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The Independent Scientific Advisory Group for Emergencies (SAGE)

The Independent SAGE Report 38

Strategy for COVID-19: Maximum Suppression or Mere Containment?

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Submitted to The UK Government and the People of Great Britain
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Strategy for COVID-19: Maximum Suppression or Mere Containment?

We welcome the following features of the UK Government's Roadmap for England for Spring 2021: (a) Measures introduced in 5-week phases, with time gaps built-in for data-informed reviews against four tests (relating to vaccination rollout and efficacy – and viral spread and mutation). (b) Prioritising school opening and then outdoor activity, the latter being associated with at least 20x less risk than indoor activity.

However, there are clear deficits in the approach, which endanger its overall ambition of ensuring that the route out of lockdown is 'one-way' and irreversible. These include:

1. The absence of an overall strategy for pandemic control over and above vaccination
2. Opening of schools and colleges on a single date (March 8th) without sufficient mitigating or compensatory measures
3. Insufficient focus on addressing inequality, thus risking turning COVID into a disease of the poor.

This paper addresses these three areas with links to Independent SAGE's previous report, which sets out recommendations for a sustainable suppression strategy for keeping society open.

1. The overall strategy for pandemic control

The Prime Minister and Chief Medical Officer made clear that that the strategy was one of containment, rather than one of maximum suppression as advocated in Scotland and Wales—one which would result in thousands of avoidable deaths from COVID each year. Maximum suppression has been implemented by many countries that are successfully managing COVID, for example, Australia, New Zealand, China, South Korea, Singapore, Vietnam, Uruguay, Finland, and Norway.

The UK government's containment strategy would (a) entail the risk of the pandemic yet again running out of control and overwhelming the NHS, thus requiring the reimposition of restrictions (a risk highlighted by the SAGE modelling subgroup on 17th Feb); (b) cause unnecessary deaths, as well as damage to health through Long-COVID; (c) increase the chance of new variants of the virus emerging that could undermine the vaccination program.

These limitations are evident in:

- a. The absence of any control strategy for driving community transmission down to very low levels. An effective strategy would have included a phased opening of schools, a fully functioning test and trace system combined with adequate support for self-isolation, robust international travel measures, and an effective system (including legal enforcement) for ensuring COVID-safe environments in work, educational, and public spaces.
- b. The absence of a strategy to minimise transmission rates during a thorough reconfiguration of the Test, Trace and Isolate (TTI) system by transferring leadership to public health teams based in local authorities; increasing the number of symptoms that qualify for a test (especially for children, who often do not experience the current triad of qualifying symptoms); testing of all contacts of new cases; and, providing adequate funding for financial and practical support for self-isolation, including offering accommodation where self-isolation at home is not possible. Proper support for isolation would improve people's ability to isolate, and their willingness to both seek a test on developing new symptoms and provide contacts.

- c. The failure to address the demonstrable risk for emergence of variants with reduced susceptibility to vaccines. Minimising this threat requires stringent international travel restriction measures (including pre and post-arrival testing and managed quarantine) for all arrivals (including returning citizens) and keeping cases as low as possible within the UK. The current strategy does not achieve this.
- d. The decision to fully re-open all schools simultaneously in England in stark contrast to the gradual re-opening of schools strategy being implemented in Scotland, Wales, the Republic of Ireland, Denmark and Finland. This is discussed further below.
- e. The absence of consideration of the number or overall case numbers, with a focus instead on qualitative and vague criterion - "Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS." "Pressure on the NHS" is not a quantitative (i.e., measurable) criterion, such as the number of critical care beds occupied, beyond which further restrictions will not be relaxed.
- f. The repetition of the phrase 'data not dates' whilst doing the opposite, including highlighting a symbolic midsummer date for people to look forward to. This has led to predictable expectations and behavioural consequences, e.g. within hours of announcing the 'roadmap', it was reported in the media that the number of package holidays booked by the UK public increased by 630% compared to the previous week.
- g. A strategy of local lockdowns when new variants emerge, that, without major new investment and local control, would punish communities that are already lowest in the indices of multiple deprivation and have been hit hardest.

