March 25, 2022

The Independent Scientific Advisory Group for Emergencies (SAGE)

The Independent SAGE

What should learning to live with COVID really mean in 2022?

www.independentSAGE.org
@independentSAGE
YouTube: IndependentSAGE

Submitted to The UK Government and the People of Great Britain & Northern Ireland by Sir David King, former Chief Scientific Adviser, UK Government, Chair of Independent SAGE

What should learning to live with COVID really mean in 2022?

Introduction

We are over two years into the COVID pandemic, following a second winter holiday period defined by high levels of transmission and accompanied by extreme NHS pressures. The pandemic has brought huge costs to physical and mental health, education, and the economy. This is as true in the UK as it is around the world.

It looks increasingly difficult to eliminate SARS-CoV2 from the UK (i.e. to bring community transmission to near zero). It is a very short time since the virus first successfully jumped the species barrier into humans. We can therefore expect continuing virus evolution and the emergence of new, more transmissible or more immune evasive variants. The situation is made worse by the fact that large swathes of the world are still without an adequate supply of affordable vaccines. Although vaccination attenuates the majority of severe disease, at least for the variants circulating to date, we know that vaccine protection against infection wanes over time, so transmission will continue if vaccines are the only mitigation. Indeed, UK infection rates are currently rapidly increasing towards record levels. This poses particularly acute risks to the clinically vulnerable, but also the spectre of long COVID for many as people face multiple infections in a matter of years. There remains much uncertainty as we continue to learn about how SARS-CoV2 causes disease, longer term clinical manifestations of multi-organ infection, as well as the breadth and duration of immunity. Second generation vaccines targeting multiple variants, or even pan-coronavirus vaccines, will be important in the longer term.

Thus, we cannot – at least for now - rely solely on vaccines and treatments, and indeed, it is not feasible to plan for frequent boosters. We should instead aim to minimise the adverse clinical, mental health and social consequences of COVID through reducing transmission alongside vaccination. In the UK, we came into winter 2021-22 with high levels of vaccination coverage and high levels of previous infection and have still seen mass ill-health, mass disruption of public life and severe strain on the NHS.

In this context, the 2022 UK government policy of reverting to “normal” pre-pandemic life is not feasible. It does not follow scientific advice, and it wastes the opportunity to learn from our COVID experience and create an environment more resilient to future waves of SARS-CoV2, or indeed any other emergent pathogen. So how do we prepare from mid-2022 onwards? Given the near-certainty of further variants, how do we avoid a continual see-saw of mass infection and emergency measures? What should be the key components of a “new normal”?

We believe there are eight main areas that need to be addressed: public health; public health communication; the NHS and Social Care; public spaces; vaccines; treatments; public policy and finally, the integration of science advice into policy.

1. Public Health, including Test and Trace, Isolation and Support

Public health represents the application of science to policy, in order to protect the population. We now need to tailor the next phase of public health provision towards

reducing SARS-CoV2 transmission and its harmful impacts, including long-term disability and death through the following measures:

1. **Maintain universal free availability and promote use of lateral flow tests** to assess individual risk - a crucial component to enable both self-isolation for positive cases and effective contact tracing. The UK government policy of starting to charge for these tests will reduce usage (especially among those living in poverty), make for more dangerous environments, and increase further inequity. This policy should be reversed immediately.
2. **Contact tracing** is a challenge when faced with high prevalence of infection and high transmissibility. But we must build an enhanced contact tracing scheme in case of more virulent variants, or of future viruses that become pandemic. In particular we require the capacity to mobilise rapidly large numbers of community-based workers at scale, trained in contact tracing methods, who can also engage with vulnerable and hesitant groups.
3. **Launch a new deal for an innovative, forward thinking public health infrastructure** across England and the devolved nations. From the current disjointed UKHSA, which has incorporated PHE, Test and Trace, and the Joint Biosecurity Centre, a clear, transparent, and independent structure should be set up, which can garner the trust and support of the population, with strong locality based public health provision.
4. **Incorporate current COVID surveillance systems**, such as the ONS survey, and COG-UK, into the routine national epidemiological surveillance structure for infectious diseases, under the auspices of a reinvigorated public health structure, accompanied by a publicly accessible dashboard.
5. **Enhance research efforts on the longer-term impact of COVID** in health, education and social relationships.

2. Public health communication, messaging and public engagement

Messaging must be **clear and coherent** (so people understand what to do), consistent (ideally across the nations), and timely (avoid creating leaks, trails, limbo periods). In particular, key messages should be:

1. **Co-produced with the communities** it is aimed at, particularly with a focus on reaching those people in vulnerable populations who may not watch press conferences or have easy access to the internet. Community mobilisation around such public health messaging is essential.
2. **Directly communicated by the Chief Medical Officers (across devolved nations)** who should be a champion of the future public health infrastructure.

