Allegretti and Denis Campbell, the Guardian, 18 January 2022:

<https://www.theguardian.com/society/2022/jan/18/health-department-warning-over-vaccine-mandate-for-nhs-england-staff>

6Ibid.

7The potential impact of vaccine passports on inclination to accept COVID-19 vaccinations in the United Kingdom – Alex Figueiredo et al, the Lancet, 1 June 2021:

<https://www.medrxiv.org/content/medrxiv/early/2021/06/01/2021.05.31.21258122.full.pdf>

8Detrimental effects of introducing partial compulsory vaccination: experimental evidence – C Betsch and R Bohm, European Journal of Public Health, 21 August 2015:

<https://academic.oup.com/eurpub/article/26/3/378/2467110>

9Compulsory vaccination and rates of coverage immunisation in Europe – ASSET, 2017:

http://www.asset-scienceinsociety.eu/reports/pdf/asset_dataviz_l.pdf

Alternative measures

Unions have highlighted a range of measures that they believe would be more effective than vaccine mandates, such as further education, dispelling myths, making vaccination easily available and supporting staff.¹⁰

The Regulatory Policy Committee, the 'better regulation' watchdog that scrutinises Impact Assessments, found that the Government's Impact Assessment for the regulations which introduced the mandate "does not include appropriate consideration of mitigation alternatives" to mandatory vaccination, such as regular testing "as an alternative to vaccination and as a check on the risks posed by waning vaccination immunity."¹¹

The World Health Organisation has warned mandatory vaccination policies should not be used over less invasive approaches:

"If such a public health goal (e.g., herd immunity, protecting the most vulnerable, protecting the capacity of the acute health care system) can be achieved with less coercive or intrusive policy interventions (e.g., public education), a mandate would not be ethically justified, as achieving public health goals with less restriction of individual liberty and autonomy yields a more favourable risk-benefit ratio."¹²

Unions and organisations representing health and social care workers have also branded the mandate as unnecessary. Matthew Taylor, the chief executive of the NHS Confederation said of the proposed mandate that there was "no necessity for compulsion, for surveillance of people at this stage, because the staff themselves are doing the right thing."¹³ UNISON head of health Sara Gorton said:

"This wasn't something the government needed to do. The effective and supportive approach taken by NHS trusts has persuaded the overwhelming majority of health staff to have both Covid shots.

"Now this sledgehammer approach risks doing more harm than good. Without knowing what proportion of staff are covered by exemptions, creating a new law seems extreme."¹⁴

10 Unions attack 'sinister' plan to force NHS staff to have Covid vaccine – Denis Campbell, Robert Booth and Aubrey Allegretti, the Guardian, 3 March 2021: <https://www.theguardian.com/society/2021/mar/03/unions-attack-sinister-plan-to-force-nhs-staff-to-have-covid-vaccine>

11 COVID-19 Vaccination as a Condition of Deployment: RPC Opinion – Regulatory Policy Committee, GOV.UK, 29 November 2021: <https://www.gov.uk/government/publications/covid-19-vaccination-as-a-condition-of-deployment-rpc-opinion>

12 COVID-19 and mandatory vaccination: Ethical considerations and caveats – World Health Organisation, 13 April 2021: <https://apps.who.int/iris/bitstream/handle/10665/340841/WHO-2019-nCoV-Policy-brief-Mandatory-vaccination-2021.1-eng.pdf?sequence=1%26isAllowed%3Dy>

13 Mandatory Covid vaccines for NHS workers are unnecessary 'surveillance', warns NHS boss – Sophie Barnes, the Telegraph, 5 September 2021: <https://www.telegraph.co.uk/news/2021/09/05/mandatory-covid-vaccines-nhs-workers-unnecessary-surveillance/>

14 Forced jab rule in the NHS risks doing more harm than good – UNISON, 9 November 2021: <https://www.unison.org.uk/news/press-release/2021/11/forced-jab-rule-in-the-nhs-risks-doing-more-harm-than-good/>

The UK has one of the highest levels of trust in vaccinations in the world.¹⁵ Abandoning the consensual approach whereby individuals are empowered to make their own choices about their healthcare, for a section of the public is misguided.

