

Press release

# COVID-19 vaccines highly effective in most people in clinical risk groups

Those used in the UK as effective at preventing symptomatic disease in the majority of people with underlying health conditions as the rest of the population.

From: [Public Health England](#)

Published 9 July 2021

Last updated 10 July 2021 — [See all updates](#)



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The [study from Public Health England](#) (PHE) included more than 1 million people in at-risk groups.

Within these clinical risk groups, there will be people with more severe forms of illness – particularly in the immunosuppressed group – who may not respond as well to the vaccines, and we recommend they seek advice from their specialists.

The study found:

- overall vaccine effectiveness against symptomatic disease in risk groups is approximately 60% after one dose of either AstraZeneca or Pfizer-BioNTech, with little variation by age
- after 2 doses, vaccine effectiveness is 81% with AstraZeneca in people in risk groups aged 16 to 64. No data is available for Pfizer-BioNTech
- in people in risk groups aged 65 and over, vaccine effectiveness with Pfizer-BioNTech is 89% and 80% with AstraZeneca
- for those who are immunosuppressed, vaccine effectiveness after a second dose is 74%, with similar protection to those who are not in a risk group. This rises from 4% after a first dose

Although age is the greatest risk factor for adverse outcomes following coronavirus (COVID-19) infection, certain health conditions also increase the risk of severe disease.

Diabetes, severe asthma, chronic heart disease, chronic kidney disease, chronic liver disease, neurological disease, and diseases or therapies that weaken the immune system – such as blood cancer, HIV or chemotherapy – have all been linked to an increased risk of hospitalisation or death with COVID-19.

People with these conditions who are at highest risk were initially advised to shield during the peak of the pandemic and all risk groups were then prioritised for vaccination. The government announced the dose interval would be brought forward from 12 to 8 weeks for the clinically vulnerable on 14 May, and everyone in these groups should now have been offered a second dose.

Data on vaccine effectiveness among people in clinical risk groups was previously limited. Though more data is needed, protection against hospitalisation and death in risk groups is expected to be greater than protection against symptomatic disease, as has been seen in studies of the general population.

Dr Mary Ramsay, Head of Immunisation at PHE, said:

“ This real-world data shows for the first time that most people who are clinically vulnerable to COVID-19 still receive high levels of protection after 2 doses of vaccine.

“ It is vital that anyone with an underlying condition gets both doses, especially people with weakened immune systems as they gain so much more benefit from the second dose.”

The Joint Committee on Vaccination and Immunisation (JCVI) advised that those living with immunosuppressed adults should be prioritised for vaccination to help limit the spread of the virus to people in this group.

If the planned booster programme goes ahead, the JCVI has recommended that immunosuppressed adults and their household contacts should also be among the first to be offered a third dose of vaccine in September.

PHE estimates that 30,300 deaths and 8,151,000 infections have been prevented as a result of the COVID-19 vaccination programme, up to 25 June. This is based on modelling analysis from PHE and Cambridge University’s MRC Biostatistics Unit.

PHE also estimates that 46,300 hospitalisations have been prevented in people aged 65 or older in England up to 27 June (approximately 7,000 admissions in those aged 65 to 74, 18,000 in those aged 75 to 84, and 21,300 in those aged 85 and over).

Public Health England press office

Wellington House  
 133-155 Waterloo Road  
 London  
 SE1 8UG

Email  
[phe-pressoffice@phe.gov.uk](mailto:phe-pressoffice@phe.gov.uk)

Telephone  
 020 7654 8400

Out of hours  
 020 8200 4400

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**10 July 2021**

Updated to clarify that some people in clinical risk groups might not respond well to vaccines.

**9 July 2021**

First published.

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