

12/07/2021: Emergency statement in response to government's plans to lift restrictions on 19th July

The Prime Minister's statement today leaves little doubt that the government's latest pandemic plan involves recklessly exposing millions to the acute and long-term impacts of mass infection. We believe this is a terrible mistake. This strategy is already putting intense pressure on struggling healthcare services and will lead to many avoidable deaths and long-term illness.

The narrative of 'caution, vigilance and personal responsibility' is an abdication of the government's fundamental duty to protect public health. 'Personal responsibility' does not work in the face of an airborne, highly-contagious infectious disease. Infectious diseases are a matter of collective, rather than individual responsibility. The government's strategy will place 48% of the population (children included) who are not yet fully vaccinated, including the clinically vulnerable and immunosuppressed, at unacceptable risk.

More than 1,200 scientists have signed a [letter to the Lancet](#) setting out why allowing mass infection this summer is a 'dangerous and unethical experiment'. The government is following an apparent strategy of achieving herd immunity through mass infection, rather than the much safer (and more predictable) path of vaccination. Dr Mike Ryan, Executive Director of the WHO Health Emergencies Programme, [called a strategy of letting infection spread through a population "moral emptiness and epidemiological stupidity"](#). The British Medical Association, [Directors of Public Health](#), [SAGE](#), the Academy of Medical Royal Colleges, the Royal College of Nursing and NHS leaders have all highlighted the dangers inherent in allowing mass infection. If the government is following 'data not dates', it has not made an evidence-based case for this, and the scientific consensus is firmly against its approach.

The argument made by the PM that it is better to accept mass infection now than to postpone until winter, when 'the virus has an advantage' is deeply flawed and misleading. A strategy that chooses mass infection in the young over vaccination now to achieve greater population immunity to protect the vulnerable in winter, is unethical and unscientific. This strategy, and the modelling it relies on, also completely ignores public health measures such as mitigation in schools, workplaces, vaccination of adolescents, and booster doses for the vulnerable that could protect our young now and offset increased risks over winter. Getting and keeping transmission low now will allow us to vaccinate more people, rather than exposing them to mass infection. We could offer two doses of vaccine to everyone over 12 by the autumn, providing the best possible protection.

This strategy of mass infection will lead to a significant burden on a health service that is already [under immense strain](#), with some hospitals again cancelling elective surgeries and [delaying cancer treatment](#). The health secretary has warned this could lead to a backlog of 13 million people waiting for routine care. Ministers have been told to expect 1 to 2 million cases in the coming weeks, with cases reaching 100,000 per day. A significant proportion of these, will go on to develop long COVID. Both the CEO of NHS Providers, [Dr Chris Hopson](#), and [CMO Chris Whitty](#) have expressed grave concern over the prospect of hundreds of thousands more cases of long COVID among the young during the coming months. Allowing unmitigated transmission in a partially vaccinated population provides a fertile environment for selection of escape variants which could have huge consequences for the UK and global pandemic.

Opening further is billed as 'freedom day', but for many it is anything but. Those living with health conditions that make them more vulnerable to COVID (and vaccines less effective against it) [fear a return to shielding indoors](#) as they are no longer protected by low case numbers and measures such as others wearing masks, physical distancing and isolation of contacts. Since [vaccinated people can and do transmit the virus](#), many of their loved ones will need to restrict their activities to protect them. For too many, removing mandated mitigations restricts, rather than enables, freedom. This is unlikely to bolster public confidence and engagement in economic activity. And if the government strategy leads us into yet another lockdown, this could have even more devastating impacts on the economy.

The public overwhelmingly supports sensible public health measures such as masking indoors. This begs the question why dangerous public health decisions that are neither in the public interest, or in line with public sentiment have been made in the midst of a raging pandemic. Rather, [credible sources](#) suggest that the government is pursuing policies that will appease a political minority of its own backbenchers and lobbyists. The government messaging is confused. On the one hand we hear some Cabinet ministers say masks are restrictive and they can't wait to cast them off, and on the other hand we are told that it is a public

responsibility to continue to wear masks on transport and other indoor places. How does the government expect the public to engage with such confused messaging?

We believe that infections both matter and are avoidable. Instead of allowing infections to rise we urge the government to take urgent actions to inform and protect the public and prepare for autumn:

1. INFORM:

1. The government must articulate a **long-term strategy** for pandemic control
2. **We need clear evidence-based information** on how to protect ourselves and others

2. PROTECT:

1. Keep **basic preventive measures** such as masks, physical distancing, and outdoor hospitality until cases return to the levels seen in May. These measures are minor disruptions that increase our freedoms rather than restrict them.
2. **Data not dates:** We fully agree with the government's own slogan here, and they need to hold to what they promised, not set arbitrary dates tied to public expectations or political lobbying. We must wait until cases are low, school and workplace mitigations are in place and most people aged 12 and above are vaccinated before opening up further.
3. **Make workplaces, schools and public transport safer:** Support resourcing of ventilation or air filtration; allow employees to work from home whenever possible. Re-introduce masking in secondary schools, and move learning outdoors as much as possible. Ensure that workers can travel to work without being placed at risk.

3. PREPARE:

1. **Test, trace and isolate.** Provide local authorities with the means for extensive testing and support people to isolate if potentially contagious.
2. **Prepare for school re-opening:** Invest in making schools safer ahead of autumn.

The following have signed this latest statement:

Professor John Drury, University of Sussex and Independent SAGE
Professor Trish Greenhalgh, University of Oxford
Dr Stephen Griffin, University of Leeds
Dr. Deepti Gurdasani, Queen Mary University of London
Dr. Zubaida Haque, Independent SAGE
Professor Aris Katzourakis, University of Oxford
Professor Martin McKee, London School of Hygiene and Tropical Medicine and Independent SAGE
Professor Susan Michie, University College London and Independent SAGE
Professor Christina Pagel, University College London and Independent SAGE
Professor Gabriel Scally, University of Bristol and Independent SAGE
Professor Robert West, University College London
Dr Kit Yates, University of Bath and Independent SAGE
Dr. Hisham Ziauddeen, University of Cambridge

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