COVID-19 RESPONSE: LIVING WITH COVID

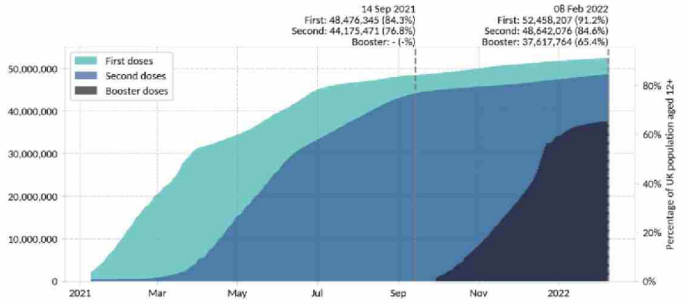
1. INTRODUCTION

1. The Government's aim throughout the COVID-19 pandemic has been to protect the lives and livelihoods of citizens across the United Kingdom (UK). The global pandemic is not yet over and the Government's Scientific Advisory Group for Emergencies (SAGE) is clear there is considerable uncertainty about the path that the pandemic will take.[1] This document sets out how the Government will continue to protect and support citizens across the UK during the epidemic, by procuring vaccines, therapeutics and antivirals; maintaining contingency capabilities, and supporting the National Health Service (NHS) and social care sector. It also sets out how England will move into a new phase of managing COVID-19 as the virus becomes endemic. The Devolved Administrations will each set out how they will manage this transition in Scotland, Wales and Northern Ireland.

COVID response: Roadmap to the present day

2. Vaccines have been at the heart of the Government's strategy for gradually and safely removing restrictions on everyday life over the past year, and will remain at the heart of the Government's approach to living with the virus in the future. The Government, working with the National Health Service (NHS) and volunteers, has delivered one of the largest vaccination programmes in history.

Figure 1: Vaccines: UK Cumulative vaccinations



Since 14 September 2021, 46,066,231 vaccine doses have been administered

3. The UK was also:

1

a. The first country in the world to authorise the use and deploy the Pfizer and Oxford / AstraZeneca COVID-19 vaccines[2];

b. The first major European economy to vaccinate 50% of its population with at least one dose;[3]

c. Able to deliver boosters to 50% of the eligible population within 100 days of the start of the booster programme;[4] and

d. The first G7 member and the first major European economy to provide boosters to 50% of the population.[5]

4. In addition, the UK has been a global leader in testing. The UK has the largest testing capacity in Europe, and has registered over 463 million tests[6], the most per person of any large country globally. Over 90% of people in England have tested at least once.[7]

5. As a result, the Government was able to ease restrictions through the first half of 2021 - following the steps set out in the Roadmap in the Government's 'COVID-19 Response: Spring 2021' publication. The nationwide lockdown introduced in England in January 2021 was lifted in four 'steps', with decisions to progress based on 'data not dates.' The steps were at least five weeks apart, allowing time to assess the impact of the previous step against 4 key tests before taking the next step.

6. Most restrictions were removed at step 4 of the Roadmap on 19 July 2021, meaning England opened up earlier than many other comparable countries. In moving to step 4, the Government made a deliberate and explicit choice to manage the likely exit wave in summer rather than winter. On 12 July, the Government stated: 'While there is no perfect time to relax existing restrictions, moving to step 4 on 19 July means relaxations coincide with the end of the school term and take place over the summer when more activities can take place outdoors and pressures on the NHS are less than in the autumn and winter months.'

7. In September 2021 the Government published its 'COVID-19 Response: Autumn and Winter Plan', setting out a comprehensive plan for managing the virus over the period of colder weather. 'Plan A' relied on booster vaccinations, testing and isolation, guidance on safe behaviours and measures at the border. The publication also outlined a 'Plan B' which could be deployed later in the winter if the situation deteriorated. The measures in Plan B – mandatory face coverings, working from home

[2] UK COVID-19 vaccines delivery plan - Published 11 January 2021
[3] Needs footnote
[4] Needs footnote
[5] Our World in Data, Share of People who received at least one dose of COVID-19 vaccine, 8 February 2022
[6] Gov.UK Coronavirus, Testing in United Kingdom, 14 February 2022
[7] Weekly statistics for NHS Test and Trace (England) 13 to 19 January 2022

guidance and COVID-19 certification – were designed to reduce transmission while minimising economic and social impacts.

8. From September to November 2021, the Government:

   a. Extended the vaccine programme to children aged between 12-15 and started the booster campaign;

   b. Maintained a much lower level of restrictions than most European comparator countries; and

   c. Managed relatively high levels of Delta infections without placing the NHS at risk of unsustainable pressures.

9. On 24 November, scientists in South Africa identified a new variant with troubling yet uncertain characteristics, subsequently named Omicron by the World Health Organization (WHO). The UK was one of the first countries to respond to it in November 2021, initially through travel restrictions, then through accelerating and extending the Covid-19 vaccine booster campaign and finally through implementing Plan B.

10. Although the Omicron variant drove prevalence of the virus to an unprecedented high, adherence to Plan B, wider behaviour change, and large-scale testing, were effective in slowing the rate of growth and buying time for the booster campaign. This was compounded by increased protection in the population against severe disease, and a decrease in severity found in the Omicron variant, which meant that hospitalisation rates remained lower than in previous waves. In particular, the proportion of patients being admitted to intensive care and requiring mechanical ventilation remained lower, with rates declining even when prevalence has increased.[8]

11. Against this backdrop, the Government reverted to Plan A on 26 January, reaffirming England's status as one of the most open economies and societies in Europe. The public has continued to show willingness to get vaccinated (and boosted), to test and self-isolate if they have symptoms or test positive, and to follow behaviours and actions that limit methods of transmission. This has played a key role in avoiding the kind of stringent restrictions seen in other countries this winter.

12. Building on the successes and lessons learned from the UK's management of the virus thus far, England is in a position to look ahead and plan how to manage COVID-19 over the next 12 months and beyond.

COVID-19: Future outlook

[8] NHSE, Weekly Admissions and Beds 10 February 2022

13. There are a range of possible futures for the course of the pandemic. SAGE considered four scenarios describing plausible outcomes.[9] In the two most likely scenarios an infection wave at least the size of Omicron occurs in the next 12 months. Each scenario assumes that a relatively stable and probably seasonal pattern is reached over several years, when the virus can be said to be endemic.

14. Theoretically, a virus moves from epidemic to endemic as, over time, it becomes manageable and more predictable. It does not mean that it cannot circulate at high levels or evade existing immunity and treatments.

15. When COVID-19 becomes endemic it will allow the Government to deal with the virus more easily and in a similar way to other existing respiratory illnesses, through non-disruptive and sustainable public health measures. We will continue to learn more about COVID-19 the longer we live with it.

16. It is likely that the transition to this stable pattern will be highly dynamic and unstable, and different parts of the world will take longer to reach an endemic state due to differences in the spread of the disease and vaccine access.

17. The emergence of new variants will be a significant factor in determining the future path of the virus. SAGE is confident that new variants of COVID-19 will continue to emerge.[10] This could include variants that render vaccines less effective, are resistant to antivirals, or have different disease severity. It is possible that the next variant will be more severe than Omicron.[11]

18. The threat from dangerous new variants will continue to remain high until we reach a global endemic state. As COVID-19 evolves, mutations which allow the virus to evade prior immunity or infect people more easily are likely to become dominant. New variants could also be more or less severe than those seen to date

19. However, our defences against new variants should continue to strengthen as immunity increases through advances in vaccine technology and repeated exposure to the virus. It is likely that developments in antivirals and therapeutics will also provide further protection against severe symptoms. Also, as with other human coronaviruses, children will very likely be exposed to COVID-19 during their childhood and future generations will become progressively more protected by the combination of vaccination and infection. There remains a segment of the population (for example those who are immunosuppressed or have certain other conditions) who, in spite of the vaccination programme, remain at higher risk.

Commented [NR]: Needs acknowledgement up front that some people will not respond to the vaccine. Could also sit around para 31, but needs to be stated.

20. Studying other infectious diseases can offer insights into the future of COVID-19, but

[9] Academics supporting SAGE, Viral Evolution Scenarios, 10 February 2022
[10] SAGE, Minutes from One-hundred-and-fifth SAGE meeting on COVID-19, 10 February 2022
[11] NERVTAG, Long term evolutions of SARS-CoV-2, 26 July 2021

comparisons are imperfect. While a different disease to COVID-19, the most common comparison is to influenza. Both viruses can result in severe illness and complications and are thought to spread in similar ways. The virus that causes COVID-19 is generally more contagious and can cause more serious illness, even in healthy people. Influenza is managed through ongoing surveillance, annual vaccination and annual public messaging campaigns to increase vaccine uptake, but still causes pressure on the NHS every winter. The interaction of future COVID-19 waves with other respiratory infections, such as influenza will be important to monitor. Co-circulation could lead to an increased and longer period of pressure on healthcare services.

21. Over time, though hard to predict, it is likely that COVID-19 will become a predominantly winter seasonal illness with some years seeing larger resurgences than others.

COVID-19: Future response

22. The Government's objective in the next phase of the COVID-19 response is to prioritise a return to pre-pandemic economic and social activity, while minimising mortality and retaining the ability to respond if a new variant again threatens to place the NHS under unsustainable pressure.

23. In order to meet these objectives, the Government will structure its ongoing response on four principles:

    a. **Living with COVID-19:** removing domestic regulations and requirements while encouraging safer behaviours through standard public health advice, in common with longstanding ways of managing other infectious diseases;

    b. **Protecting the vulnerable:** vaccinating guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, supporting the NHS and deploying targeted vaccines, testing, and treatments;

    c. **Maintaining resilience:** ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as testing in an emergency; and

    d. **Securing innovations and opportunities** from the COVID-19 response.

24. In practice, this is a vaccine-led strategy for living with COVID-19. Vaccines have allowed the Government to evolve from an emergency response, and the ability of society to live with the virus in the future will continue to depend on deeper and broader population immunity conferred by vaccines and infections. As such, vaccines will remain at the heart of the Government's approach for the foreseeable future. In line with the priority placed on vaccines:

a. The Government will continue to be guided by JCVI advice on deploying vaccinations, ensuring those whose immune systems mean that they are at higher risk from COVID-19 have sufficient protection at every stage. [This includes today accepting the JCVI recommendation to offer an additional spring/ summer booster to the overs 70s/75s];

b. To enable any further vaccination programme, if necessary, the Government has procured enough doses of vaccine to anticipate the full range of possible JCVI recommendations. The UK's procurement approach will continue to consider a range of long-term contingency plans to ensure adequate protection -is always available for those who need it and to respond in an emergency;

Commented [NR]: We haven't procured against the full range of JCVI scenarios – we procured against the RWCS. VTF supplied a form of words yesterday is more accurate and easier to explain.

c. The Government has secured contracts with vaccine manufacturers that secure UK access to the most up-to-date variant vaccines - such as variant-specific, bi-valent or poly-valent vaccines - when they become available;

d. [The UK remains an attractive prospect for companies to invest in our life sciences sector, whether it be as part of our established research and innovation network or in the growing biologics manufacturing industry. The Vaccine Taskforce itself has made several investments to shore up UK resilience to future pandemics and further strengthen our domestic vaccine R&D and manufacturing capability. The Vaccine Taskforce's investments into facilities at UK Health Security Agency (UKHSA) Porton Down have increased the UK's capacity to test the effectiveness of vaccines against emerging variants, placing the UK in position to respond to new threats from COVID-19 as quickly as possible; and]

e. The Government will continue to help build global resilience to Covid-19 by meeting its commitment to donate 100 million doses by June 2022 and by continuing to support COVAX.

25. [~~The Government will publish a Vaccines Strategy by the summer setting out more detail on the future approach to vaccines for Covid-19 as well as other diseases.~~]Work is underway across the health and care system to consider how vaccines will be procured, prioritised and deployed in the future. Our aim is to capture the best learning from the pandemic response and design a future model that minimises the need to impact the provision of other health and care services in an emergency.

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26. At the same time, the Government will move away from restrictions and interventions which apply to all or most of the population, towards an approach that focuses on a proportionate public health response. This means seeking to manage COVID-19 through routine public health measures and guidance, while protecting individuals who are most at risk from the virus through clinical interventions.

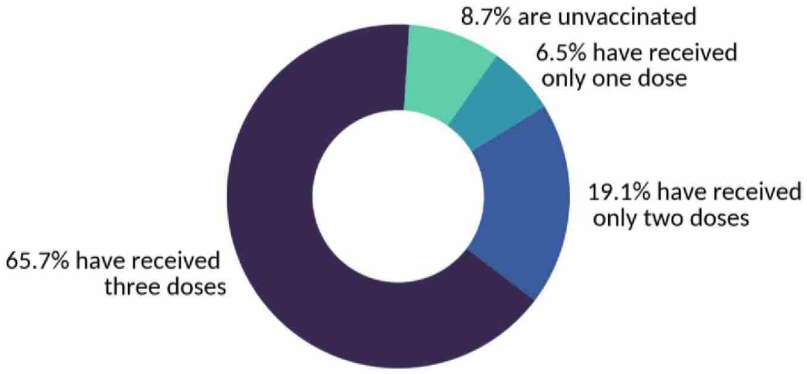
27. The approach taken will be in line with, and complementary to, the approaches for other infectious diseases which are endemic. While the risk from new variants remains significant, the Government will also retain sufficient contingency capability to enable a robust response to protect public health.