Existing staffing crisis

The concerns raised by Liberty and Big Brother Watch – as well as many other civil society organisations, unions and care providers – about the staffing implications of mandatory vaccination in the health and social care sector have been realised since the Government originally consulted on and pursued this policy in care homes. NHS bodies have warned of similar staff losses in healthcare settings should this policy be pursued in healthcare settings. King's College Hospital in London, for example, has warned it could lose up to 10% of its staff.¹⁶

Matthew Trainer, the chief executive of Barking, Havering and Redbridge NHS trust, said that the loss of unvaccinated midwives, coupled with a pre-existing 10% vacancy rate, “would put us in quite a serious position”.¹⁷ Pregnant then Screwed, a group that campaigns for the rights of pregnant women found that “71% [of 23,000 women surveyed] do not think a midwife should lose their job if they are not vaccinated” and that pregnant women were “more worried about staffing levels in maternity wards than vaccination”.¹⁸

Ruth Rankine, director of primary care at the NHS Confederation, said, “We understand from our members that the number of unvaccinated staff in primary care is low. However, given the size of some primary care providers, even low numbers could have a massive impact on delivery of services at a time when it is already severely stretched.”¹⁹

Chris Hopson, chief executive of NHS Providers which represents England's NHS trusts, stated that staff shortages could be a “real problem” and that “we need to win the argument with them rather than beat them around the head.”²⁰

The Regulatory Policy Committee found the Government’s Impact Assessment for the regulations introducing the vaccine mandate had not meaningfully considered the impact the Regulations would have on staffing, branding it “not fit for purpose” and cautioning that it:

15Global vaccine trust rising, but France, Japan, others sceptical – Reuters, 4 February 2021: <https://www.reuters.com/article/health-coronavirus-vaccines-confidence-idINKBN2A408J>

16Covid: Hospital boss admits they may lose staff over compulsory vaccines – BBC News, 10 January 2022: <https://www.bbc.co.uk/news/uk-59927306>

17 Health department warning over vaccine mandate for NHS staff in England – Aubrey Allegretti and Denis Campbell, the Guardian, 18 January 2022:

<https://www.theguardian.com/society/2022/jan/18/health-department-warning-over-vaccine-mandate-for-nhs-england-staff>

18Pregnant then Screwed, Twitter, 17 January 2022:

https://twitter.com/PregnantScrewed/status/1483115059207360519?s=20&t=jPFAcciS32yQDc7R_2-dlw

19How many NHS staff aren't vaccinated and could lose their job? - Gareth Iacobucci, the BMJ, 24 January 2022: [https://www.bmj.com/content/376/bmj.o192?](https://www.bmj.com/content/376/bmj.o192?int_source=trendmd&int_medium=cpc&int_campaign=usage-042019)

[int_source=trendmd&int_medium=cpc&int_campaign=usage-042019](https://www.bmj.com/content/376/bmj.o192?int_source=trendmd&int_medium=cpc&int_campaign=usage-042019)

20Covid-19: Vaccines to be compulsory for frontline NHS staff in England – Joseph Lee and Marie Jackson, BBC News, 10 November 2021: <https://www.bbc.co.uk/news/health-59215282>

"(...) does not provide the level of economic evidence for the calculation of direct impacts and the consideration of the impacts on small and micro businesses which are usually included in IAs [Impact Assessments] deemed fit for purpose.

"The IA does not provide evidence that excluding unvaccinated staff from health and care services will not result in critical staffing shortfalls, or sufficient evidence that such shortfalls could be avoided."²¹

Forcing rather than supporting workers to make such a choice will lead to an already struggling health and social care sector losing even more of its workforce.

