

# Blanche Hampton submission of 14 October 2022

## PE1950/B: Ensure immunosuppressed people in Scotland can access the Evusheld antibody treatment

My name is Blanche Hampton, I am 66 and immunocompromised due to the immunosuppressant drugs I take to control Systemic Lupus Erythematosus. After 5 vaccines I had [zero response on antibody testing](#). I had my sixth vaccine on 9 October. I completely support the petition.

Having shielded throughout the pandemic, I caught COVID-19 in early August. I immediately contacted the number on my NHS letter to get the antivirals I knew I would need. I was then caught in a bizarre NHS health board border dispute which delayed the delivery until it was too late for the one I really needed and nearly too late for the one that finally arrived. I had improvement while on the course, but within 24 hours of finishing it, had a rebound COVID-19 infection that was worse than the first and has left me with scarred lungs. Nobody told me that [antiviral rebound](#) might happen or what to do. The same antivirals number was unable to help and my GP wasn't available. I was very ill with a high fever for 10 days, cared for by my neighbours. The GP did come, but diagnosed a post-covid chest infection that didn't respond to two+ courses of antibiotics, and the sputum showed no bacterial infection. Any opportunity to protect my lungs was lost.

As an immunocompromised person, for nearly 20 years I have avoided crowds and sick people. Irrational as it may seem, I was worried that if I went to hospital, I might be treated for COVID-19, but would pick up some other infection that would kill me. My decision was based on my assessment of risk v benefits of hospital care when the NHS is under such pressure.

With no vaccine immunity and the patchy nature of the antivirals delivery, I have no protection from COVID-19 and until something better comes along, Evusheld is the only hope I have at being able to live anything like a normal life. I suffered severely with the COVID-19 infection in August and now look to be slipping into Long Covid with

scarred lungs, which will make me even more vulnerable to a bad outcome. I have just had my 6<sup>th</sup> vaccine, but going on past performance and with the numbers going up, I can't risk getting COVID-19 again. It's like sitting on a railway track waiting for the next train to hit me. I have gone back to full shielding and will see no-one until the numbers come down in spring.

When new medicines are introduced, they are evaluated and the Medicines and Healthcare products Regulatory Agency (MHRA) approved Evusheld in March 2022. More than 30 other countries are using Evusheld without complaint, including US, Europe, Australia, Singapore etc. The National Institute for Health and Care Excellence (NICE) process to approve a medicine can take up to a year, but COVID-19 treatments were and continue to be fast-tracked for approval. I was shocked to read that having approved Evusheld for use, the UK Government then announced in August, just as I went down with COVID-19, that it would not buy any doses.

As I understand it, the reason given was that as the Omicron variants weren't in circulation at the time Evusheld was being trialled, it couldn't be proven to be effective for them. This has been [addressed by AstraZeneca](#) in July 2022. It was also suggested that while Evusheld has been proven to reduce hospitalisation and death, it hasn't been proven to prevent symptomatic COVID-19. As no other coronavirus drugs had been required to meet this particular threshold, including the vaccines, I find this to be a very strange response. Now, instead of being fast-tracked, it has become subject to a cumbersome [NICE process](#) that won't report till 31 May 2023. The Scottish Medicines Consortium (SMC) usually follow NICE, and in this instance have said they will do that.

I strongly support this petition and I would ask the Committee to consider:

- Cost/benefit approx. £800 per year for two six-monthly doses v A&E attendances and hospitalisations
- Scotland's immunocompromised have nothing to protect them and it can feel like we are an abandoned underclass.
- More than [30 countries use Evusheld as part of their covid strategy](#), with no negative comment.
- While it might not cover every variant, Evusheld is best used now, before it becomes redundant. As with the early vaccines, it is

better than nothing. With winter coming, we need it now, by late May it may be too late.

- Delivered by 2 injections on the same occasion, I understand that rollout could be fast enough to protect us during winter, when the risks are highest and the pressures on the NHS are greatest.

I am asking the Scottish Parliament to ask that the SMC revise their decision to wait for the NICE report and protect Scotland's immunocompromised now, before more of us die knowing there is a treatment that could have saved us.