2. COVID-19: DATA AND IMPACTS

Vaccination, infection and hospitalisation rates

28. The country is now in a strong position. Across the UK, over 65% of all those aged over 12 have received a booster and in England over 81% of eligible adults have received a booster dose.[12]. Vaccination rates are even higher among those most vulnerable to COVID-19: 87.7% of individuals identified as severely immunosuppressed and 88.9%[13] of older adult care home residents had been vaccinated with a third dose. Overall, in England, over 92% of those aged 70 and over have received a booster.[14]

Figure 2: Total UK population vaccine coverage, by dose, of those aged 12 and over, as of 14 February 2022.[15]



29. Boosters provide good protection against severe illness and hospitalisation. Regardless of which vaccine has been given as a primary ~~course (two doses of England-administered vaccines or a single shot of the Janssen vaccine[16]),~~ a Pfizer booster initially gives around 90% protection against hospitalisation, though this effect wanes over time. Similarly, a Moderna booster gives 90-95% protection against hospitalisation up to 9 weeks after vaccination.[17]

30. Although vaccine uptake has increased, certain groups remain less likely to be fully vaccinated in particular: younger age groups, certain ethnic minority groups (Black

Commented NR: This should be removed as Janssen isn't given in the UK, therefore strange to mention even with a footnote

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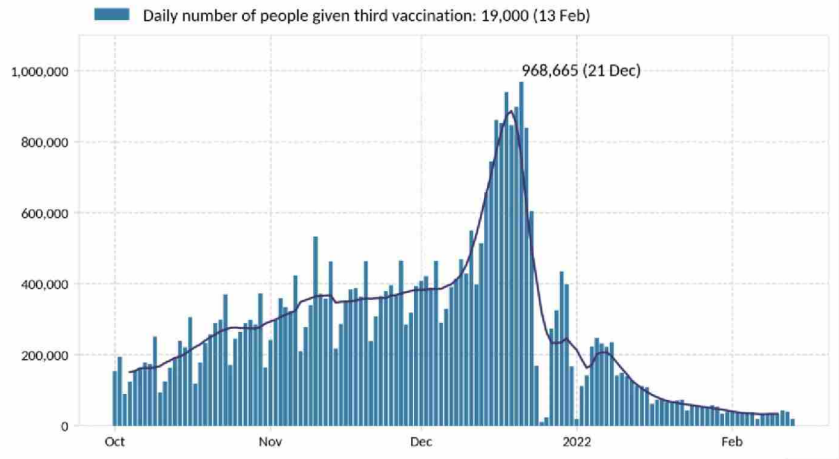
[12] https://coronavirus.data.gov.uk/details/vaccinations
[13] COVID-19 Vaccinations of Residents and Staff in Older Adult Care Homes. Older Adult Care Homes here are defined as care homes serving any older people (aged 65+) as identified from the latest Care Quality Commission data on care homes in the Older People Service user band
[14] NHSE - COVID-19 Vaccinations
[15] UKHSA - vaccine data https://coronavirus.data.gov.uk/details/vaccinations
[16] ~~The UK does not currently administer the single shot Janssen vaccine.~~
[17] UKHSA, COVID-19 vaccine surveillance report, 10 February 2022

African, Black Caribbean, Pakistani and Chinese), those living in more deprived areas, and those for whose main language is not English.

Figure 3: Daily booster doses administered with 7 day rolling average



31. Alongside the protection conferred by immunity, the NHS is currently also deploying a range of treatments to prevent and treat severe disease. Significant risk reduction has been attributed to repurposed / novel therapeutics in use in secondary care settings. ~~The trial for Tocilizumab found a 4% risk reduction of death.[18] The lives of an estimated 850 people have been saved as a result of Tocilizumab. There is also a 4% reduction of death through use of Sarilumab and an estimated 500 lives saved to date through use of this treatment.[19]~~ Treatments also reduce risk of hospitalisation and length of stay in hospital, which frees up capacity for elective work. [20]

32. Taken together, the link between COVID-19 infections and progression to severe disease is substantially weaker than in earlier phases of the pandemic. Patients in hospital per 100 infections (8 days prior) have remained low over the last few

~~[18] Tocilizumab reduces deaths in patients hospitalised with COVID-19 — RECOVERY Trial~~
~~[19] WHO published the recommendation that one should not be used over the other and they are equal (referring to tocilizumab and sarilumab), therefore sarilumab and tocilizumab may be used interchangeably in the treatment pathway.~~
~~[20] Estimated lives saved assumes that the trial results are applicable to the cohort who received the treatment in secondary care. Usage to date is reported from Blueteq data, which may underestimate usage as it takes time for clinicians to register treatment. This excludes numbers of treatments given in the Devolved Administrations and hence lives saved in the Devolved Administrations.~~

Commented NR: This is odd.

Estimates of the total number of hospitalisations avoided and lives saved are not suitable for publication at this time. Before publication, rigorous and independent analysis would have been needed with TTF and NHSE to ensure robust and accurate figures are included. This may also contradict robust analysis in train.

It is not appropriate to speculate on lives saved or hospitalisations without a full evaluation process and access to the full data set, which is not expected until March and will therefore not be possible to inform this publication on Monday.

Once this analysis has been performed, the TTF plans to produce a public facing narrative to communicate the benefits of these treatments, and the programme as a whole.

Commented NR: If you did want to include I would say at a very high level: 'Many thousands of lives in the UK, and globally, have been saved by advances in treatments, such as dexamethasone, tocilizumab and sarilumab.'

Commented NR: Strong agree. These are made up numbers.

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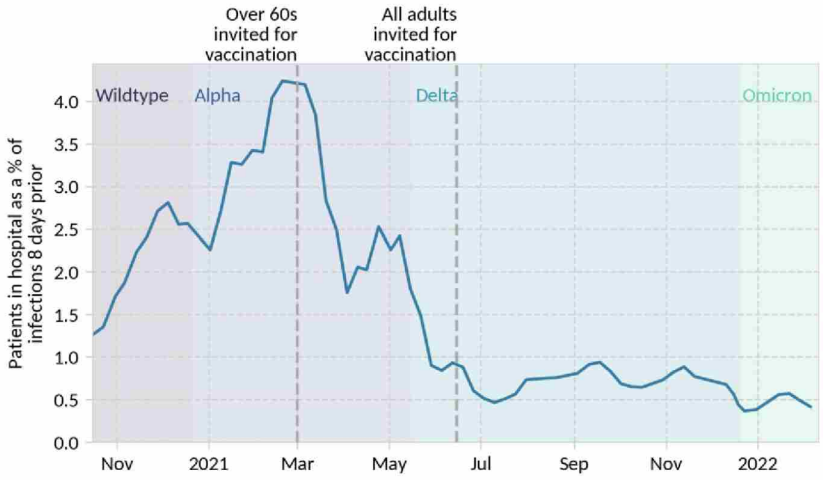
months,[21] with less than 1 per 100 infections compared to above 4 per 100 infections during the Alpha peak.[22]

Figure 4: UK: Patients in hospital per 100 infections 8 days prior (ONS infection estimate)



[The ratio is lagged by 8 days (the difference in the peak cases to peak admissions), reflecting the number of reported cases that occurred 8 days ago that went onto be admitted to hospital on a given date.]

Impact of COVID-19 response to date on economy and society

33. Since March 2020, in order to protect the NHS from unsustainable pressure and to reduce mortality, the Government has had, at times, to introduce very stringent measures to reduce transmission by restricting social and economic activity.

34. These measures were necessary as COVID-19 was a new disease to which the population had no immunity, and for which there was no readily available treatment. The British public has complied with restrictions throughout the pandemic. These measures, however, have come at extraordinarily high social and economic costs and had unprecedented impacts on public services and private businesses.

Impacts on health, education and public services

[21] GOV.UK, Patients in hospital: Coronavirus (COVID-19) in the UK
[22] COVID-19 Infections: ONS Infection survey.

35. Over [700,000][23] patients have been admitted to hospital with COVID-19, and [158,677][24] people have now died within 28 days of a positive test. Caring for this number of patients has restricted the ability of the NHS to provide other types of care, and as a result the NHS elective backlog has reached a record high and waiting times for ambulances and emergency care have substantially increased.

36. The provision of other public services has also been significantly affected. The court backlog increased substantially during the pandemic, with a 302% increase in the number of cases waiting over a year to be heard.[25] Restricting face-to-face education has had significant and adverse impacts on children and young people's learning, development and mental health. Pupils and students from disadvantaged backgrounds experienced greater losses in learning than their more affluent peers as a result of the pandemic.[26] There is clear evidence that time out of education can be detrimental to children and young people's future prospects and earning potential, with implications also for long-term productivity.[27]

37. Mental health and well-being has also been negatively impacted. Personal well-being measures dropped to record lows during the first and second waves, with some groups experiencing particularly poor or deteriorating mental health - including women, young people, disabled people, those in deprived neighbourhoods, certain ethnic minority groups and those who experienced local lockdowns[28]. There was a marked increase in the number of under 18s referred to specialist care for issues such as self-harm and eating disorders in 2021 - 409,347 under-18s were referred from April to October 2021, 77% higher than the same period in 2019[29]. Reports of domestic abuse increased during lockdown periods. Demand for the National Domestic Abuse Helpline increased by 22% in the year ending March 2021, compared to the previous year, with the average number of calls and contacts increasing most in the quarters coinciding with the first and third national lockdowns[30].

38. The Government introduced shielding at the start of the pandemic to urgently protect ~~the most vulnerable~~those clinically extremely vulnerable, at a time when little was

[23] Gov.uk, Healthcare in United Kingdom, 14 February 2022
[24] Gov.uk, Deaths in United Kingdom, 14 February 2022
[25] MoJ and HMCTS, Reducing the backlog in criminal courts, 22 October 2021
[26] DfE, Understanding progress in the 2020/21 academic year: Findings from the summer term and summary of all previous findings, October 2021
[27] Institute of Fiscal Studies, The crisis in lost learning calls for a massive national policy response, 1 February 2021
[28] Office for Health Improvement and Disparities, COVID-19: mental health and wellbeing surveillance report, 18 November 2021
[29] NHS Digital, Mental Health Services Monthly Statistics, Provisional October, Provisional November 2021, 27 January 2022
[30] ONS, Domestic abuse in England and Wales overview, 24 November 2021

known about the virus. However, shielding advice was extremely restrictive and often had a significant impact on individuals' lives and their mental and physical wellbeing. Given these impacts and the improved protections against the virus (vaccines and treatments), the Government ended the shielding programme on 15 September 2021.[31] People previously considered clinically extremely vulnerable, other than those whose immune system means they remain at high risk from Covid19, are now advised to follow the same general guidance as everyone else.

Commented NR: This sentence needs to be in. Either here or around para 81. Otherwise we are not being absolutely clear that ex-CEV people do not need to take additional precautions. Guidance will also make this clear.

39. *Impacts on the economy and businesses*

40. The pandemic and associated non-pharmaceutical interventions (NPIs) created significant economic disruption and drove the largest recession on record, with the UK economy contracting by 9.4% in 2020.[32] The pandemic spurred a period of unparalleled global economic uncertainty. Restrictions - including social distancing, business closures and reduced international travel - had significant economic costs, disrupted the delivery of critical private and public sector services, and together with voluntary behaviour change, affected economic activity.

41. As experience allowed for improved understanding of the impact of restrictions, the Government was able to deploy more targeted interventions. Businesses and consumers also adapted to some extent. Compared to pre-pandemic levels (February 2020), output was 23% lower during the first lockdown (April 2020), 7% lower during the second lockdown (November 2020) and 8% lower over the third lockdown (January 2021).[33]

42. The Government took unprecedented steps to support the economy through the pandemic. Decisions made by the Government provided around £400 billion of direct support for the economy across 2020-21 and 2021-22.[34] This has helped to safeguard jobs and businesses in every region and nation of the UK. The Coronavirus Job Retention Scheme succeeded in supporting 11.7 million jobs and 1.3 million employers across the UK and the Self-Employment Income Support Scheme supported nearly 3 million self-employed individuals.[35]

43. As restrictions were lifted in 2021, supported by the vaccine rollout, consumer activity increased, driving recovery across the economy. As uncertainty declined, business

[31] https://www.gov.uk/government/news/shielding-programme-ends-for-most-vulnerable
[32] ONS, GDP quarterly national accounts, UK: July to September 2021, 22 December 2021.
[33] ONS, GDP monthly estimate, UK: December 2021, 11 February 2022
[34] Hansard, HC Deb. vol.705 col.1143, 16 December 2021
[35] HMRC, Coronavirus Job Retention Scheme statistics, 16 December 2021.
HMRC, Self-Employment Income Support Scheme statistics, 16 December 2021

confidence and investment also began to recover. 2021 saw faster than anticipated growth, with the economy regaining its pre-pandemic size in November 2021.[36]

44. However, a persistently elevated global consumer demand for durable goods, combined with supply issues due to COVID-19, including restrictions and factory closures in key exporter countries, led to significant supply bottlenecks in goods markets. These bottlenecks, coupled with large increases in global energy prices, pushed inflation up and, together with restrictions on people's ability to work due to illness and self-isolation requirements, constrained output. The possibility of further outbreaks internationally could add further downside risks to the UK economy.

45. Higher levels of working from home has reduced consumption in city centres, with some of this reduced spending displaced to suburban areas.[37] Online spending has also increased as a proportion of retail sales.[38] Workforce absences due to illness and self-isolation have weighed on economic growth in periods of particularly high prevalence during the Delta and Omicron waves. Workforce absences disproportionately impacted those less able to work from home, who were more likely to be young, on lower incomes, or from certain ethnic minority groups.[39] Changes to self-isolation policy reflecting the successful roll out of the vaccination programme helped to mitigate these impacts while accepting a higher risk of ~~tranmission~~transmission. Government action has supported a strong recovery in the labour market. The number of payrolled employees in January 2022 was 436,000 above February 2020 levels[40]. Vacancies remained at a record level in the 3 months to January, standing at 1.3 million.[41]

Commented NR I don't think we should add this. Self-isolation changes weren't due to vaccination?

