States of Guernsey

Readers Letter

Date: 23 September 2022

COVID19 response

Dear Islanders,

Back in January we submitted a Freedom of Information request to the States of Guernsey to provide various hospitalisation and death data over the last four years. The latter wasn't forthcoming and after months of chasing, it has finally been published. We are passionate that you are made aware of some findings, especially as most deputies voted for an internal review into the covid-19 response[1] - rather than enabling an independent third-party to scrutinise the government.

Key findings:

- *22% decrease in deaths caused by respiratory viral/bacterial infection[2] – were lockdowns and restrictions needed when fatalities were much lower in years with covid-19, compared to years with only flu/pneumonia etc?*
- *30% decrease in hospitalisations caused by respiratory viral/bacterial infections[2] – why did The Princess Elizabeth Hospital need to be protected with a much lower incidence rate?*
- *41% increase in hospital heart attack admissions and 23% increase in stroke admissions[2] – what is causing this?*
- *17% increase in sudden deaths (including suicides)[3] – were lockdowns and restrictions more harm than good to our physical and mental health?*

Separately, we have recently received a Freedom of Information request response from the Medicines & Healthcare Products Regulatory Agency. This shows that in Guernsey there have been an alarming 399 suspected adverse vaccine reactions reported, with 6 of these suspected to have caused a fatality (four women and two men, the youngest just 42 years old)[4]. Many islanders won't necessarily be aware of the yellow card reporting system and sadly this means that these numbers are likely to be higher. In comparison, there were 7 deaths clinically coded as caused by covid-19 in 2021 (to date)[5] out of a total of 599 deaths, from all causes.

On 22 December 2021, BBC Radio Guernsey aired a clip of Heidi Soulsby who stated the following: "*The CCA is required to follow various conditions before it imposes any regulations. It is about determining whether there is an emergency, if there is a need to mitigate it, whether it is urgent and whether it is proportionate, and we have Her Majesty's Procurer there to ensure that the CCA do consider that. Those checks and balances are really quite strong.*"

We'd love for Deputy Soulsby, the Civil Contingencies Authority and Her Majesty's Procurer to explain what these checks and balances actually were? As it appears that the death and hospitalisation data wasn't considered at all, nor was the yellow card reporting. Perhaps they should consider disclosing their meeting minutes, as this would bring much needed clarity on this matter.

Over the last two years we have all endured unprecedented curbs on our freedoms and made many personal sacrifices; we were kept in a perpetual state of fear by the CCA and the government became seemingly too comfortable in dictating how we went about our lives. Little context or substantiation to the decision making was provided throughout this period and press briefings never allowed for challenging lines of questioning. We had little choice but to trust that these people were competent, capable and that the extreme course of action chosen by them was based on robust data.

Finally, now this data is being made public, Dr Brink and your deputies seem to have fallen silent. Please do contact your deputies if you are concerned with our findings. If they are not held to account by the people they serve, we're sure they will be content to move on and avoid the difficult questions that must now be answered.

Response

Thank you for giving HSC the opportunity to respond to this reader's letter. Whilst we are not provided with details of the author, we are confident that this letter has been written by someone who has been in regular correspondence with us regarding many COVID-19 issues.

A considerable amount of data been requested over the last couple of years through the States Freedom of Information Policy. Our most recent detailed response can be found here CHttpHandler.ashx (gov.gg).

Providing data outside of our normal reporting cycle diverts staff resources away from other matters. Whilst we are happy to provide information requested it is disappointing when the data is then repeatedly misinterpreted and shared with others stating incorrect and misleading key findings.

Your reader's conclusions with regard to death data statistics do not reflect a proportionate handling of the data. If you read our full response on the link above, you will note that this response clearly states:

Please note the following limitations of the table above:

- ***Using rates rather than counts is usually a more meaningful way to compare deaths over time as the underlying population will fluctuate in size.***
- ***Often with small numbers of deaths (such as the above) there will be greater fluctuations year-on-year. This can make it difficult to interpret changes between years and may obscure longer term trends.***

- ***There is a small subset of deaths under 'All Causes' where the final cause is yet to be determined. These deaths are awaiting conclusion/notification of details determined at Inquest. It is expected that the final causes of death would not have a large impact on the figures shown.***

We provide these figures in the hope that if you share this information with other parties in any format you will include the statement of limitations above.

