

Threats Advisory Group (NERVTAG),²¹¹ gave a positive assessment of the timeliness of Government action on the new variant: “We sent our first note to them raising a significant concern on the 18th, and on the 19th measures were put in place.”²¹² The Government moved to cancel most of the previously announced relaxations of restrictions at Christmas, and thereafter introducing a third national lockdown from 6 January 2021.²¹³

136. The second wave of the pandemic was more numerous in terms of hospital admissions and deaths than the first wave. It peaked on 8 January 2021 with 68,053 new infections per day reported in the UK,²¹⁴ and on 20 January with 1,820 deaths.²¹⁵ This wave was dominated by the Alpha variant. The Alpha variant was dominant at the time of the peak infections and deaths, and had represented over 50% of UK covid infections from 4 January 2021.²¹⁶ Of the total deaths during second wave,²¹⁷ 56.9% took place after the Alpha variant was the dominant form.

137. Due to the much higher transmissibility of the Alpha variant, in the absence of a test, trace and isolate system capable of arresting the spread of the virus, a circuit-breaker in September and an earlier, more stringent lockdown, would likely have reduced deaths. Had more stringent social distancing measures been adopted during the autumn they could have reduced the seeding of the Alpha variant across the country, slowed its spread and therefore have saved lives. However, this is something we know now, but was not knowable at the time lockdown decisions were taken during the autumn: the existence of the Alpha variant was known only in December 2020.

138. But these decisions were taken before the existence of the Alpha variant was known. So the justification for an earlier lockdown is greatly influenced by information that was not available at the time. It serves to illustrate that, in a pandemic whose course is unknown, some decisions will be taken which turn out to have been wrong, but which it was not possible to know at the time.

Public health messaging and communication

139. Several public health experts stressed to us that an effective messaging and communications strategy was a crucial part of the response to a pandemic. In July 2020, Sir Paul Nurse argued in evidence to the Health and Social Care Committee that “communication, messaging and keeping trust” should be one of the core focuses of the Government’s strategy.²¹⁸ This was echoed by Sir Jeremy Farrar, who explicitly linked consistent messaging to public compliance with other NPIs:

211 NERVTAG is an expert committee of the Department of Health and Social Care (DHSC), which advises the Chief Medical Officer (CMO) and, through the CMO, Ministers, DHSC and other Government departments.

212 Oral evidence taken before the Science and Technology Committee on 23 December 2020, HC (2019–21) 136, [Q1612](#)

213 GOV.UK, ‘[Prime Minister’s statement on coronavirus \(COVID-19\): 19 December 2020](#)’, and HC Deb, 6 January 2021, [cols 734–736](#) [Commons Chamber]

214 GOV.UK, ‘[Cases in the UK: Coronavirus in the UK—cases by date reported](#)’, accessed 17 August 2021

215 GOV.UK, ‘[Deaths in the UK: Coronavirus in the UK—Deaths within 28 days of positive test by date reported](#)’, accessed 17 August 2021

216 Ourworldindata, [SARS-CoV-2 variants in analyzed sequences, United Kingdom](#), accessed 2 September 2021

217 According to the [Office for National Statistics](#), the second wave was estimated to be between 7 September 2020 to 24 April 2021.

218 Oral evidence taken before the Health and Social Care Committee on 21 July 2020, HC (2019–2021) 36, [Q589](#)