[36]ONS, GDP monthly estimate, UK, December 2021: 11 February 2022
[37]Fraja et al, Zoomshock: The Geography and Local Labour Market Consequences of Working from Home, January 2021
[38]ONS, Retail sales, Great Britain, 21 January 2022.
[39] ONS, Homeworking in the UK Labour Market: 2020, 17 May 2021
[40]ONS, Earnings and employment from Pay As You Earn Real Time Information, UK, 15 February 2022.
[41]ONS, Vacancies and jobs in the UK, 15 February 2022

3. LIVING WITH COVID-19

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46. The past two years have seen many necessary restrictions imposed on everyday life to manage COVID-19. Both the public and businesses have made huge sacrifices to follow the rules and guidance. This has helped the country to control the virus, while taking a huge toll on wellbeing and economic output.

47. Living with and managing the virus will mean maintaining the population's levels of immunity and communicating safer behaviours that the public can follow to manage risk. At the same time, it will require moving away from stringent regulations and requirements and replacing these with specific interventions for COVID-19 with routine public health measures and guidance.

48. The Government is able to take this step now because of the success of the vaccination programme, the immunity built up in the population, and the suite of pharmaceutical tools the NHS can deploy to treat the most vulnerable and the most severely ill. The Government is also making sure that we can respond to a surge on the path towards endemicity.

Removing the last domestic regulations and requirements

49. Last summer, thanks to the success of the vaccination programme, the way in which the Government managed COVID-19 evolved. Rules on social contact were replaced with advice to the public on the ways in which they could protect themselves and others. Government advice on these behaviours has continued to change to reflect the latest evidence and changing level of risk, and the public have followed this throughout.

50. Scientists, including virologists, epidemiologists, clinicians and the Government, now understand more about COVID-19, how it behaves and how it can be treated. As the virus continues to evolve, it will be important to maintain our understanding of behaviours and treatments. However, the Government is now closer to its goal of treating COVID-19 in a similar way to other infectious diseases. This means that the Government no longer intends to set legal restrictions for how the public should act.

51. In order to support this transition, the Government will remove remaining domestic restrictions in England. This includes removing the legal requirement to self-isolate from [24 February subject to agreement from Parliament]. Adults and children who test positive will be advised to isolate for at least five full days and then continue to follow the guidance until they have received two negative test results on consecutive days.

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52. From 24 February the Government will also no longer ask fully vaccinated close contacts to test daily for 7 days, and the legal requirement for close contacts who are

not fully vaccinated to isolate will be removed. Guidance will set out the precautions that those who live in the same household as someone who has COVID-19, or who have stayed overnight in the same household, are advised to reduce risk to other people. Those who test positive should avoid face-to-face contact with anyone whose immune system means they are at higher risk from COVID-19, including if they live in the same household. Other contacts of people with COVID-19 will be advised to take extra care in following general guidance for the public on safer behaviours.

53. This guidance will be updated at the end of March, setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. [Now and after the end of March, if children have a fever they should stay at home until it goes. However, from the end of March children should still go to school if they feel well enough to do so, even if they have a minor cough or common cold symptoms, given the importance of face-to-face education for their wellbeing and life chances.]

54. Instead, everyone should continue to follow public health advice to minimise the chance of catching COVID-19, or passing it on to their friends, family and colleagues, and to protect those most at risk of becoming seriously ill. This starts to bring the approach to managing COVID-19 into line with the approach for other similar infectious diseases. This will be supported by clear public health campaigns that focus on increasing the public's knowledge and awareness of the issues, enabling them to manage their own risk.[42] [43]

55. After the legal duty to self-isolate has ended, self-isolation support, including support payments, will no longer be available. People who were instructed to self-isolate before this date will still be able to claim support payments for another 42 days. People with COVID-19 who cannot attend work will still be able to claim statutory sick pay from the first day of their absence until 24 March. This will give employers time to determine their own policies for managing COVID-19.

56. In addition, the Government will remove ~~the~~ The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations from [24 Feb subject to agreement from Parliament]. Local authorities will continue to manage local outbreaks of COVID-19 as they do with other infectious diseases.

Testing, tracing and certification

57. Testing and tracing have been central to the UK's response to COVID-19. The UK has registered over 460 million tests, the most per capita of any large country globally.

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Commented NR: This should be avoid contact – not just face-to-face contact - with this group

Commented NR: Agree

Commented NR: Not just those whose immune system means they are at higher risk from Covid-19, but vulnerable people in general

Commented NR: Would prefer both to be set out separately, so immunosuppressed are mentioned specifically and we don't put everyone in a 'vulnerable' category.

Commented NR: Unsure where this has come from and is not the public health position

Commented NR: Agree – we cannot say this – I am not aware of any proposal to change symptoms guidance now (but it will need to be reviewed by end of March). This section should focus on the advice for people who test positive and their contacts – not the advice for people who have symptoms (which will not change next week)

Commented NR: Agree this is not the PH advice

Commented NR: Instead of what? Doesn't follow on logically from paras 51-53 (which are about what happens if you have COVID). I think it should just be "Everyone should …" And it would fit better at the end of this section, rather than in the middle of a group of paragraphs about self-isolation. Otherwise it implies that, if you have COVID, all you need to do is follow general public health advice on safe behaviours (not the specific advice on staying at home if you have COVID).

[42] Stead, M., Angus, K., Langley, T et al, Mass media to communicate public health messages in six health topic areas : a systematic review and other reviews of the evidence, 2019

[43] Lawes-Wickwar, S et al; A Rapid Systematic Review of Public Responses to Health Messages Encouraging Vaccination against Infectious Diseases in a Pandemic or Epidemic; 2021

Testing was a critical aspect of the Government's Autumn and Winter Plan and its response to the Omicron wave, with over 250 million lateral flow tests dispatched in December alone. The Government's approach enabled people to take a test before meeting family, friends and colleagues, during a period of exceptionally high prevalence, allowing them to protect themselves and others, breaking chains of transmission. The provision of Lateral Flow Tests (LFTs) also enabled contacts of positive cases to test daily in lieu of isolation, reducing the workforce impacts of isolation while identifying positive cases. However, this increase in testing came at a very significant cost - c.£2 billion - but was part of the Government's plan to manage Omicron without closing settings or imposing further social restrictions.

Testing

58. In the longer term, as immunity levels are high, testing and isolation will have a less important role in preventing serious illness. Some changes to testing have already begun. Following clinical advice, for example, in January the Government suspended the recommendation for a confirmatory polymerase chain reaction (PCR) test following a positive lateral flow test and scaled back PCR testing in adult social care, significantly reducing costs ~~while following clinical advice~~.

59. The 'COVID-19 response: Autumn and Winter plan' outlined that, as the Government's response to the virus changes, universal free provision of LFDs would end, and individuals and organisations using the tests would bear the cost. The Government intends to implement this change safely as warmer weather returns, and given the high levels of immunity in the population. Therefore, after [31 March], the Government will end free symptomatic and asymptomatic testing for the general public [in England], with some limited exceptions:

    a. [SR position] Those in the JCVI's priority vaccination groups 1 and 2 (i.e. care home residents and their carers, those aged 80 and over, and frontline health and social care workers) will still be able to access free PCR tests if they have COVID symptoms. [DHSC position: Potentially those in JCVI cohorts 1-9 (i.e. over 50s and vulnerable individuals] able to access free tests if they have COVID symptoms.] Free testing will also be available to patients that are eligible for COVID-19 treatments, and to support research into new treatments.

    b. [SR position] Free testing will be provided for certain individuals eligible for treatment via the NHS. [DHSC position: Free testing will be provided for NHS staff and individuals receiving treatment via the NHS.]

    c. To help reduce risk in settings which are at higher risk of outbreaks, free asymptomatic testing in certain high-risk ~~vulnerable~~ settings will continue beyond the end of March, such as hospitals, care homes [DHSC position: and

Commented [NR]: LFTs used here, but LFDs elsewhere

Commented [NR]: Can we make clearer that the change in testing regime for ASC was first and foremost in response to latest clinical evidence re most effective regime. The fact that it also led to a cost reduction is correct but the decision was made on the basis of clinical advice. So I would bring"following latest clinical advice" upfront just after "for example". Then I would remove the bit about reducing costs. Or if you need to keep, set up as a new sentence "these changes also contributed to some cost reduction as well as an burden reduction on individuals" or something to this effect.

Commented [NR]: Suspension of confirmatory PCR wasn't about living safely with COVID-19 – it was about recognising that, at high prevalence, the great majority of positive LFDs do not require a confirmatory PCR. The new ASC testing regime was designed to be just as effective (if not more so) in detecting cases and reducing transmission.

Commented [NR]: Please note, this section is not correct and needs to be checked by UKHSA

Commented [NR]: free access to PCR tests or free access to LFT tests or either?

Commented [NR]: Would add that testing will enable early treatment for these most vulnerable groups including ability to enrol in PANORAMIC study to receive an antiviral

We need to push enrolment into PANORAMIC through this announcement given 31 March timescale and closing window of opportunity

Commented [NR]: We should add an exemption making clear that people who are eligible for COVID-19 antivirals and monoclonal antibodies will remain eligible for testing, to support treatments, and reference the 1.3m high risk patients in England.

In addition we should note that research is continuing into new community treatments for COVID-19. There will be a testing system where this is necessary to support research and subsequent deployment of these therapies.

Commented [NR]: Suggest including text "Free testing will also be available to patients that are eligible for COVID-19 treatments, and to support research into new treatments".

That is the de minimis text - it would be useful to include the more detailed points above. We can expand on this in the later section on antivirals and therapeutics.

Commented [NR]: @Hayward, David pls review

prisons], including for outbreak management.] [UKHSA will provide further detail on testing protocols for vulnerable settings over the coming weeks].

60. [INSERT INFO ON ACCESS TO TESTING FOR PATIENTS ELIGIBLE FOR ANTIVIRALS AND FOR STUDIES, FOLLOWING QUAD DECISION e.g.Free testing will also remain available to patients that are eligible for community based COVID-19 treatments such as oral antivirals and monclonal antibodies, and as needed to support research into new treatment options.].

~~60.~~61. In keeping with wider changes to testing, the Government will remove the guidance for staff, students and workplaces to undertake twice weekly asymptomatic testing in most education and childcare settings on 21 February.

~~61.~~62. To enable people to choose to continue testing as a way of managing their own personal risk and the risks to those they come into contact with, the Government is working with retailers and pharmacies to encourage the availability of testing via the private market. [TBC: UKHSA will continue in the short term to act as the validatory body ensuring tests meet our high standards, but responsibility for this may move to the Medicines and Healthcare products Regulatory Agency (MHRA) in the future.] [As already set out, those with symptoms will be encouraged to take reasonable precautions, and may wish to take a lateral flow test available from the private market.].

Contact tracing

~~62.~~63. Routine contact tracing will end on 24 February, given that contacts will no longer be required to self-isolate or advised to take daily tests. Guidance will set out precautions that contacts can take to reduce risk to themselves and other people - and those testing positive for COVID-19 will be encouraged to inform their close contacts so that they can follow that guidance.

~~63.~~64. Local health teams will continue to use contact tracing and provide context-specific advice, where they assess this to be necessary as part of their role in managing local outbreaks of COVID-19, as they do with other infectious diseases.

COVID-status certification

~~64.~~65. From [31 March] the Government will also expire the current guidance on voluntary COVID-status certification in domestic settings, no longer recommending that certain venues use the NHS COVID Pass. The NHS COVID Pass will remain available within the NHS App for a limited period, to support the use of certification in other parts of the UK. The NHS App will continue to allow individuals access to their vaccination status for international travel, as well as their recovery status for travel to those overseas destinations that recognise it.

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Safer Behaviours

~~65.~~66. Throughout the pandemic, Government advice and information has been informed by the best scientific evidence available from health agencies, academics, and experts.

~~66.~~67. COVID-19 remains a significant public health risk that will fluctuate, including due to the emergence of new variants. To manage the risk of infection, there remain certain safer behaviours people can adopt to reduce the risk to themselves, others, and to those most at risk of becoming seriously ill. These precautions remain particularly important to those who are at higher risk if they catch COVID-19, although thanks to advances in vaccination and therapeutics, this group is now better protected.

~~67.~~68. Individuals can still reduce the risk of catching and passing on COVID-19 by:

a. Getting vaccinated;

b. Letting fresh air in if meeting indoors, or meeting outside;

c. Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet;

d. Taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive and while waiting for your test result;

e. Trying to stay at home if you are unwell; and

f. Washing your hands.

~~68.~~69. The best way to continue to protect yourself and others from COVID-19 remains to get fully vaccinated, and to get the booster now if you have not already, or when you become eligible for it. It is also important that everyone continues to get vaccinated through any future vaccine rounds clinicians recommend in the future.

~~69.~~70. As we increasingly manage COVID-19 in a similar way to other infectious diseases, ~~responsibility for advice to the public and businesses will be transferred to routine public health advice on 31 March. This will include advice from~~ both the NHS and UKHSA will continue to provide public health advice. UKHSA was set up to protect everyone from the impact of infectious diseases, to provide intellectual, scientific and operational leadership, and to learn and apply the lessons from the pandemic.

Businesses and other organisations

Commented NR: Should there be guidance on taking a test before you see someone whose immune system means they are at higher risk of serious illness from COVID. Would be welcomed by stakeholders as well as being good public health advice

Commented NR: The guidance will also continue to advise you to stay at home while you are waiting for the result of your test

Commented NR: As well as respiratory hygiene (covering mouth when coughing/sneezing – catch it, bin it, kill it)

Commented NR: Could instead mention that we now have tools to combat COVID – "as we develop more tools to minimise the harm from Covid…"

Commented NR: From NR: This isn't right. It implies that there will no longer be any COVID-specific guidance from 1 April onwards. I think it should just say that the NHS and the UKHSA will continue to provide public advice on how to reduce risk from COVID and from other infectious diseases

Commented NR: The guidance transfer point is also covered at p. 73

~~70.~~71. Employers and businesses have also taken significant steps over the pandemic to mitigate the risks of COVID-19 within their settings. The Government has lifted the majority of legal requirements on businesses, and continues to provide 'Working Safely' guidance setting out the steps that employers can take to reduce risk in their workplaces.