2. The initial opening of all schools and colleges at the same time without mitigating or compensatory measures.

The decision to have all pupils attend all schools and colleges in England on March 8th is at odds with the claim to be 'cautious'. Indeed [recent modelling](#) suggests that it is likely that fully opening all schools in England simultaneously risks pushing the reproduction number above 1.

All nine representative bodies of educational staff have called on the Government to have a phased re-opening of schools to maximise safety and to minimise outbreaks and increases in transmission rates. These calls have been ignored. SAGE, advised by its behavioural science advisory group, has often recommended that the Government engage with and listen to those affected by the measures. Independent SAGE [has called for a series of mitigation measures](#) to make schools safer when fully opened, such as increasing space and staff, improving ventilation, introducing mask-wearing in enclosed spaces, decreasing bubble size, careful implementation of testing, and increasing the availability of hand sanitation stations and behavioural routines. In addition our calls for increased support for disadvantaged areas, including the provision of laptops and free broadband, need to be heeded urgently.

3. Ignoring increasing inequalities

Whilst it is increasingly clear that COVID is becoming a disease of disadvantage, there is no mention of the word 'inequality' in the 68 pages of the 'Covid-19 Response Spring 2021' document. There are no practical resourcing or financial measures mentioned to overcome this disadvantage. There is ample evidence that inequality has increased over the last year of the pandemic.. Several policy measures could address this inequality, including:

- adequate financial, practical and, if required, extra accommodation to support self-isolation

- reduction in exposure (by increased home working) and greater protection in workplaces
- significant investment in improving access to and uptake of vaccination in deprived areas
- increased long-term investment in NHS hospitals, GP networks, community champion schemes, mutual aid organisations and local public health team provisions in areas that have been longest under social restrictions and are highest in the indices of multiple deprivation.

The containment strategy, ‘tolerating’ rather than suppressing the virus, will hit the most disadvantaged and diverse ethnic minority communities hardest, as they are more exposed to catching COVID and have lower rates (currently) of vaccination.

Unless active measures are taken, the current association between areas with higher deprivation and proportions of ethnic minority groups and higher rates of, and harm from, COVID will become more pronounced as variation in vaccination uptake rates increases with decreasing age of vaccine recipients. Already, the data on inequality in vaccination uptake is stark. For example, nationally, more than 93% of over 80’s have been vaccinated, but in East London, only 73%, with lower rates in all ethnic minority populations. We urgently need targeted investment in and engagement with deprived communities for primary care, supported isolation (including alternative accommodation), community health organisations as part of a comprehensive strategy to address health inequalities that existed before, and have been amplified by, the pandemic.

In response to the question of whether COVID could become a disease of poverty and disadvantage, Matt Hancock, on the day after the report was published, responded by saying it was a personal responsibility to behave in the right way- implying that disease outcomes are due to individual choices rather than known structural factors, such as access to healthy food, housing and built environments that increase exposure and vulnerability to disease. There was no mention of support or working with deprived communities, such as increasing vaccination uptake. This is Building Back Worse, not Better.

A ‘Sustainable Suppression’ Strategy for Keeping Society Open

In sum, reopening of schools all at once without adequate mitigating measures, the failure to address the problem of inequalities and, above all, the lack of a strategy to suppress infections, creates a genuine risk that the Prime Minister’s timetable will be disrupted or even that the lifting of measures will have to be reversed. By contrast, if the advances brought about by the vaccines were combined with an infection suppression strategy, phased re-opening of education and greater attention to inequalities (so that the entire population is protected from COVID), then we believe that it would be much more likely to get to a point, in the summer of 2021, where domestic restrictions could be almost entirely lifted and the risk of re-imposing blunt ‘lockdown’ controls minimised.

The Independent SAGE strategy was published on February 19th and can be read here: <https://www.independentsage.org/a-sustainable-suppression-strategy-for-keeping-society-open/> . Moving from the current roadmap to the suppression strategy we outline is eminently feasible, involving mainly implementing more support for keeping cases down alongside the vaccination programme and the gradual release of restrictions.

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