



The Rt. Hon. Steve Barclay MP  
 Secretary of State for Health and Social Care  
 Department of Health and Social Care  
 39 Victoria Street  
 London SW1H 0EU

28 July 2022

Dear Secretary of State,

We write, as charities and groups representing patients who remain vulnerable to Covid, even after vaccination, **to call on the UK Government to procure and provide prophylactic monoclonal antibody therapies such as AstraZeneca's Evusheld.**

A significant number of the people we represent garner only limited known benefits from vaccination. Many cancer patients, transplant recipients, people with primary and secondary immunodeficiency, and those on immunosuppressive medications, as just illustrative examples, [remain extremely vulnerable](#) to Covid, even after vaccination. The new post-exposure therapies are helpful in these contexts. But some cannot take these drugs due to interactions with other medications, many are still shielding and some are even struggling to access medical care because of their ongoing vulnerability. The psychological distress alone for this group [is enormous](#).

Evusheld and drugs like it represent an important step forward for this group, and must be considered as part of a [broader strategy](#) for living safely with Covid. Yet, despite being [authorised by the UK's MHRA on the 17th of March 2022](#), meeting the requisite standards for safety, quality and effectiveness, the drug remains unavailable anywhere in the UK, publicly or privately. 32 other countries have procured and are administering Evusheld to their vulnerable populations. The UK remains an outlier by ignoring this important treatment.

There is strong clinical support for Evusheld across a range of medical specialties. Nonetheless, we are concerned that Evusheld is being held to an impossible standard of evolving evidence. It is unclear what information and concerns the Government hold in relation to Evusheld's effectiveness, and how these relate to the delays in its procurement. Despite real-world studies showing [strong performance against Omicron BA1 and BA2](#) and [subsequent data for BA4 and BA5](#), there has been a lack of transparency relating to Government testing and how this will influence procurement and rollout.

There are important economic benefits of Evusheld that should be balanced against the cost. Our vulnerable members are currently extremely limited in their ability to participate in society. For many, the first lockdown of 2020 has never ended. A drug that could significantly reduce the risk of poor outcomes from Covid would have far-reaching benefits for the economy. The fact that Evusheld substantially reduces hospitalisation in this group would also have a positive impact on NHS bed space.

Covid infections are rising rapidly, emphasising the urgency of this situation for vulnerable people who feel trapped while the rest of the country returns to normal. Despite vaccination and anti-virals, this group [continues to be at higher risk of dying from Covid](#), and requires urgent protection. We call on the UK government to procure prophylactic monoclonal antibody therapies such as Evusheld and make them available to vulnerable patients as a priority. **We would like to arrange a meeting with your team to discuss this at your earliest convenience.**

Yours Sincerely,

Andrea Brown  
*Chief Executive of the National Kidney Federation*

Ceinwen Giles  
*Co-Chief Executive of Shine Cancer Support  
Chair of the Patient and Public Voices Forum for the NHSE Cancer Programme*

Clare Jacklin  
*Chief Executive of the National Rheumatoid Arthritis Society (NRAS)*

Dorothy Ireland  
*Chair of Vasculitis UK*

Gemma Peters  
*Chief Executive of Blood Cancer UK*

Henny Braund  
*Chief Executive of Anthony Nolan*

Jan Rynne  
*Chair of Chronic Lymphocytic Leukemia Ireland*

Kate Rogers  
*Chief Executive of Follicular Lymphoma Foundation*

Louise Wright  
*Chief Executive of Action for Pulmonary Fibrosis*

Marc Auckland  
*Chair of Trustees, on behalf of the CLL Support Board.*

Nick Moberly  
*Chief Executive of MS Society*

Paul Bristow  
*Chief Executive of Kidney Care UK*

Paul Howard  
*Chief Executive of LUPUS UK*

Sandra Currie  
*Chief Executive of Kidney Research UK*

Sarah Sleet  
*Chief Executive of Crohn's & Colitis UK*

Dr Sophie Castell  
*Chief Executive of Myeloma UK*

Sue Brown  
*Chief Executive of Arthritis and Musculoskeletal Alliance (ARMA)*

Sue Dimmock  
*Chair of Trustees, on behalf of UK Primary Immune-deficiency Patient Support*

Sue Farrington  
*Chief Executive of Scleroderma & Raynaud's UK (SRUK)*  
*Co-chair of the Rare Autoimmune Rheumatic Disease Alliance (RAIRDA)*

Dr Susan Walsh  
*Chief Executive of Immunodeficiency UK*

Nikola Brigden, Mark Oakley, and Prof Martin Eve  
*Evusheld for the UK*