~~71.~~72. From [24] February, subject to agreement from Parliament, workers will no longer have a legal duty to self-isolate and will not be legally obliged to tell their employers when they have tested positive. Employers and workers should continue to follow Government guidance for those with COVID-19. This includes ~~working from home wherever possible and limiting contact if it is not possible to work from home~~staying at home and avoiding contact with other people.

~~72.~~73. In line with the transition in management of COVID-19 for individuals, the Government will on 31 March, remove the requirement under health and safety law for all employers to explicitly consider COVID-19 in their risk assessments. The intention is to empower businesses to take responsibility for implementing mitigations that are appropriate for their circumstances, as the country learns to live with COVID-19.

~~73.~~74. Although the Government will be advising fewer actions in future, there will still be ways businesses can reduce the risk to their staff and customers. The Government will replace the existing set of 'Working Safely' guidance with new public health guidance on 31 March. The Government will consult with employers and businesses to ensure guidance continues to support them to manage the risk of COVID-19 in workplaces.

Ventilation

~~74.~~75. The Government will also continue to promote and support good ventilation. Employers and businesses should continue identifying poorly ventilated spaces and take steps to improve fresh air flow.

~~75.~~76. There is increasing evidence of the importance of circulating fresh air in reducing the risk of COVID-19 transmission, with some research showing that being in a room with fresh air can in some cases reduce your risk of airborne transmission by over 70%.[44] There are also potential wider benefits of good ventilation, for health, concentration, and lower absence rates.[45] The Government has responded to this evidence through:

Commented NR This is not consistent with para 51 above which (correctly) says that people with COVID will still be advised to [self-isolate]/[stay at home and avoid contact with other people] for at least five full days. The guidance is likely to set out other precautions that people can take if they choose not to stay at home, but the headline message should be "stay at home and avoid contact with other people".

Commented NR But businesses should also consider needs of immunosuppressed workforce and reasonable adjustments they will need to minimise catching COVID (could just make immunosuppressed more explicit in para 73)

Commented NR Note change

[44] Based on modelled risks within Table 3, SAGE EMG paper, Role of Ventilation in Controlling SARS-CoV-2 Transmission
[45] EMG: Simple summary of ventilation actions to mitigate the risk of COVID-19, 19 October 2020

a. A public communications campaign and comprehensive business guidance on ventilation and fresh air;

b. Providing over 350,000 CO_2 monitors to state-funded education settings backed by £25 million, and up to 9,000 high efficiency particulate air (HEPA) cleaning units for the small number of education settings where poor ventilation could not be quickly rectified;

c. Enabling local authorities to use their allocations from the £60 million Adult Social Care Omicron Support Fund, at their discretion, to audit and improve fresh air in adult social care; and

d. Completing a ventilation audit of the central government estate.

~~76.~~77. The Government is also carrying out further ventilation research and the Government's Chief Scientific Adviser has commissioned the Royal Academy of Engineering to provide a report on how our built environment could be made more infection resilient, to be published this Spring. The Government will carefully consider its recommendations, alongside the ongoing research.

4. PROTECTING THE VULNERABLE

~~77.~~78. Since March 2020, the medical and scientific community has learned a lot more about the virus and what makes someone more or less vulnerable to COVID-19, as well as how to manage the virus in higher risk settings. The vaccine continues to be successfully rolled out, and other treatments and interventions are available.

~~78.~~79. At the start of the pandemic very little was known about risk factors from COVID-19 so the Government took a precautionary approach and advised 'clinically extremely vulnerable' groups to follow shielding advice and 'clinically vulnerable' groups (based on those eligible for a yearly flu jab) to take extra precautions. However, this could be extremely restrictive and often had a significant impact on individuals' lives and their mental and physical wellbeing, meaning people and their families made considerable sacrifices to stay safe.

~~79.~~80. As data accrued it became apparent that age was the single biggest risk factor for poor outcomes from COVID-19, and that some (but not all) medical conditions and demographic factors (such as those living in more deprived areas and some ethnic minority groups) also conferred increased risk.

~~80.~~81. These risk factors were taken into account by the Government who prioritised those at highest risk for vaccination from December 2020 by following JCVI advice and using the data driven, COVID-19 Population Risk Assessment. Vaccination has proved to be the most effective way to protect those at increased risk from COVID-19 and everybody should be encouraged to get all doses of the vaccination and boosters for which they are eligible for.

~~81.~~82. As a result of the success of the Government's strategy to invest in scientific and medical innovation, the Government has been able to rely more on vaccines and medical treatments, and gradually been able to remove restrictive guidance, such as shielding advice. The Shielding programme ended on 15 September 202~~0~~1, and the government wrote to everyone on the Shielded Patient List advising them of this.

~~82.~~83. The Government will be guided by JCVI advice to ensure ~~to~~ the ongoing protection of those groups most at risk from COVID-19 through prioritisation of vaccination and boosters.

~~83.~~84. The Government is also committed to enhanced protection for those whose immune system means they remain at highest risk from COVID-19, including a third primary dose of the vaccine for the severely immunosuppressed; priority PCR testing and access to new antiviral drugs and therapeutic agents. The Government and UKHSA will continue to communicate to these groups about available clinical interventions including testing, treatments, vaccination and public health advice.

Vaccines

85. COVID-19 vaccines remain the most important and effective way you can protect yourself and your loved ones from becoming seriously ill or dying from the virus. Vaccines have built a wall of defence around our communities, saving countless lives and allowing us to get back to a more normal way of life. A recent review by UKHSA has also shown that people who have had one or more doses of a COVID-19 vaccine are less likely to develop long COVID than those who remain unvaccinated. It is never too late to take up the offer of a first, second, third or booster vaccine – you can go online to book an appointment or find a walk-in centre.

~~84.~~86. Beginning with the vaccination of the most vulnerable, the UK's vaccination programme has now protected tens of millions of people and prevented hospitalisations and death.[46]

~~85.~~87. The programme continues to be extended. The NHS has given a first dose to [59%] of 12-15 year olds and is offering them second doses, [and first doses to at risk 5-11s from [week commencing 31 January]. [From Easter, all 5-11 year olds will be able to come forward for a course of COVID-19 vaccine (two doses, 12 weeks apart) if the parents and child feel it is the best choice for them.]

~~88.~~ It remains vital that anyone in a group recommended for a further vaccine comes forward when and if further vaccinations (boosters) are recommended by the JCVI. Vaccination provides direct protection for the vulnerable from serious illness or death and it is crucial that those for whom further vaccination is recommended take the offer up to maximise their ongoing protection.

~~86. It remains vital that everyone comes forward to receive their vaccine when called upon and that they continue to do so in line with any future rounds of vaccinations.~~

89. [Our expectation, subject to definitive JCVI advice, is that there may well be further vaccinations (boosters) for those most vulnerable to serious outcomes from COVID-19 this autumn and, ahead of that, a spring boost for the groups JCVI consider to be most vulnerable of all]. Whatever the exact pattern JCVI recommends vaccines will continue to be an essential part of the Government's strategy for managing the virus and living with COVID-19 without restrictions on everyday life. The Government will continue to follow JCVI advice on deploying vaccinations, ensuring the most vulnerable have sufficient protection at every stage.

90. As we learn to live with COVID-19, we want to continue to develop our world-leading vaccine programmes, to ensure we are able to provide vaccines to those who need

[46] UKHSA previously reported on the number of hospitalisations directly averted by vaccination. In total, around 261,500 hospitalisations have been prevented in those aged 45 years and over up to 19 September 2021. Furthermore, UKHSA estimates that around 105,600 hospitalisations have been prevented in those aged 25 years and over in England from 13 December 2021 to 6 February 2022 inclusive.

Commented [NR]: This needs changing. The JCVI advice is that the vaccine is of clinical benefit. We can make clear it is a choice, but "feel it is the best choice" is nonsense. The data shows that it is.

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Commented [NR]: A bunch of people get serious outcomes

Commented [NR]: This and other bits in square brackets we will definitely want the chance to review and change tomorrow as discussed, given we've not yet seen JCVI advice on spring/autumn boosters and we'll need to ensure wording aligns

Commented [NR]: Needs rewording

them, when they need them. [The focus of the spring booster programme is likely to be on direct protection of vulnerable individuals. However we need to retain the capability of flexing to any significant resurgence of COVID-19 either in case numbers or a new variant of concern. Either could mean significantly larger numbers need further boosters. We are therefore retaining the capability to stand up a much wider response at pace should circumstances and JCVI advice warrant this.]

~~87.~~ Work is underway across the health and care system to consider how vaccines will be procured, prioritised and deployed in the future. Our aim is to capture the best learning from the pandemic response and design a future model that minimises the need to impact the provision of other health and care services in an emergency. ~~The Government will continue to be guided by JCVI advice on deploying vaccinations, ensuring the most vulnerable have sufficient protection at every stage. [The Government will publish a Vaccines Strategy by the summer setting out more detail on the future approach to vaccines for COVID-19 as well as other diseases.]~~

91.

~~88.~~92. For those who have yet to take up their initial vaccine offer, the NHS continues to make vaccines available across the UK to ensure that every eligible person who wants a vaccine can get one. Since the start of September over 1.5 million adults over the age of 18 came forward for their first dose, long after receiving an initial offer. As a result, the percentage of the adult population with at least one dose has increased from 88 to 92%. However, there is still more to do. In England, 8% people aged 16 and older - over 3.8 million - remain unvaccinated[47].The Government will continue to provide flexible delivery models such as local clinics and sites to ensure access to and the convenience of the vaccination offer, particularly those in deprived communities.

~~89.~~93. The Government will continue to support those communities with lower rates of COVID-19 vaccine uptake, particularly in areas of deprivation and for ethnic minority groups where vaccination uptake has consistently been lower throughout the pandemic. In December 2021 the Government announced a further £22.5 million in funding for the Community Vaccine Champions Scheme to support 60 local authorities with the lowest COVID-19 vaccine uptake. Community Champions will work with local councils to address barriers to accurate vaccine information and encourage individuals to get vaccinated.

Deploying treatments

[47]NHS, Covid-19 - Vaccinations

~~90.~~94. The Government has moved quickly since the onset of the pandemic to ensure that those at risk of, and suffering from, COVID-19 have early access to safe and effective treatments. Reaching the most vulnerable has always been the top priority.

~~91.~~95. As a result of Government action, the UK has secured access to a range of treatment options, which are now widely used across the UK to reduce hospitalisations, save lives and reduce pressures on the NHS and economy.

Antivirals

~~92.~~96. In April 2021, the Prime Minister launched the Antivirals Taskforce (ATF), in order to identify , ~~, develop~~ procure and ~~secure access to~~deploy novel antiviral treatments for UK patients with COVID-19. Antivirals can be used at the earliest stage of infection to help reduce the development of severe COVID-19 by blocking virus replication.

~~93.~~97. The ATF has secured a supply of almost 5 million courses of antivirals - more per head than any other country in Europe.[48] ~~These antivirals are the first medicines for people whose immune systems mean they are at higher risk from COVID-19 can take in the comfort of their own homes.~~ These antivirals are the first medicines which can be given at home to protect people whose immune systems mean they are at higher risk from COVID-19'.

~~94.~~98. In company trials, Paxlovid (nirmatrelvir ~~PF-07321332~~ + ritonavir) reduced the relative risk of COVID-19-associated hospitalisation or death by 88% in those who received treatment within five days of symptoms appearing – meaning it could potentially save thousands of lives and help to ease burdens on the NHS. Results from Lagevrio (molnupiravir) company trials show a roughly 30% relative reduction in the rate of hospitalisation in those who received the antiviral compared to the placebo.[49] [50] This is a significant development for the most vulnerable, particularly those who are unable to take the vaccine or for whom the vaccine can be less effective.

~~95.~~99. Both antivirals have now received conditional marketing authorisation from the Medicines and Healthcare products Regulatory Agency (MHRA), making the UK the first country in the world to approve an oral antiviral that can be taken at home for COVID-19.

~~96.~~100. ~~Many~~ Those at highest risk of developing severe COVID-19 ~~people whose immune systems mean they are at higher risk from COVID-19~~ - such as individuals who

[48] Gov.uk Second ground-breaking antiviral to be deployed to country's most vulnerable, 28 January 2022
[49] Pizer, Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment. 14 December 2021
[50] Merck, Merck and Ridgeback Announce Publication of Phase 3 Study of Molnupiravir, 16 December 2021

Commented [NR]: The Taskforce hasn't developed treatments. We changed this in an earlier version

Commented [NR]: Please can we use nirmatrelvir+ritonavir

Commented [NR]: We need to add here that these treatments are being made available via CMDUs to a cohort of around 1.3m patients. These patients will remain eligible for testing.

Commented [NR]: Subject to Quad decision

are immunosuppressed or some cancer patients - can now access both antivirals and monoclonal antibodies should they test positive for COVID-19. The UKHSA has sent priority PCR tests to around 1.3 million people thus far to support rapid turnaround of results so they can access the treatments as soon as possible after symptoms begin.[51] Thousands of patients have already been treated with antivirals.

~~97.~~101. In order to maximise how effectively antivirals are deployed in the long-term, the UK has also launched a world-leading PANORAMIC clinical trial run by the University of Oxford and supported by the National Institute for Health Research (NIHR). This study is helping us to understand the effect that these treatments have in reducing rates of hospitalisation and speeding up recovery time in the UK population, given our high rates of vaccine uptake. ~~This~~ will enable the UK to target antivirals at those who most need them next winter.

~~98.~~102. The PANORAMIC study is currently open to anyone over the age of 50 or between 18 to 49 with certain underlying health conditions. Those who are eligible can sign up here as soon as they receive a positive PCR or lateral flow test result. So far, 9,150 patients have ~~been treated~~volunteered as part of the PANORAMIC ~~trial~~study.

~~99.~~103. The Government will continue to work across the health and care system in the UK, including NHS England and NHS Improvement, NICE, UKHSA, and partners in the devolved administrations to plan the wider deployment of antiviral treatments once the PANORAMIC ~~clinical trial~~study has concluded. This is crucial to ensure that clinicians can prescribe antiviral treatments most effectively to patients in the future.

