

PE2211/B: Follow the science and broaden eligibility for Covid vaccines

Petitioner written submission, 26 January 2026

Response to the Scottish Government's initial view on the petition:

The Scottish Government's response essentially re-states the flawed JCVI advice. Please engage with the criticisms made; there is ample evidence within the Petition, and even more which is publicly available in the wider scientific community.

Correction #1: school staff. I raised this group specifically because schools and colleges are transmission hubs for community infections, particularly airborne infections like Covid, Flu, Measles etc. The Consideration states eligibility wasn't removed from teachers. While not identified as a discrete priority group previously (they should have been), teachers had previously been eligible as members of the general population. So yes, eligibility was removed. Petitioners deserve better than to be undermined by implication.

Correction #2: Covid remains "pandemic", according to WHO. It's misleading to describe it as "endemic" which wrongly implies that the Pandemic stage is over. (Let's not nitpick: one could technically argue that an endemic illness is simultaneously pandemic.) That false impression seeks to justify reducing precautions (including vaccination). It is bizarre to imply that vaccine-acquired immunity is inappropriate for an 'endemic' infection when most vaccination programmes address endemic illnesses. The key difference for Covid is that there is not yet a vaccine which gives long-lasting immunity: whereas childhood vaccinations usually offer useful immunity for life, Covid immunity wanes rapidly, (and new variants emerge,) necessitating updated boosters.

Feedback from public:

Members of the public have contacted me in support of the petition. As Covid-conscious people they limit their activities in order to avoid (further) acute infections and risk of Long Covid, other sequelae; and other airborne illnesses. They want sensible mitigations to be reintroduced, so they could lead more active lives — including, for example, entertainment and hospitality — without being threatened with illness or disability. These people are immunocompromised; or carers; or those with Long Covid/other sequelae; who realise that additional infections carry additional risk of long-term health issues; or simply people being sensibly cautious: their well-being, health, and engagement in society depend on infectious diseases being taken more seriously.

What should be addressed:

My background information referred to vaccinations being part of a "Swiss-Cheese-Model" of risk management (the model best known for underpinning aviation safety, and acknowledged as best practice in Risk Management). Considering events in

health following the petition being lodged, this needs re-emphasised. Vaccinations (limiting the severity of Covid more than restricting transmission) must absolutely be combined with other layers.

We've seen hospitals closed to visitors and mask-wearing re-instated in response to the recent wave of Flu. With adequate ventilation and air filtration, while routinely using filtering masks such as FFP3 (not FRSM) in clinical settings, those waves would have been reduced. Hospitals would have experienced less disruption. Citizens would have been less ill, missing fewer days at work.

Those impacts on NHS, the economy, disrupted education (increasing that attainment gap) are the cost of timid policy-making. It's important to identify the "cost-effectiveness" referred to in the Scottish Government's response as a false economy due to the narrow criteria applied. It's more important to identify non-provision of reasonable mitigations as infringing on citizens' human rights - to health and to participation in society.

The Committee agrees that clean air (in your deliberations on PE2071) remains an important issue: but action is urgent, to protect citizens from short- and long-term illness and disability. Not to bring party politics into this, but I am unaware of any party which has a declared policy of disabling significant numbers of the population, while limiting others' ability to participate in society.

We should be following the science on airborne infections. It is well-established. Yet governments here and in London choose not to act on it, endangering literal lives as well as quality of life, and impacting the wider economy.

Parliament has access to the evidence from the Covid Inquiries; from grass-roots groups like Long Covid Scotland and Long Covid Kids/Long Covid Kids Scotland; from NASUWT Scotland, from WHO, from Independent Sage, and not least from petitions submitted regarding Covid and Covid-adjacent issues; which have been dismissed, ignored or kicked into the long grass – I know of PE2071, PE2072, PE1952.

There is ample evidence on managing indoor air quality from research by Natalie Bain-Reguis at Napier, Allen Haddrell at Bristol etc. Even the UK government accepts the need for air quality:

<https://shh-uk.org/minister-admits-airborne-Covid-risk-in-schools/>

The Covid Inquiry confirmed decisions being based on ideology, not science "The weight wasn't put on to that emerging scientific evidence that did clearly prove to be right," <https://news.sky.com/story/many-mistakes-were-made-over-covid-school-closures-former-education-secretary-gavin-williamson-says-13450051>

UsForThem enjoyed particular influence - reopening schools unmitigated was motivated by their threats, ignoring clinical advice:

<https://www.theguardian.com/education/2021/jan/26/group-campaigning-for-uk-schools-to-reopen-wins-backing-of-17-tory-mps>

<https://bylinetimes.com/2021/03/30/gavin-williamson-re-opened-schools-with-no-safety-measures-after-legal-threat-from-parents-lobby-group-usforthem/>

Since then, it's like UsForThem has been writing both Governments' policy on public health, embedding their anti-science, Anti-Vaxx, Covid denial.

PE2071 was recently "reluctantly" closed, but the Committee (rightly) "think that the issues continue to be important" and suggest re-submission after May. Life-saving, urgent action could have been taken in December 2023 when that petition was published. In the time remaining, they could have sought assurances from the Cabinet Secretary that the 10-year IPC strategy will incorporate the important matters the petition raises, will fully address airborne transmitted infection, ensure air science and cleaning technology experts have been fully included in its development, and push for a Chamber debate - not just fob it off onto the next Parliament.

Understanding of why good indoor air quality is so vital for health regrettably seems to be sorely lacking in both Government and Parliament. As a clinically high-risk person, Dr Witcher OBE inquired and received assurance in advance of her attending the Committee meeting that reviewed her petition, that mechanical ventilation in the Parliament Building met requirements and was monitored. Yet, the CO2 monitor she took with her showed a reading of 1802ppm when the maximum should be 800-1000ppm. This indicates unacceptably poor ventilation, enhanced likelihood of airborne infection and air quality so bad as to impair cognitive function.

(It should not be incumbent on a petitioner to submit evidence of acknowledged science, or examples of good practice, especially when the petitions system curtails the evidence permitted.)

To summarise:

For Scots to be protected from acute infections of Covid and from its longer-term consequences (for which there is little proven treatment yet available), urgent action needs to be taken to restore vaccine eligibility, incorporating ways to bypass the Novavax/UK lawsuit, as part of a wider "Swiss-Cheese Model" of risk management. This will protect citizens, health and education provision and outcomes, and strengthen the economy as a whole.