Impact on those with protected characteristics

Continuing with vaccination as a condition of deployment in health and social care settings will undoubtedly have a severely negative impact on Black, Asian and minoritised groups, with far-reaching implications for access to employment and basic services. We know that vaccine hesitancy is highest among communities of colour²², stemming from historical concerns around unethical medical treatment creating general feelings of mistrust in health bodies²³ and for migrants, genuine fears over data-sharing.²⁴

It merits noting that the Government's own analysis indicated that making vaccination a condition of deployment in health and social care settings would disproportionately impact staff from Black, Asian and minoritised communities.²⁵ Further, Black, African, Caribbean and Black British responders to the Government's original consultation on vaccination as a condition of deployment in health and social care settings were the least supportive of the mandatory NHS vaccine policy of all ethnic groups, at just 11%.

Black, Asian and minoritised people make up a significant proportion of our health and social care workforce and have faced the sharp edge of the pressures brought by the pandemic, as evidenced in the Health and Social Care and Science and Technology Committee inquiry that reported Black, Asian and minoritised staff disproportionately faced difficulty in accessing appropriate Personal Protective Equipment (PPE), meaning they were at greater risk when carrying out their work.²⁶

21 COVID-19 Vaccination as a Condition of Deployment: RPC Opinion – Regulatory Policy Committee, GOV.UK, 29 November 2021: <https://www.gov.uk/government/publications/covid-19-vaccination-as-a-condition-of-deployment-rpc-opinion>

22 Coronavirus (COVID-19) latest insights – Office for National Statistics (ONS), 16 February 2021, available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights#vaccinations>

23 Covid-19 vaccine hesitancy among ethnic minority groups – Mohammad S Razai, the BMJ, 26 February 2021: <https://www.bmj.com/content/372/bmj.n513>

24 Care Don't Share – Liberty, December 2018: <https://www.libertyhumanrights.org.uk/issue/care-dont-share/>

25 Making vaccination a condition of deployment in the health and wider social care sector – Department of Health and Social Care, GOV.UK, 9 September 2021: <https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector>

26 Coronavirus: lessons learned to date: Sixth Report of the Health and Social Care Committee and Third Report of the Science and Technology Committee of Session 2021–22 – Health and Social Care and Science and Technology Committees, HC 92, 12 October 2021: <https://committees.parliament.uk/publications/7496/documents/78687/default/>

The likely staffing crisis caused by continuing mandatory vaccination as a condition of deployment in health and social care settings would have a tangible negative impact on disabled people, with services accessed by disabled people having already borne the brunt of the existing policy of mandatory vaccination for care home staff.²⁷ Big Brother Watch and Liberty acknowledge calls made by disabled activists to continue roll out of mandatory vaccination for health and social care professionals as much needed protection for disabled people who have been badly let down by the Government's pandemic response. Our view is that such protection is best achieved through education-based measures that build trust and informed consent among health professionals.

Big Brother Watch and Liberty remain concerned that vaccination as a condition of deployment in health and social care settings creates a two-tier system where some can access employment and essential services whilst others cannot, with this felt most sharply by communities of colour. As warned by health bodies like the World Health Organisation (WHO)²⁸ and numerous trade unions, policies of mandatory vaccination exacerbate inequalities and discrimination.

Rather than continuing to make vaccination a condition of deployment in health and social care settings, the Government must address vaccine hesitancy sensitively through education-based measures. Dr Veena Raleigh, a senior fellow at The King's Fund said:

"The uptake of public health messages does tend to be considerably higher in more affluent groups and the vaccine uptake is, in a way, mirroring that.

"To reach some of these communities with messages that will persuade them to alter behaviour is very difficult, but it can be done. You need to go beyond the mass national appeals and use local, culturally sensitive messages. Very often local services know their communities better."²⁹

Bodily autonomy

Mandating vaccination, either directly or indirectly, poses a serious threat to the principle of personal and bodily autonomy, protected by Article 8 of the Human Rights Act.