Therapeutics

~~100.~~104. Effective therapeutics currently have a vital role in lessening the severity and impact of COVID-19 in individuals ~~and communities~~ and relieving pressures on the NHS.

~~101.~~105. The UK has led the way in the testing and deployment of life-saving treatments, which have been made available to patients in the UK and across the world. World-leading clinical trials such as RECOVERY, the world's largest randomised controlled clinical trial for COVID-19 treatments, have helped to discover new effective treatments for COVID-19, including dexamethasone and tocilizumab.

~~102.~~106. In June 2020, the UK was the first in the world to discover that dexamethasone - a low-cost corticosteroid - reduced the risk of mortality in hospitalised COVID-19 patients requiring oxygen or ventilation by up to 35%. Last year, UK Government-

[51] Gov.uk, Second ground-breaking antiviral to be deployed to country's most vulnerable, 28 January 2022

Commented [NR]: We may need to amend 'these treatments' before publication given testing decision might mean we may decide not to put both treatments into the PANORAMIC study

Commented [NR]: It has a placebo arm...so not all of the participants have been treated

Commented [NR]: Para needs to be revised following Quad

Commented [NR]: This sentence relates to the trial, not to planning. Ability to prescribe depends on trial data – would put above

funded trials demonstrated tocilizumab and sarilumab - monoclonal immunomodulatory antibody treatments - reduced the relative risk of mortality by up to 24% when administered to patients within 24 hours of entering intensive care.[52]

~~103.~~107. Recently, new therapeutics like Xevudy (sotrovimab), a monoclonal antibody, has been authorised for use in people who have mild to moderate COVID-19 infection and at least one risk factor for developing severe illness. In a clinical trial, a single dose of the monoclonal antibody was found to reduce the risk of hospitalisation and death by 79% in high-risk adults with symptomatic COVID-19 infection.[53]

~~104.~~108. These therapeutics have helped to save many patient lives throughout the pandemic and continue to be deployed across the ~~NHS~~UK. [The Government is taking steps to ensure new research develops at pace] such that the UK will always have access to the best treatments possible against COVID-19 both now and in the future and be able to deploy them to ~~for~~ those who need ~~it~~them most. ~~In addition, the Government will continue to work with the life sciences sector to identify and supply other treatments to enable the long-term management of COVID-19 and its clinical impacts.~~

Supporting the NHS and social care

~~105.~~109. Throughout the pandemic the Government has provided health and care services with resources and support to respond to the unique challenges they have faced.

~~106.~~110. The Government has spent £X on bolstering NHS capacity and its ability to manage COVID, including £2.9 billion to support adult social care. The approach to managing COVID-19 in NHS and adult social care settings will continue to evolve in the coming months, but will continue to focus on providing care for those that need it and supporting the most vulnerable in society, including older people and people receiving treatment in hospitals. In doing so, we will embed the innovations and good practises that have been developed throughout the pandemic that will have a lasting positive impact on how we manage patient care in England, for instance the use of virtual wards to enable the safe monitoring of patients at home~~,~~.

NHS

~~107.~~111. A key objective for the NHS over the last two years has been to keep patients and staff safe and limit the spread of COVID-19 within hospitals. Enhanced Infection Prevention Control (IPC) measures have been required in NHS settings, including:

Commented [NR]: DAs too – suggest UK

Commented [NR]: I don't follow this last sentence and don't know what 'other treatments' are here. would remove

Commented [NR]: If we receive SR funding for repurposed therapeutics + future mAbs (or at least flex to procure if cost effective) [neither currently secured] you could add:

'The government will continue to ensure that treatments which have been proven to be safe and effective, such as dexamethasone, tocilizumab, sarilumab and sotrovimab, will continue to be available to those who most need them.'

Commented [NR]: Agree

Commented [NR]: While we learn and adapt all the time I don't think there is going to be any specific changes in the coming months in relation to COVID patients. I think 'continue to' would be easier to defend if challenged.

[52] Gov.uk, NHS patients to receive life-saving COVID-19 treatments that could cut hospital time by 10 days, 7 January 2021.
[53] Gov.uk,MHRA approves Xevudy (sotrovimab), 2 December 2021

a. Asymptomatic testing for patients and for staff;

b. Enhanced PPE to protect healthcare workers and the patients they come into contact with;

c. COVID-19 specific bed management and clinical pathways; and

d. Evaluation of ventilation in respect of latest guidance.

~~108.~~112. Managing symptomatic COVID-19 and maintaining new, associated services such as deployment of vaccines and antivirals will continue to feature in the work of the NHS. The NHS has deployed a range of measures to minimise the impact of COVID-19 on other health services, including an increased emphasis on NHS 111 as the first point of triage for urgent care services, and the wider use of alternative care models such as virtual wards and Oximetry @Home. These NHS will continue to use and develop these measures to protect the delivery of services to the fullest extent possible.

~~109.~~113. Managing the risk of COVID-19 is one of many pressing priorities for the NHS. As outlined in the NHS elective recovery plan, the Government is committed to fully restoring and recovering elective services and reducing backlogs for treatments.

~~110.~~114. The NHS will also continue to support patients with long COVID, where the UK is leading the way on excellent research, treatment and care. Specialist services have been established throughout England for adults, children and young people experiencing long-term effects of COVID-19 infection, underpinned by a £100 million plan for 2021/22, and a further £90 million investment confirmed for 2022/23.

~~111.~~115. Supported by £50 million in research funding, the NHS and wider scientific community are working to better understand COVID-19, and the long-term health impacts it may have.

Adult Social Care

~~112.~~116. Care home residents and those in receipt of adult social care at home and other care settings are often among the most vulnerable in society. To protect these vulnerable people, the Government introduced additional protective measures:

a. Free PPE for adult social care workers;

b. Both asymptomatic and symptomatic COVID-19 tests for adult social care staff [and care home residents], totalling £523 million in expenditure;

c. Prioritisation of staff and residents for vaccination. ~~The Government recently launched a Booster Taskforce to drive up vaccination rates among staff and eliminate barriers to access;~~

Commented [NR]: Request removal as taskforce being wound down

d. Designated settings to ensure that those who need residential care but are still likely to be infectious with COVID-19 at the point of discharge from hospital can complete a period of isolation before moving to their care home.

~~Designated settings to support COVID-19 positive discharges from hospital and maintain hospital flow~~;

~~d.~~e. At times of particularly high risk, the Government has also had to introduce visitor restrictions; and

~~e.~~f. In recognition of the challenges facing the sector, the Government published its first ever set of Winter Plans for adult social care.

~~113.~~117. The Government will continue to support the adult social care sector with some additional protections:

a. Continuing testing for staff and residents, with the protocol scaled in response to prevalence.

b. ~~Enhanced PPE until the end of March 2023~~. Access to free PPE to the end of March 2023 or until the IPC guidance on PPE usage for COVID-19 is either withdrawn or significantly amended (whichever is sooner).

~~114.~~118. The role of the Government in managing the COVID-19 response in adult social care has been unprecedented. As a part of living sustainably with COVID-19 by 1 April the Government will publish updated Infection Prevention and Control guidance . This will replace all current Covid guidance for care homes, home care and other adult social care. The Government will continue to support local authorities and care providers to respond to outbreaks in care settings and manage local workforce pressures.

Wider work to support the health and social care system

~~115.~~119. The pandemic has reinforced the need to make changes to the running of the health and social care systems to improve how they work to better meet the needs of the public.

120. This strategy is set within the context of a wider set of mutually reinforcing reforms which draw on and make permanent some of the innovations we have seen as a result of the covid-19 pandemic: our integration white paper, Joining up care for people places and populations; our adult social care reform white paper, People at the Heart of Care; the Health and Care Bill; and reforms to the public health system. Taken together these will enable us to go further and faster in delivering person-centred care and better population health [ensuring everyone has access to the right care, in the right place, at the right time.]

Commented NR: Amended to emphasise the care angle (rather than hospital) on designated settings

Commented NR: This should probably say something like 'Access to free PPE to the end of March 2023 or until the IPC guidance on PPE usage for COVID-19 is either withdrawn or significantly amended (whichever is sooner).'

N.B., the document does not appear to make the same offer for the NHS, but probably should mention it. Para 110 talks about the enhanced PPE, but there is nothing else below about the ongoing plan to March 2023 (as described above).

Commented NR: Changes asked for by ASC

~~116. The Health and Social Care Integration White Paper sets out our plans to make integrated health and social care a reality for everyone across England and to level up access, experience, and outcomes across the country. This builds on the progress achieved through the Health and Care Bill and the Adult Social Care Reform White Paper to enable us to go further and faster in delivering person-centred care and better population health [ensuring everyone has access to the right care, in the right place, at the right time.]~~

Tackling health inequalities

~~117.~~121. COVID-19 has also exacerbated pre-existing socio-economic and health inequalities, driving poorer outcomes amongst those who were already disadvantaged. Since the start of the pandemic, the NHS has accelerated its preventative health programmes which proactively engage those at greatest risk of poorer health outcomes to address health inequalities; including better targeting of long-term conditions and preventative programmes such as obesity reduction, tackling smoking and diabetes. To protect individuals most at risk from the virus, the Government has deployed a range of preventative measures including investing in targeted testing and vaccine rollout to reduce the risk of transmission and build resilience, and provided over £45 million to fund a network of community champions in affected to areas to tackle misinformation and vaccine hesitancy.

~~118.~~122. The Government is determined to support recovery for these groups and to tackle these inequalities. The ambitious levelling up agenda set out in the recently published levelling up white paper, also aims to reduce geographical inequalities in the UK by investing in health, local infrastructure and leadership, and improving education and skills. Furthermore, the recently launched Office for Health Improvement and Disparities (OHID), will systematically tackle the top preventable risk factors associated with ill health such as smoking and obesity, improving the public's health and narrowing health disparities. The Government will set out a strategy to tackle the core drivers of inequalities in health outcomes in a new White Paper on Health Disparities in 2022.

5. MAINTAINING RESILIENCE

~~119.~~123. The future path and severity of the virus is uncertain and it may take several years before the risks subside and the virus becomes more predictable. New COVID-19 variants will continue to emerge over the next few years. SAGE has advised that there are a number of potential scenarios the UK may face, including the possibility of the virus decreasing in virulence, as well as the possibility of variants emerging that render vaccines less effective, are resistant to antivirals, or have different disease severity.[54] During this period further resurgences are likely and there will sadly be more hospitalisations and deaths.

~~120.~~124. In the event of significant resurgences or future variants, the Government's priority will be to protect public health and prevent unsustainable pressure on the NHS. The Government hopes never to return to the use of costly economic and social restrictions or the Plan B measures set out in the Autumn and Winter plan. The Government's aim is to manage and respond to these risks through more routine public health interventions. ~~and by building health resilience to cope with pressure points such as seasonal pressure on the NHS during winter~~The NHS has developed a range of interventions to respond to COVID demand while protecting NHS activity to the fullest possible extend. In future, pharmaceutical capabilities will be the first line of defence in responding to COVID-19 if risk threatens to place unsustainable pressure on the NHS.

Commented **NR** I'm not quite sure what we mean by building health resilience in this paragraph. For UEC the resilience comes from the fact we've got better and smarter at deploying our resources to manage COVID demand. If colleagues had something different in mind please shout.

~~121.~~125. The Government will make sure it is prepared in the event of worse case scenarios as a result of a new variant which causes significant disruption. [Option 2 additional funding: To support this, the Government will retain surveillance and lab networks to ensure we retain an understanding of the virus, enabling the Government to make informed decisions and in case ever required, respond accordingly. Although England is moving to a new phase of living with COVID-19 where the majority of population wide interventions are removed, the Government will maintain the capabilities to support a rapid ramp up in testing and other tools which can be used as a second line of defence against a new variant.]

Monitoring and Mitigating risks

~~122.~~126. The UK has been a global leader in sequencing and monitoring, uploading ~30% of global sequences on the Global Initiative on Sharing Avian Influenza Data (GISAID) platform.[55] The UKHSA will continue to sequence infections and monitor a wide range

[54] SAGE, Minutes from One-hundred-and-fifth SAGE meeting on COVID-19, 10 February 2022
[55] need footnote

of data, including infections, hospital admissions, patients in hospital and deaths with COVID-19.

~~123.~~127. As the Government's approach to managing COVID-19 further evolves, UKHSA will keep the content and frequency of reporting on COVID-19 under close review - including the GOV.UK Dashboard - to ensure that statistics are being produced with the appropriate level of quality and transparency, and remain useful and relevant as per the Code of Practice for Statistics

Domestic *surveillance*

~~124.~~128. [Option under SR position: [Whilst the Government will cease undertaking population level surveys, key data will continue to be available via the ongoing testing in NHS settings and for the most vulnerable. This will enable [UKHSA] to monitor the virus evolution and use genomics sequencing where people are symptomatic utilising existing infrastructure to understand the virus characteristics.]

~~125.~~129. Option with further funding: The Government will continue to monitor cases in hospital settings in particular, including using genomic sequencing where people are symptomatic, [which will allow us some insights into the evolution of the virus]. The Government will also continue to work with the ONS in conducting its world-leading population prevalence survey, which has provided valuable insights informing Ministerial decision-making throughout the pandemic. [This will be augmented by continuing the Siren and Vivaldi studies which have placed the UK at the vanguard of scientific research.] However, these will be scaled back to reduce the size of the sample and the frequency of the survey.

~~126.~~130. [Option for further funding:] The Government will also continue its enhanced funding for genomic sequencing, to detect the spread of potentially dangerous variants early and understand their characteristics. This will be complemented by the surveillance data provided from the settings in which testing will continue, such as the NHS.

UK Monitoring mechanisms during the Pandemic

As the pandemic has evolved, the Office for National Statistics (ONS) has continued to keep pace with the changing evidence needs of Government and the public. Official statistics on

health, society, the labour market and the economy have been used to fully understand the wide-reaching impact of the pandemic. This includes mortality statistics, which were produced before the pandemic.

