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The Independent Scientific Advisory Group for Emergencies (SAGE)

The Independent SAGE Report 37

A 'Sustainable Suppression' Strategy for Keeping Society Open

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A 'Sustainable Suppression' Strategy for Keeping Society Open

The aim of this document is to outline an overall strategy for handling the COVID pandemic which protects the public with the minimum of disruption to the everyday life of our communities. This involves driving levels of infection down and keeping them down at a level where outbreaks can be handled through highly targeted measures (notably test, trace and supported isolation).

It is important to stress, therefore, that our strategy is not a "lockdown" strategy. To the contrary, further lockdowns only become necessary where there is a failure to implement sustainable suppression measures that we describe below.

There are two main elements to our approach. The first concerns the short-term 'lockdown' measures necessary to bring infections down to levels where the strongest restrictions are no longer necessary. We are currently in this phase. The more comprehensive these measures are with minimal non-essential activities, the faster and further they will reduce the prevalence of infection and hence the sooner it will be possible to start lifting restrictions.

The second element concerns the measures necessary to keep infections at a sufficiently low level to allow for local outbreaks to be handled without the need to impose general lockdowns. While vaccination is a key measure – and makes suppression considerably easier - it is certainly insufficient on its own until the entire population is vaccinated and may remain insufficient even then (due to uncertainties about the level of protection and longevity that it affords, especially given the emergence of new variants).

Any policy which lifts all restrictions before the whole population has been offered vaccines (and hence allows the virus to spread) brings unacceptable risks of (a) overwhelming the NHS and compromising the treatment of non-COVID conditions; (b) causing long-term morbidity through Long COVID; (c) increasing the chance of new COVID variants emerging that could evade existing vaccines.

It is therefore necessary to complement the immunity conferred by vaccination with other measures to suppress infections. It is important to stress that these measures are principally about supporting the public to remain safe, rather than about restricting activities.

The strategy rests on five pillars:

1. **Vaccination for the entire population** (including children once approved) in the expectation of regular boosters in the future as required.
2. **Widespread testing** (including, where appropriate, testing of asymptomatic cases) as part of a **test, trace and isolate system** rooted in local communities and organized through local public health bodies.
3. A **comprehensive resource package** which enables people from all sections of the community to self-isolate.
4. **Accreditation as "COVID secure space"** of all public spaces (schools, hospitality, workplaces etc.) through a robust system of guidance, support, regulation and inspection to ensure that they meet COVID safety standards (spatial distancing, ventilation, enhanced hygiene etc.).

5. **Strict control of borders** and limits on international travel

The easing of lockdown should start when it is possible to do so without risking renewed exponential growth of infections, and that this should be based on clear quantitative criteria: we propose an incidence of below 100 confirmed new cases per 100k population per week in all regions of the country before easing, starting with opening schools. Easing should be a careful step by step process with careful monitoring of the impact of earlier steps to ensure incidence and prevalence are continuing to fall before going further.

When the level of infection in a locality has become sufficiently low so as to be controlled through targeted local measures – notably testing, contact tracing and supported isolation – full social activities (schools, universities, shops, hospitality and businesses all open, mass gatherings and socialising in each-others 'homes allowed) may be restored. We propose that the criterion for declaring such 'green zones' is an incidence of below 10 confirmed cases per 100k population per week (levels reached in the UK in summer 2020).

This overall strategy should be reassessed at the point where the whole population (including children) has been offered full vaccination. Assuming that the evidence shows high levels of protection and low rates of transmission, and that the status of variants allows it, we can then reassess all measures that remain in place. However, it will be critical to retain the capacity for rapid reimposition of measures in order to be prepared for a potential resurgence of COVID-19 and for possible future pandemics.

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