Personal and bodily autonomy are key rights and a principle of individual liberty. Vaccine mandates make an individual's employment contingent on a medical procedure. A choice between a mandatory medical intervention and unemployment is no choice at all for many, particularly low paid workers. Health and care sector workers, who have been at the front line of the coronavirus pandemic, should not be made to choose between their livelihoods and their right to make decisions about their bodies.

27Care homes in England set to lose 50,000 staff as Covid vaccine becomes mandatory
– Robert Booth, the Guardian, 10 November 2021:
<https://www.theguardian.com/world/2021/nov/10/care-homes-in-england-set-to-lose-50000-staff-as-covid-vaccine-becomes-mandatory>

28 COVID-19 and mandatory vaccination: Ethical considerations and caveats – World Health Organisation, 13 April 2021: <https://apps.who.int/iris/bitstream/handle/10665/340841/WHO-2019-nCoV-Policy-brief-Mandatory-vaccination-2021.1-eng.pdf?sequence=1%26isAllowed%3Dy>

29Poorer areas falling behind on vaccination against coronavirus – Shaun Lintern, the Independent, 17 February 2021: <https://www.independent.co.uk/news/health/coronavirus-vaccination-deprivation-nhs-b1803021.html>

Given the roll-out of 'booster' vaccinations to ensure ongoing immunity, vaccine mandates could incur a continuous intrusion in bodily autonomy, with those working in health and social care forced to receive regular medical procedures in order to retain their employment.

Indeed, recent research cited by the British Medical Association found that "pressurising health and social care workers can have damaging effects, leading to an erosion of trust, worsening concerns about the vaccine and hardened stances on declining vaccination."³⁰

Continuing to use legislation to enforce vaccination for all health and care sector workers is a blunt, coercive approach to a complex, concentrated issue and could further undermine trust between already marginalised groups and the health service.

Privacy

In practice, the mandatory vaccine policy requires workers to prove their vaccination status, or else have their employment terminated. It also requires health and social care providers to record the vaccination status of all their employees.

We are concerned that workers will be obliged to present sensitive health information to employers, either to prove their vaccination status, or to prove a medical exemption. This could normalise invasive checks of employee health status and would likely set a precedent that would impact other sectors and other forms of health checks.

Unions share our concerns – GMB union has said:

"This policy would be the thin end of the wedge, and could lead to employers in other sectors demanding the same approach and will have profound consequences for human rights and employment rights if the Government mandates vaccination."³¹

We are also concerned by the use of the NHS England National Immunisation System (NIMS) database to check staff members' vaccine status.³² NHS England states that designated individuals will be "given access data about staff" from NIMS to "reduce burdens on organisations and staff". The NIMS was originally designed for "the management of seasonal flu immunisation and clinical cohorts as part of the call / recall service for COVID vaccinations".³³ It was introduced to manage the rollout of vaccinations, not as a staff surveillance tool. The repurposing of such a system, and the bypassing of staff consent, is disproportionate and raises issues under data protection law.

³⁰Mandatory vaccination for NHS staff is incredibly complex issue, says BMA – BMA, 16 June 2021: <https://www.bma.org.uk/bma-media-centre/mandatory-vaccination-for-nhs-staff-is-incredibly-complex-issue-says-bma>

³¹Care worker mandatory vaccinations 'incredibly bad idea' - GMB, 15 April 2021: <https://www.gmb.org.uk/news/care-worker-mandatory-vaccinations>

³²Vaccination as a Condition of Deployment (VCOD) for Healthcare Workers, Version 1 – NHS England, 14 January 2022:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/01/C1545-update-vcod-for-healthcare-workers-phase-2-implementation.pdf>