The COVID-19 Infection Survey was established in April 2020 to measure:

- How many people across England, Wales, Northern Ireland and Scotland test positive for a COVID-19 infection at a given point in time, regardless of whether they report experiencing symptoms;
- The average number of new positive test cases per week over the course of the study; and
- The number of people who test positive for antibodies.

The results of the survey contribute to the UK Health Security Agency (UKHSA) estimates of the rate of transmission of the infection, often referred to as "R". The survey also provides important information about the socio-demographic characteristics of the people and households who have contracted COVID-19.

The SARS-CoV-2 Immunity & REinfection EvaluatioN (SIREN) study was established in June 2020. The purpose of this study is to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19) protects against future infection with the same virus.

[The Vivaldi Study was also established in June 2020. The purpose of this study is to investigate COVID-19 infections in care homes, to find out how many care home staff and residents have been infected with COVID-19, and inform decisions around the best approach to COVID-19 testing in the future.]

Strengthening global immunity and international surveillance

~~127.~~131. The UK has played a leading role in helping to build global immunity to COVID-19 through supporting the international vaccination effort in countries with the least capacity and resources. The UK led the G7 Presidency during 2021, a challenging year, engaging with key international partners across a wide range of COVID-19 international issues. The UK will continue to lead on delivering on the commitments and ambitions set out by G7 leaders at the Summit in Carbis Bay in June 2021 for supporting global recovery, including by reopening international travel.[56] This needs to be accompanied by global surveillance to identify new variants of COVID-19 and

[56] Carbis Bay G7 Summit Communiqué

other public health threats. The Government is supporting building global surveillance capacity and capabilities through:

a. Providing sequencing and informatics capabilities to other countries that have insufficient capacity through the New Variant Assessment Platform;

b. Working with the WHO and other national public health bodies on global surveillance programmes that will support improved detection, for example the new International Pathogen Surveillance Network (IPSN); and

c. Calling for all countries to share data on new COVID-19 variants in a timely manner to enable rapid sharing of information and risk assessments of variants of concern.

Preparing to respond

~~128.~~132. Although the UK population continues to build defences against the virus through the vaccination programme and natural immunity, there will be viral evolution leading to new variants. Some future variants could cause substantial disruption, particularly if they render vaccines less effective.

~~129.~~133. Further resurgences are, therefore, highly likely and there is a reasonable chance these will be more ~~infections~~ severe than in the previous Omicron wave. In order to be prepared, the Government will build resilience, and retain the core capabilities and infrastructure required to scale up a proportionate response quickly. This will involve wider use of pharmaceuticals and [testing] as the first line of defence alongside continuing to develop capacity to respond in the health system.

NHS and Social Care resilience

~~130.~~134. The NHS has developed a range of interventions to respond to COVID-19 demand while protecting urgent and elective care activity to the fullest possible extent, including during the peaks of demand seen in April 2020, Jan 2021 and at the present time. These interventions include:

a. Tried and tested plans to expand general and acute and critical care bed capacity as needed, learning the lessons from previous waves of COVID-19. This includes surging capacity within hospital trusts' existing footprints, across Integrated Care System footprints and clinical networks, and patient transfers between regions if required. Delivering the Nightingale hospitals and hub sites has also developed the capability of the NHS to increase capacity at pace in an emergency;

b. Maximising patient discharge, working with local authorities and partners to ensure that all medically fit patients can be discharged home as soon as possible. The COVID-19 pandemic has brought a renewed focus on safe and timely hospital discharge. This supports patient outcomes and with better hospital flow, more beds are freed for elective surgery. As we learn to live with COVID-19, we will continue to promote best practice on hospital discharge; and maintain a national conversation on discharge across health and social care partners, including through the National Discharge Taskforce. The taskforce will consider the role of hospital processes, the health and social care interface, community health services and adult social care in implementing sustainable improvements to discharge.

c. Making full use of non-acute beds in the local health and care system as necessary, including in hospices, hotels, community beds and the independent sector. In both 2020 and 2022, NHS England has contracted with independent providers to secure additional surge capacity and prevent the NHS from becoming overwhelmed due to COVID-19 infections. At its peak, this secured almost 8,000 additional beds and over 18,000 clinical staff to support the NHS effort. Throughout the pandemic and beyond, government and NHS England and Improvement have worked side-by-side with the independent sector to ensure all patients needing urgent care, with COVID-19 or other conditions, can continue to be treated by the NHS;

d. The use of 'virtual wards' and 'hospital at home' models of care, allowing for patients to be safely cared for in their own homes and freeing up additional bed capacity in hospitals. The NHS operational planning guidance sets out that, by December 2023, systems should complete the comprehensive development of virtual wards towards a national ambition of 40–50 virtual beds per 100,000 population;

e. A range of workforce interventions, including temporarily adjusting staffing ratios, with flexible redeployment of staff including training for roles in critical or enhanced care; and

f. Continued improvements to the urgent and emergency care pathway to avoid emergency department crowding. Interventions include using NHS 111 as the first point of triage for urgent care services, with the increasing ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care and speciality clinics as well as urgent community and mental health services.

~~131.~~135. While significant uncertainty remains, the NHS will continue to closely monitor COVID19 demand and keep the use of these interventions under review, deploying them as necessary to protect the delivery of health services.

136. The current workforce shrinkage seen in the adult social care sector, whilst exacerbated by the pandemic is driven in part by longer term structural weaknesses – we are exploring what measures would be most appropriate to address these.

~~132.~~137. Our recent People at the Heart of Care: Adult Social Care Reform White Paper set out our commitment to ensure adult social care has: a well-trained and developed workforce; a healthy and supported workforce; and a sustainable and recognised workforce. At least £500 million will be invested over the next 3 years in training for staff, progression pathways and wellbeing and mental health support.

~~133.~~138. Local authorities will have their own contingency plans for maintaining care services in the event of acute workforce supply challenges. Within these plans local authorities will set thresholds for when contingency measures will be deployed.

~~134.~~139. In the event that a local authority – having deployed all its contingency measures – is unable to cope, a request for further support could be made via the local resilience forum. In terms of potential central government intervention, we would work closely with sectors to identify and understand workforce capacity risks, in the event of another challenging winter and/or new variant of concern.

~~135.~~140. The Government will publish an Adult Social Care Winter Plan this year and consider whether adult social care requires a plan every year.

Pharmaceutical interventions and medical countermeasures

~~136.~~141. The Government already has experience in successfully deploying a contingency response based on medical countermeasures. During the response to Omicron, the NHS administered an intermediate booster programme to all adults and met the surge in demand for vaccines at short notice. In the future, the Government will ensure that there are sufficient procurement and deployment strategies in place to make certain that the UK has access to the most effective vaccines on the market, and that these are available to the health care system and the public when needed.

~~137.~~142. The Government will continue to be guided by scientific advice from the Joint Committee of Vaccination and Immunisation (JCVI) and other scientific bodies to

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Commented NR Some more positive messaging on ASC workforce

ensure the health benefits of vaccines are maximised and the NHS is protected.

Antivirals and therapeutics

~~138.~~143. Successfully living with COVID also means having the flexibility to respond to the pandemic over the coming years, to protect the most vulnerable to serious illness and to protect the NHS. This can be maintained by testing to support accurate diagnosis of COVID-19 and deploying treatments to whose who need them the most. It is only through foresight, and the establishment of both therapeutics and antiviral defences, that the Government was able to ensure that the most vulnerable had access to COVID-19 treatments this winter. The objective of these treatments and antivirals continues to be to minimise serious illness, hospitalisations and deaths and to enable flexibility to respond to future variants in a targeted way, preventing future lockdowns and severe restrictions.

144. As innovations in pharmaceuticals continue, the Government will be able to expand its arsenal of pharmaceutical capabilities. These developments will keep the UK at the forefront of pharmaceutical innovation and increase adaptability to new variants and capability to respond to future pandemics.

~~139.~~145. The Government will continue to work across the health and care system to help ensure sufficient supplies and resilience of the medicines used to support patients with COVID.

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Testing: Contingency capabilities

~~140.~~146. [Option within SR: leave blank]

~~141.~~147. [Subject to further funding]: The ability to scale up testing quickly is one of the key contingency capabilities this Government will retain whilst we face this period of uncertainty. Testing and wider testing infrastructure remains one of the key levers the Government can turn to, in the event of a difficult resurgence or new variant. The purpose of retaining these capabilities is to support the objective of not needing to return to the earlier stringent economically and socially costly interventions. To support this aim, the Government will:

a. Retain a lab network and diagnostic capabilities across the UK, ensuring capacity for PCR testing should we ever need to return to a wider testing offer for the population or if LFDs are not effective in identifying a new variant. This will also support the UK's role as a science and innovation leader in genomics and sequencing; and

b. Retain the core platforms and digital solutions that have supported key elements of the COVID-19 response, ensuring they can be switched back on quickly.

Local Outbreak management

~~142.~~148. Local partners have significantly stepped up to support local outbreak management, and will continue to play a vital role in the COVID-19 response in the coming months, as we implement plans for living safely with COVID-19. In future we expect COVID-19 to be managed regionally and locally as part of a wider all hazards approach, using existing health protection frameworks led by UKHSA Regional Health Protection Teams and local authorities, led by Directors of Public Health. We have provided significant funding to support local authority delivery during the last two years, and will provide transitional funding to support Covid-related work as we move towards an endemic state. [To note: funding still dependent on final approvals].

~~143.~~149. The Government will revise current COVID-19 outbreak management advice and frameworks, to set out the support that local authorities and other system partners (such as Local Resilience Forums, the NHS and others; regional Health Protection Teams) can expect from regional and national stakeholders; the core policy and tools for contingency response, including contingency measures in high risk education settings. Until this is in place, the Government will continue to provide guidance via UKHSA engagement with local partners, the education contingency framework for managing local outbreaks in education and childcare settings.

Approach at the borders

~~144.~~150. Last month the Government announced its new system for international travel, underpinned by its commitment to see a return to unrestricted travel and support recovery across all sectors. There are now no requirements on eligible vaccinated travellers apart from the need to complete a simplified Passenger Locator Form. Travellers who do not qualify as eligible vaccinated also need to take a pre-departure test and an arrival test on or before day 2, but no longer need to isolate or take a day 8 test.

~~145.~~151. Last month, the Government also committed to developing a contingency toolkit of options. We recognise that border measures have carried very high personal, economic and international costs. Being prepared for a future COVID-19 variant will continue to build confidence as we work to enable the safe return to full international travel. The Government will only consider implementing new public health measures

at the border in extreme circumstances where it is necessary to protect public health in the UK.

~~146.~~152. Contingency measures would only be used where they are proportionate to the threat faced by the COVID-19 variant and effective in slowing ingress to avert pressure on public services such as the NHS. There may be scenarios where border measures are not appropriate and will not form part of a contingency response. The approach will be underpinned by three important principles:

a. The bar for implementation of any measures is very high;

b. Any measure will be tailored and proportionate to the threat posed and seek to minimise economic and social impacts; and

c. In the event any measures were deemed necessary they would be time limited and not be in place any longer than needed.

~~147.~~153. Given the current state of the pandemic and a move towards global travel volumes returning to normal, the infrastructure for hotel quarantine will be fully stood down from the end of March and the Government is developing a robust home isolation option in its place should quarantine measures need to be reintroduced. We have also learnt from global responses to COVID variants that measures targeted at travel from specific countries may not always be appropriate given how quickly the virus can spread and that tailoring measures to the nature of the threat can improve their effectiveness and proportionality. As such, the Government intends to have in reserve a more agile toolkit tailored depending on the nature and source of the threat, and deployed only where that high bar is crossed and the default will be to consider less stringent measures first in a way that minimises the impact on general travel.

~~148.~~154. The Government will set out the contingency approach and toolkit of measures in more detail ahead of Easter when we review the The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 before they expire on 16 May. We will continue to work with industry on contingency planning.

6. SECURING INNOVATIONS AND OPPORTUNITIES FROM THE PANDEMIC

~~149.~~155. The COVID-19 pandemic has been a unique challenge for governments, communities and businesses across the world. These challenges have brought with them opportunities for innovation, as new approaches were developed and deployed at scale and pace. The Government is committed to securing the innovations and opportunities which have emerged during the pandemic, where there is long-term benefit to wider Government priorities

~~150.~~156. The Government will also remember those that have lost their lives during the COVID-19 pandemic, and commemorate the enormous efforts and sacrifices of all those who have supported the country throughout.

Innovation, opportunities and learning

Life sciences

~~151.~~157. Over the course of the pandemic the scientific community has made extraordinary scientific advances. The first COVID-19 vaccines were ready for clinical trials in under a month, which then led to the deployment of the first safe and effective wide-scale COVID-19 vaccination programme. These vaccines have now been used more widely around the world than many medicines, with extraordinarily successful results.

~~152.~~158. The UK Government directly supported several vaccine manufacturers in their research and development. Early investment in the Oxford University team helped pave the way for providing [50 million] doses to the British public and over [2.5 billion] doses to more than [170] other countries at-cost, saving countless lives. The UK was the first country in the world to start a vaccination programme using the Pfizer and Oxford/AstraZeneca vaccines.

~~153.~~159. There have been similar achievements in therapeutics. The RECOVERY trial demonstrated that dexamethasone, an inexpensive and widely available steroid drug, was effective in treating COVID-19.[57] This discovery saved an estimated 22,000 lives in the UK and a million lives across the world by March 2021.[58]

~~154.~~160. Innovations in vaccines, antivirals and therapeutics will play a vital role in the Government's response against COVID-19 in the future. A number of vaccine suppliers are already trialling new bivalent vaccines, which would provide protection against multiple COVID-19 variants. The UK's Vaccines Task Force will continue to ensure that

[57] [Day 138 since what?]
[58] https://www.england.nhs.uk/2021/03/covid-treatment-developed-in-the-nhs-saves-a-million-lives/

the UK has access to effective vaccines on the market. The Therapeutics Task Force will continue to support six, phase III national clinical trials run by the National Institute for Health Research, focused on prevention, novel treatments, and treatments for Long COVID.