The letter we have been asked to comment on does not reference these caveats and draws the very type of conclusions that we have cautioned against.

Your reader suggests that data was not forthcoming and required 'months of chasing'. This is incorrect. On requesting the data, the reader was advised that the death data was not yet available. The data was supplied at the earliest opportunity.

Taking your readers other claims in turn:

- *22% decrease in deaths caused by respiratory viral/bacterial infection[2] – were lockdowns and restrictions needed when fatalities were much lower in years with covid-19, compared to years with only flu/pneumonia etc?*

- *30% decrease in hospitalisations caused by respiratory viral/bacterial infections2 – why did The Princess Elizabeth Hospital need to be protected with a much lower incidence rate?*

  It appears your reader has reached the above figures by comparing average figures for 2018+2019 to average figures for 2020+2021 expressed as a percentage of the first period. We cannot support this approach to data-handling and would wish to see the use of statistically appropriate methods to control for confounding factors and small-number volatility to ensure a secure foundation for making interpretations about change over time. The same approach has been applied to the hospitalisation data. Again, relevant methods and controls need to be applied. However, a reduction in hospitalisations (thereby protecting our hospital resources) would be an indicator that lockdown measures worked successfully by preventing the spread of infections between people. It follows that without the measures to protect the hospital, reductions would not have occurred.

- *41% increase in hospital heart attack admissions and 23% increase in stroke admissions[2] – what is causing this?*
- *17% increase in sudden deaths (including suicides)[3] – were lockdowns and restrictions more harm than good to our physical and mental health?*

  The reader has again used a comparison of 2018+2019 average compared to 2020+2021 average without controls for year-on-year variations, or the age and sex structure of the population. It is plausible that there may have been indirect health

effects caused by global pandemic conditions. These will be investigated using the appropriate statistical methods in due course.

- *Separately, we have recently received a Freedom of Information request response from the Medicines & Healthcare Products Regulatory Agency. This shows that in Guernsey there have been an alarming 399 suspected adverse vaccine reactions reported, with 6 of these suspected to have caused a fatality (four women and two men, the youngest just 42 years old)[4]. Many islanders won't necessarily be aware of the yellow card reporting system and sadly this means that these numbers are likely to be higher. In comparison, there were 7 deaths clinically coded as caused by covid-19 in 2021 (to date)[5] out of a total of 599 deaths, from all causes.*

  As we have not been provided with the data received in response to the Freedom of Information request submitted to the MHRA, we are unable to provide any context to this claim.

  It is important to note that reporting can occur for symptoms that are known side effects of the vaccine, i.e. tenderness at the injection site, which is clearly documented as a side effect.

  All islanders receive information on yellow card reporting each time they receive a vaccination. We therefore disagree with the assertion that "Many islanders won't necessarily be aware of the yellow card reporting system and sadly this means that these numbers are likely to be higher."

  Where family members suspect the vaccine has caused a fatality, they, or a medical practitioner, can make a MHRA Yellow Card submission to suggest that the vaccine may have caused a fatality. If/when HSC is advised of any such suspicion, a full investigation will take place and, should this be found to be true, will be reflected in future cause of death data. It would be wrong to assume that the vaccine is the sole cause of death in anyone without these necessary investigations taking place.

- *Over the last two years we have all endured unprecedented curbs on our freedoms and made many personal sacrifices; we were kept in a perpetual state of fear by the CCA and the government became seemingly too comfortable in dictating how we went about our lives. Little context or substantiation to the decision making was provided throughout this period and press briefings never allowed for challenging lines of questioning. We had little choice but to trust that these people were competent, capable and that the extreme course of action chosen by them was based on robust data.*

We would disagree with the assertion that little context or substantiation to the decision-making process was provided during the COVID-19 response. Indeed, the island has been commended on its approach to open public communications through detailed media briefings, press releases and guidance notes and the sharing of data on which decisions were made. From the earliest possible point, members of the public were provided opportunities to ask questions through the clinical helpline, the non-clinical helpline, and dedicated email addresses.

Finally, now this data is being made public, Dr Brink and your deputies seem to have fallen silent

Public Health has engaged repeatedly with the reader over data requests and has provided guidance on data interpretation, including pointing out where we feel misinterpretations have been made. The team remains committed to the use of evidence to inform decision-making both now and in the future.

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