³³Data Protection Impact Assessment National Flu and COVID-19 Vaccination Programme including the National Immunisation Management Service (NIMS), Version 2.4 – NHS England, 13 May 2020: <https://www.england.nhs.uk/wp-content/uploads/2021/02/IG20200873-DPIA-National-Flu-and-COVID-Campaign-v2.4S.pdf>

Lawfulness of a mandatory vaccination policy

Until the Regulations mandating vaccines in the health and social care sector, there was no legislation in the UK mandating vaccination for any section of the population. The Public Health (Control of Diseases) Act 1984 explicitly prohibits the creation of regulations under the Act which would mandate vaccination in England and Wales,³⁴ and the Coronavirus Act 2020 extends this prohibition to Scotland and Northern Ireland.³⁵ Vaccination has not been mandated in the UK since 1855, when riots around the mandatory smallpox vaccine led to the creation of 'conscientious objectors,' who were permitted to decline vaccination on the basis of personal belief.

However, there has been some confusion as to the legal status of hepatitis B vaccination, and whether it could set a legal precedent for mandating vaccination for older adult care home staff. In response to former Shadow Health Secretary Jon Ashworth's warning that "every attempt throughout history to force mandatory vaccination has proved counterproductive," the former Health Secretary Matt Hancock said: "I gently point him to the fact that surgeons need to have a vaccine against hepatitis B. Vaccination that is tied to work in fact has a longstanding precedent in this country."³⁶

A hepatitis B vaccination is not legally mandated – rather, it is a health and safety policy in some NHS trusts. Isra Black, a law lecturer at the University of York specialising in healthcare law, told the BMJ:

"It has been suggested that 'job for job' hep B vaccination under the health and safety policies of some health authorities creates a precedent for mandatory covid-19 vaccination. These policies exist, but to my knowledge they have not been tested legally.

"In any event, the lawfulness of these kinds of measures is highly fact specific. The human rights and equality dimensions of mandatory vaccination cannot be avoided by the use of health and safety law."³⁷

Chapter 12 of the Public Health England Green Book, which provides the latest information on vaccinations, states: "Hepatitis B vaccination is recommended for healthcare workers who may have direct contact with patients' blood or blood-stained body fluids."³⁸ A health and safety policy in some workplaces and a recommendation from Public Health England does not constitute "longstanding precedent" for mandatory vaccinations for certain workers.

34Section 45E

35Section 25E

36HC Covid-19 update (19 April 2021), vol. 692. col. 660:

<https://hansard.parliament.uk/commons/2021-04-19/debates/29C5F76D-1AA5-408F-A2D2-824ECB3A65FB/Covid-19Update>

37Covid-19: Is the UK heading towards mandatory vaccination of healthcare workers? – Jacqui Wise, the BMJ, 21st April 2021: <https://www.bmj.com/content/373/bmj.n1056>

38Immunisation of healthcare and laboratory staff – Public Health England:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf#page=3

Mandatory vaccination policies engage human rights law. The UK Government has a duty to protect the Article 8 right to private and family life, the Article 9 right to freedom of thought, conscience and religion and the Article 14 right to be free from discrimination. Interferences with these rights are required to be necessary and proportionate. A blanket policy requiring all health and social care workers to be vaccinated may not be proportionate if there are less intrusive methods of increasing vaccination uptake, and if vaccination does not prevent infection and transmission.

CONCLUSION

Mandatory vaccines were abandoned in Victorian Britain after sparking an anti-vaccination movement, mass protests and social discord.

This serious damage to British freedoms and workers' rights would provide little public health benefit and will lead to disproportionate job losses amongst minoritised communities and in deprived areas.

With opposition to mandatory vaccines from unions, civil liberties groups, and hundreds of thousands of members of the public, mandatory vaccine policies are destined to reignite distrust at a time when distrust could cost lives. The Government should abandon this coercive approach to public health and instead prioritise education-based measures that centre trust and informed consent as well as ensuring everyone – particularly healthcare workers – have what they need to stay safe as we emerge from this pandemic.