~~155.~~161. The Government has ambitious plans to invest more alongside industry to further our domestic vaccine resilience including through building UK mRNA capability and capacity and strengthening UK supply chain resilience. The procurement and investment into the vaccine research and manufacturing sector will leave a legacy that will ensure the UK is able to respond to any future pandemics and capable of adapting to new threats. [The UK remains an attractive prospect for companies to invest in the UK's life sciences sector, whether it be as part of an established research and innovation network or in the growing biologics manufacturing industry]. The Vaccine Taskforce has made several investments to shore up UK resilience to future pandemics and further strengthen our domestic vaccine R&D and manufacturing capability. The VTF's onshoring programme, funded with [£430 million] in this Spending Review period, will support a number of onshoring projects including promoting inward investment in mRNA, supporting strategic investments in the supply chain, and maximising value from investments already made during the pandemic. [The Vaccine Taskforce's investments into facilities at UKHSA Porton Down have increased the UK's capacity to test the effectiveness of vaccines against emerging variants, placing the UK in position to respond to new threats from COVID-19 as quickly as possible.]

Commented [NR]: We don't think the description of our SR settlement here is the agreed text with HMT. VTF are checking, but would it be possibly t check through HMT too on that (and ideally let us know what HMT say)?

Public sector delivery

~~156.~~162. While the pandemic has been challenging for individuals, businesses and public services, there have also been opportunities to learn and innovate to improve policy development and delivery across the public sector. The Government will continue to champion and embed innovation and learning from the response to COVID-19 across public services.

Innovation in vaccine procurement

The Vaccine Taskforce (VTF) was set up in April 2020 to drive forward the development, procurement, and production of a coronavirus vaccine as quickly as possible, bringing together government, academia, industry and international cooperation in science and research. Since then, the VTF has had unprecedented success. Using a venture capital approach, and experience and expertise from the private sector, it has enabled the UK to build a diverse portfolio of vaccines and

Commented [NR]: Please can you confirm receipt of feedback yesterday by VTF on this box? It doesn't look as though this has been amended

secure assured supply through to 2023. This has allowed the NHS to run the largest vaccination campaign in its history.

A longer-term procurement strategy is currently being developed as future needs emerge but will seek to build upon the legacy of innovation from the earlier success of the VTF and look to apply the wider lessons from the past two years to other vaccination programmes. This strategy will consider how the UK can effectively manage vaccine stocks to ensure that the UK continues to have sufficient supply to meet JCVI recommendations and optimise the use of any excess doses. This will include exploring options such as contract flexibilities and onward sale, as well as further donation beyond the Prime Minister's 100 million commitment, which the UK will meet in June.

Commented [NR]: VTF – this reference to a procurement strategy – no one knows what this is referring to and we don't know by whom or why it is being retained. Grateful for clarity as to what is meant by this?

NHS and Social Care

~~157.~~163. The Government will implement lessons learnt from the pandemic in the Health and Social Care sector, drawing on what worked well, and on future clinical advice. In particular, the Health and Social Care Integration White Paper sets out the Government's plans to make integrated health and social care a reality for everyone across England and to level up access, experience, and outcomes across the country. This builds on the progress achieved through the proposed Health and Care Bill and the adult social care Reform White Paper to enable the Government to go further and faster in delivering person-centred care and better population health - ensuring everyone has access to the right care, in the right place, at the right time.

Improving NHS data ~~NHS 'Foundry system'~~

In March 2020, the NHS COVID-19 Data Cell (a partnership between NHSE/I and NHSX) worked with partners to provide a data analysis and modelling platform, ~~named "Foundry"~~, that brought together multiple complex data sources from across the health and care system into a single, secure location.

Within this platform various dashboards and tools were developed to help users understand how the virus was spreading, to inform national policy and concentrate health and care resources where they were most needed. Products have included the Strategic Decision Makers Dashboard supporting the PM's daily sitreps, and an early warning system to help NHS leaders to plan how to balance elective care activity and COVID surge reserves.

The ~~Foundry~~ platform proved invaluable in providing a single version of the truth to support data driven decisions. In a matter of months, this system achieved what would have taken years to develop under non-crisis circumstances.

Virtual Wards

To enable patients to be safely discharged as quickly as possible the NHS established "virtual wards". This allowed clinicians to use technology to remotely monitor Covid and non-Covid patients while communicating with them via tele services.

Oximetry@Home

This NHS service provides pulse oximeters to patients with COVID who are at a higher risk, along with supporting information to monitor their oxygen saturation levels at home, with 24/7 access to advice and support. It is usually led by general practice working alongside community teams. The service can help ensure more timely hospital treatment if required.

Emergency registers for health professionals

Section 2 of the Coronavirus Act 2020 has enabled thousands of nurses and other healthcare professionals who no longer work for the NHS to be placed on temporary registers, allowing them to work in NHS services to alleviate workforce pressures during times of emergency.

Following the success of these registers, DHSC will amend legislation to enable the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) to establish temporary registers to support emergency response arrangements in future.

Strengthening health security at home and abroad

~~158.~~164. The Government is committed to supporting future health security and resilience. The UK Health Security Agency (UKHSA) brings together public health science and expertise, cutting-edge capabilities in data analytics and genomic surveillance to deliver public health protection in the UK and around the world.

UK Health Security Agency (UKHSA)

The UKHSA was set up in April 2021 to prepare for, prevent and respond to all hazards to public health. The UKHSA has been instrumental in delivering some of the most significant achievements in the UK's response to COVID-19:

- **Testing capacity and diagnostics:** the largest network of diagnostic testing facilities in British history. The UK has now registered over 460 million COVID-19 tests, with over 90% of people in England testing at least once.[59], [60]
- **Genomic sequencing capabilities:** The UK has uploaded over 2 million genome sequences to the international GISAID database, accounting for a quarter of all SARS-CoV-2 genomes shared globally to date.[61] At its peak 30% of all genomic sequences of COVID-19 globally were uploaded by the UK..
- **[Innovation and technology**: the development of the Rosalind Franklin laboratory, and use of innovative new techniques - such as reflex assay technology - strengthened our ability to rapidly detect COVID-19 mutations and support the assessment of variants of concern. At its peak the Rosalind Franklin Laboratory was processing over 400,000 PCR tests a week.]

As the UK learns to live with COVID-19, UKHSA's immediate priority will be managing COVID-19. UKHSA will play a critical role in maintaining many of the Government's contingency capabilities and developing the international partnerships needed to successfully manage COVID-19 long term, as well as other threats to public health.

The UKHSA will continue to lead the wider health protection emergency planning and response system, championing the UK Government health security role across the UK and internationally. By acting as a hub for innovation and driving academic partnerships, the UKHSA will support advances in health security science and technology, helping to cement the UK's role as a science superpower.

International learning and innovation

~~159.~~165. The UK continues to develop its health security, biosecurity and pandemic preparedness plans and capabilities both domestically and internationally, drawing on the COVID-19 experience.

~~160.~~166. Epidemics and pandemics are not new but the rate at which they have occurred has increased during the last 20 years. This increase is thought to be driven by a combination of changes to land use and human behaviours that bring people into closer contact with wild animals, coupled with unprecedented levels of global movement of people and trade.

[59] Gov.uk, Testing in UK, 13 February 2022
[60] UKHSA, Weekly statistics for NHS Test and Trace (England), 27 January 2022
[61] https://www.gov.uk/government/news/uk-completes-over-2-million-sars-cov-2-whole-genome-sequences

~~161.~~167. Pathogen surveillance, together with a better understanding of humans' interaction with the natural world, are key to reducing vulnerability in the future. A 'One Health' approach recognises that human health is strongly connected to that of animals and the shared environment both inhabit. It requires multidisciplinary and international cooperation.

~~162.~~168. The sixth annual One Health Day was held on 3 November 2021, where the G7 (under the UK's presidency) and the G20 committed to integrating One Health approaches in future pandemic prevention and preparedness policies. This included the establishment of the International Zoonoses Community of Experts and the The One Health High Level Expert Panel.

Supporting global COVID-19 recovery

~~163.~~169. The UK remains committed to equitable global access to COVID-19 tools to help reduce the risk and frequency of variants of concern, and contribute to global COVID-19 recovery, and has played a leading role in global vaccine access. The UK has committed up to £1.4 billion of UK aid to address the impacts of COVID-19 and to help end the pandemic as quickly as possible. £548 million of this has supported the COVAX Advanced Market Commitment (AMC) to deliver COVID-19 vaccines for up to 92 low- and middle-income countries.

~~164.~~170. The UK's G7 Presidency delivered a shared commitment to provide one billion doses to vaccinate the world over the next year. As part of this commitment, the UK committed to donate 100 million surplus COVID-19 vaccine doses by June 2022, at least 80% of which will go to COVAX to enable it to further support those in need. The Government exceeded our target of 30 million doses donated by the end of 2021 and will donate 100 million vaccines by [July].

Building resilience to global health threats

~~165.~~171. The Government continues to invest in and develop resilience to global health threats via improved health and biosecurity and pandemic preparedness, examples include:

a. **Biological Security Strategy**: Later this year, the Government will publish a refreshed biological security strategy. COVID-19 has reinforced the need for effective preparation for future biological threats to protect the UK against naturally occurring infections, accidental release and potential deliberate misuse by state and non-state actors, in particular through surveillance, risk monitoring and response planning). The Government has recently launched a public call for evidence to support the development of a refreshed Biological Security Strategy. Learnings from COVID-19 will be a key input and will inform newly-built capabilities to improve the Government's ability to anticipate

threats, and develop a more effective system to manage complex biological risks.

b. **The 100 Day Mission and Early Warning Systems:** The 100 Days Mission is a global public-private ambition to harness scientific innovation to reduce the impact of future pandemics by making available safe and effective diagnostics, therapeutics and vaccines within the first 100 days of a future pandemic threat being identified. The Mission was launched as part of the UK's G7 Presidency in 2021 and the UK is working domestically, with the G7, G20 and international partners to ensure sustainable implementation of the 25 recommendations (spanning research and development, clinical trials and data and sustainable financing) to ensure the Mission is achieved by 2026. Industry, international partners and organisations have mobilised behind the Mission and are taking tangible steps to achieve its goals and strengthen global pandemic preparedness for the future.

   The UK is supporting the Coalition for Epidemic Preparedness Innovations in cutting the time it takes to develop a vaccine to just 100 days. The UK is hosting a global pandemic preparedness summit in March 2022, which will explore how the world can better prepare for pandemics by harnessing the power of science to revolutionise how new vaccines can be developed, manufactured, and equitably distributed to end pandemics.

c. **Centre for Pandemic Preparedness (CPP):** The Government's preparedness for pandemic influenza helped to support several aspects of the UK's early response to COVID-19, including access to stockpiled PPE and draft legislation to support a pandemic response. Pandemic preparedness plans are kept under constant review and the Government continues to learn and implement lessons from the COVID-19 response. The Government's approach to pandemic preparedness is now being expanded to cover non-influenza pandemic threats through the development of a wider range of respiratory and non-respiratory pandemic scenarios. This will support the development of appropriate response plans across government to better equip the UK to address a range of pandemic and infectious disease hazards in the future. UKHSA will provide intellectual, scientific and operational leadership on health protection, using an all-hazards approach, covering infectious disease, chemical, radiation and environmental hazards. In 2021, the Prime Minister announced the creation of a Centre for Pandemic Preparedness (CPP), housed within the UK Health Security Agency, to strengthen the global response to future pandemics. The Government also announced the creation of a Centre for Pandemic Preparedness (CPP), housed within UKHSA, to strengthen the global response to future pandemics. The CPP is set to become a world-leading

hub for all aspects of pandemic preparedness, starting with genomic surveillance of human and animal infections in collaboration with a range of scientific and academic partners, that can be shared around the world.

d. **Legal frameworks to respond to future health risks:** The pandemic has shown that effective legal frameworks are essential for the Government and other responders to act quickly and decisively to save lives and keep essential services running. The Government will continue to review legal frameworks, to make sure the country is well-equipped to respond to future health risks. This includes reviewing the Public Health (Control of Diseases) Act 1984 and other relevant Acts of Parliament and Statutory Instruments. Furthermore, the Government has joined world leaders and the World Health Organization (WHO) in calling for a legally binding instrument on pandemic prevention, preparedness and response. The World Health Assembly Special Session at the end of November 2021 was a pivotal first milestone towards achieving this. The Government is now engaging with other WHO member states to select co-chairs for the intergovernmental negotiating body, and will actively participate in its work to decide the form and key content of the agreement.

e. **Engagement and reform of the World Health Organization (WHO):** The UK is supporting work underway to harness the lessons learnt from the COVID-19 pandemic. A stronger architecture for pandemic preparedness and response includes: sustainably financing the WHO; supporting improvements to the way outbreaks are investigated and the establishment of a Scientific Advisory Group for Origins of Novel Pathogens; and considering amendments to the International Health Regulations (2005) to improve management of public health emergencies.

Improved international consistency on global travel health policies

~~166.~~172. International travel has been severely disrupted throughout the pandemic, causing difficulties for businesses and passengers. The Government has set out a sustainable international travel system for 2022, and will work further with key partners to discuss how cooperation and alignment of border and travel health policies can be improved. This approach will identify opportunities for standardisation to support global efforts to detect, manage and respond to new health threats as well as seek to deliver as smooth an experience as possible for passengers, helping to support the recovery of the international travel sector.

7. LEGISLATION

~~167.~~173. During the pandemic, the Government has had to introduce regulations and legislation involving unprecedented government intervention in order to protect public health, and support individuals, businesses and public services.