3. NHS and Social Care

The NHS is in crisis, with COVID pressures superimposed upon a decade of austerity during which long term improvements in life expectancy began to be reversed, under-staffing, wage freezes (reduction in absolute terms), staff demoralisation and resultant record-breaking rates of staff leaving their jobs. We urgently need:

1. **Increased core funding of the NHS and Social Care** to match European peers.

2. **Sustainable plans for integration of social care** with the NHS, and the newly formed Integrated Care Systems should ensure investment guided by population health priorities, equity and with local democratic control
3. **Measures to increase capacity** within the NHS, with an emphasis on those that support recruitment and, as importantly, retention of staff.
4. **High-grade ventilation and appropriate PPE use** across the NHS to improve infection control measures in high-risk scenarios and during periods of high prevalence
5. **Additional resources to primary care**, to ensure vaccine programmes can continue without compromising routine clinical care.

4. Public Spaces/ Transport/ Workplaces/ Retail

Those unable to work at home, or without a home amenable to safe infection control have been at an added disadvantage during the pandemic. Whilst we encourage a long term shift towards more home-working, we also recognise the importance of making our public spaces safer for all, which will reduce the inequity referred to above. It will also enable everyone to enjoy indoor hospitality and entertainment more safely.

We urgently need:

1. **Mandatory criteria for air quality of indoor spaces**, ensured by improved ventilation, air filtration and sterilisation, as is the case with other health and safety measures. There is a legal requirement for clean air in workplaces and this should be enforced. This should be accompanied by regular inspection and visible and publicly available signage (e.g., 'scores on the doors'). Government should subsidise and/or incentivise the improvement of indoor air quality (see point 7).
2. **Normalised wearing of freely available FFP2 masks in high risk environments** such as on public transport and in healthcare settings and shops, and in schools and other shared public spaces when community levels of COVID-19 are high.

5. Vaccines

We urge:

1. **UK Government support for global equity for vaccine distribution and uptake**, including patent waivers, and enabling local production and distribution capacity in other countries.
2. **A more active rollout of vaccines to children**, with associated appropriate messaging, given the evidence that children and schools are a source of community spread, that children are harmed by COVID, and can suffer from long COVID and that vaccines are safe and effective.
3. **Support for next generation coronavirus vaccine development.**

6. Treatments

The development of antiviral treatments for SARS CoV-2 has made a successful start, including specific antiviral agents as well as monoclonal antibodies. For antivirals in

particular to be effective they need to be used early in disease, and thus require the continued (see above) widespread availability of home testing, linked to availability of these therapies for those most at risk of serious disease. Secondly, there is now evidence that some therapies (particularly monoclonal antibodies) are rendered ineffective for newer variants. We therefore recommend:

1. **Increased investment into antiviral treatments**, particularly combinations of drugs that can be taken orally.
2. **Continued genetic surveillance of SARS- CoV-2** in order to inform optimised use of current antivirals, and development of new effective therapies.
3. **Continued availability of home-based rapid testing** to enable the optimal early use of antivirals for those at highest risk.

7. Public Policy

There is still no long-term UK strategy for COVID beyond "rollout of vaccines" supported by emergency booster programmes. Whilst the precise characteristics of future waves of infection may be unknown, the general threat can be predicted. We therefore urge the government to:

1. Invest in a national infrastructure upgrade to improve ventilation in private and public buildings, recognising the airborne nature of the virus.
2. Publish the criteria for triggering adoption of future temporary social **distancing, high quality (FFP2) mask mandates** and other measures, with details of which protections will be introduced for specific scenarios, particularly upon obtaining early evidence of new variants.
3. **Announce an economic support package for individuals and businesses** in case of future measures being implemented. This includes enhanced sick pay for those required to be off work and/or in isolation.
4. **Announce a "new deal" to strengthen public services, reduce inequalities and build a society more resilient** to the extreme effects of pandemics now and in the future.
5. **Ensure the promised Public Inquiry commences as soon as possible (mindful of the current delay until 2023)** with publication of interim conclusions within the year that can inform the UK's ongoing COVID response.

8 Integrity of Independent Scientific advice

The current structures of advice to government (SAGE, NERVTAG, JCVI etc) have been seen to be inadequate in providing a dynamic, policy-focused expert interaction with government and civil servants that is open to public scrutiny. There is an urgent need to:

1. **Reform these structures** to enable a more independent, efficient and transparent pipeline for scientific advice to inform policy and practice, with full disclosure of terms of reference and appointment criteria.
2. **Include a broader range of disciplines beyond biomedicine and epidemiological modelling,** including "on the ground" practitioners and those willing and able to communicate with a wide range of stakeholders.

indie_SAGE