Domestic Restrictions under the Public Health (Control of Disease) Act 1984

~~168.~~174. The Government has always said that restrictions would not stay in place a day longer than necessary, and is now able to proceed with removing the last domestic restrictions:

a. The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 have been in place since 28 September 2020, and impose a legal duty on individuals who test positive and certain close contacts to self-isolate. As set out in Chapter 1, the legal duty to self-isolate will be lifted on [24 February subject to agreement from Parliament] and be replaced by guidance.

b. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 ("No.3 Regulations") have been in place since 18 July 2020. [These powers will be revoked on [24 February], subject to agreement from Parliament.] Local authorities will now be required to manage outbreaks through local planning, and pre-existing public health powers, as they would with other diseases.

Vaccines as a Condition of Deployment Regulations

~~169.~~175. The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 making vaccination a condition of deployment were introduced in Care Quality Commission (CQC) registered care homes from 11 November 2021. These regulations require that individuals entering the premises are fully vaccinated, unless otherwise exempt. Regulations to extend vaccination as a condition of deployment to health and wider social care settings were approved by Parliament in December 2021, and its main provisions were set to come into force on 1 April 2022. These regulations would require that anyone providing a CQC regulated activity would also be required to be fully vaccinated, unless otherwise exempt.

~~170.~~176. After reviewing the latest clinical and scientific evidence, the Government announced its intention to revoke both of the above regulations, subject to consultation and appropriate parliamentary procedure. Whilst vaccination remains

the country's best line of defence against COVID-19, the Government decided that following the Omicron wave, it is no longer proportionate to require vaccination as a condition of deployment through statute. It remains a professional responsibility for health and care staff to be vaccinated and the Government has asked the professional regulators to review how this responsibility could be strengthened through their guidance, and will also be consulting on doing so through the Government's guidance for CQC regulated providers.

~~171.~~177. A public consultation on revocation concluded on 16 February, and the Government will publish its response shortly. Subject to the outcome of the consultation and parliamentary process, the regulations will be revoked ahead of 1 April 2022.

International travel regulations

~~172.~~178. With the intention to continue to facilitate safe travel and sector recovery, and in the context of having removed significantly reduced travel restrictions, the Government will review The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 before Easter and ahead of their expiry date of 16 May to determine whether they need to remain in place.

The Coronavirus Act 2020

~~173.~~179. The Coronavirus Act 2020 was first introduced in March 2020 and has enabled the Government to support individuals, businesses and public services during the pandemic.

Temporary Provisions

~~174.~~180. The Government will expire all remaining non-devolved temporary provisions within the Coronavirus Act 2020. Half of the original 40 temporary non-devolved provisions have already expired, as the Government has removed powers throughout the pandemic which were no longer needed. Of the 20 remaining non-devolved temporary provisions [15] will expire at midnight on 24 March 2022. These are:

a. **Section 2**: Emergency registration of nurses and other health and care professionals.

b. **Section 6**: Emergency registration of social workers: England and Wales.

c. **Section 14**: NHS Continuing Healthcare Assessments.

d. **Section 18**: Registrations of deaths and still-births .

e. **Section 19**: Confirmatory medical certificate not required for cremations: England and Wales.

f. **Section 22**: Appointment of temporary judicial commissioners.

g. **Section 38**: Temporary continuity: education, training and childcare.

h. **Section 39-41**: Statutory Sick Pay: funding of employer's liabilities; power to disapply waiting period limitation; modification of regulation making powers.

i. **Section 45**: NHS pension schemes: suspension of restrictions on return to work: England and Wales.

j. **Section 50**: Power to suspend port operations.

k. **Section 58**: Powers in relation to transportation, storage and disposal of dead bodies .

l. **Section 75 (2) and (3)**: Disapplication of limit under section 8 of the Industrial Development Act 1982.

m. **Section 81**: Residential tenancies in England and Wales: protection from eviction.

~~175.~~181. The remaining five provisions will be expired within six months. These have enabled innovations in the delivery of public services and the Government is seeking Parliament's approval to make them permanent through other primary legislation which is due to come into force over the spring and summer. In each case, a final six-month extension is necessary in order to ensure there is no gap in the legislation that enables public service delivery. The provisions are:

a. **Section 30**: has supported coroner services throughout the pandemic in England and Wales by enabling inquests where COVID-19 is suspected as the cause of death to take place without a jury, helping reduce pressures and backlogs. It is planned to make this provision permanent via the Judicial Review and Courts Bill.

b. **Sections 53-55**: have allowed thousands of court hearings to take place using audio and video links. Over 12,000 hearings per week have taken place using remote technology across 3,200 virtual courtrooms, helping courts reduce the backlog in cases and bring more people to justice. It is planned to make the provision for remote hearings permanent via the Police, Crime, Sentencing and Courts Bill.

~~176.~~182. The Government may also ask Parliament to extend Section 82 of the Coronavirus Act for a short period, subject to the passage of the Commercial Rent (Coronavirus) Bill which is expected to come into force in the Spring. Section 82 has supported businesses in England and Wales, by preventing landlords of commercial properties from being able to evict tenants for the nonpayment of rent, protecting jobs and enabling businesses to negotiate outstanding arrears while businesses continue to recover from the pandemic.

Permanent Provisions and Devolved Governments

~~177.~~183. There are a number of permanent provisions within the Coronavirus Act 2020 which would require new primary legislation in order to repeal. Some of these provisions are necessary to support the recovery from the pandemic, including:

a. **Section 11**: Indemnity for health service activity: England and Wales - This provision ensures that any gaps in indemnity cover for NHS clinical negligence do not delay or prevent ongoing care.
b. **Section 75(1)**: Disapplication of limit under section 8 of the Industrial Development Act 1982 (IDA). This provision ensures that the financial limits set out in Section 8 of the IDA do not hinder the allocation of vital Government schemes for businesses such as the Help to Grow scheme, the Automotive Transformation Fund (ATF), and the Offshore Wind Manufacturing Investment Scheme (OWMIS).

~~178.~~184. The Government is committed to removing unnecessary provisions as soon as possible and will look for opportunities to do so as the Government's legislative programme proceeds.

~~179.~~185. In addition, the Covid-19 public inquiry chaired by Baroness Hallett starts this spring and is intended to enable the Government to learn lessons about its response. Once the Government has received the conclusions of the inquiry, it will consider whether further changes to public health legislation are needed. The Public Health (Control of Disease) Act 1984 and any outstanding provisions in the Coronavirus Act 2020 would be in scope for this work.

~~180.~~186. The Government will also work with the Devolved Governments, who have used their specific powers within the Coronavirus Act during the pandemic, to help transition provisions into devolved legislation where necessary.

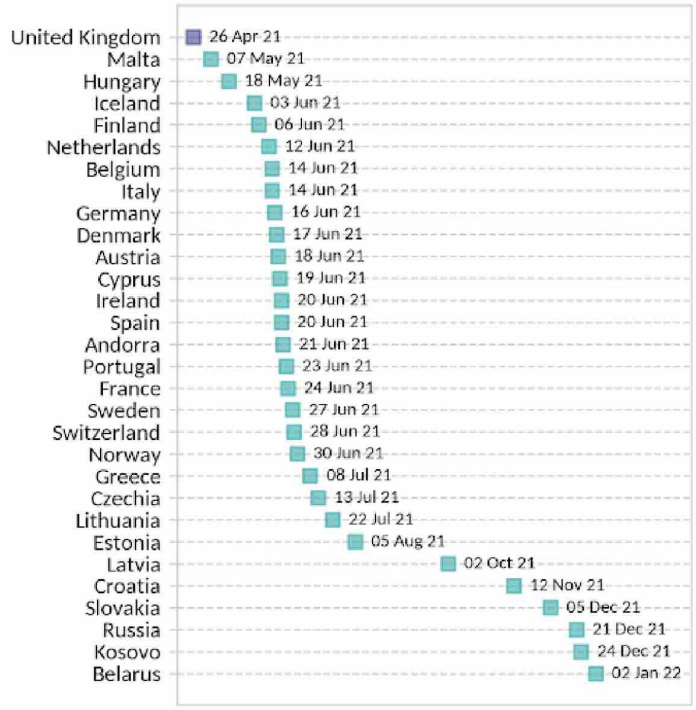
[PLACEHOLDER ANNEX A: INTERNATIONAL COMPARATORS - charts to be updated COP 16/2]

Vaccination Rollout First Dose: Europe

The UK vaccinated 50% of its population with a first dose by 29 April, 2021. Excluding microstates, crown dependencies and associated territories, the UK was the first country in Europe to reach this milestone.

Source: Our World in Data

Figure 5: Date at which 50% of the population received their first vaccination dose

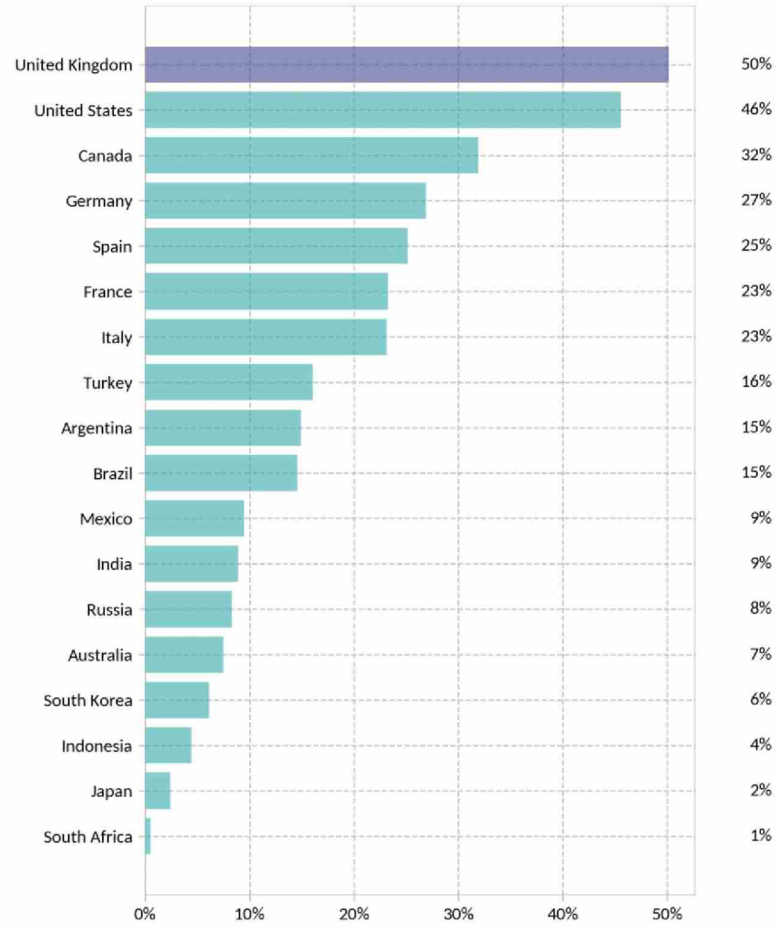


Vaccination Rollout First Dose: G20

The UK was also the first country in the G20 to administer a first vaccination dose to 50% of its population.

Source: Our World in Data

Figure 6: Percentage Coverage of Vaccination (first dose) by 29 April, 2021

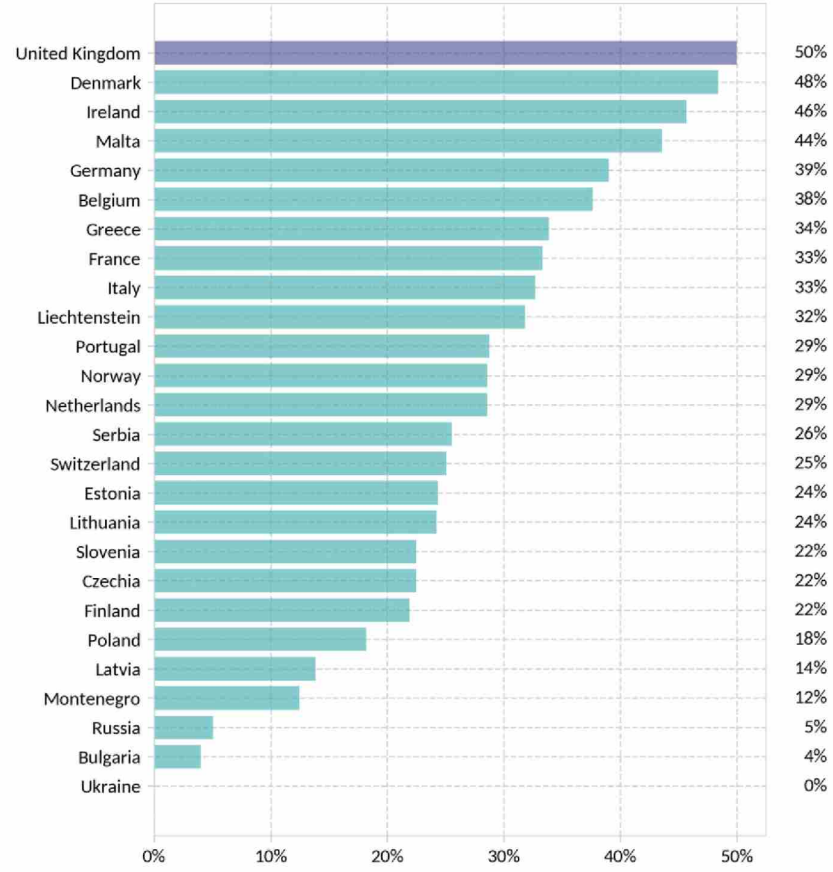


Booster dose rollout: Europe

Other than Iceland, the UK administered 50% of its population with a booster vaccine before any other European country (excluding microstates, Crown Dependencies or other associated territories).

Source: Our World in Data

Figure 7: Proportion of total population with a booster dose on 1st Jan 2022



Tests administered per 1,000 people: G20 (with Spain as a recurring guest)

The UK has administered more tests per 1,000 people than any other G20 country (noting that there is no publicly available testing data for China).

Source: Our World in Data

Figure 8: Tests administered per 1,000 people