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businesses would start to raise the issue of further support from the Government;

- m) it was important to reassure people that the vaccine would continue to be effective despite the new variation of the virus;
- n) the measures should come into force on 31 December, earlier than set out in the paper; and
- o) the Committee should consider the exit strategy from these measures, including the interaction between the deployment of vaccines and the reduction of non-pharmaceutical measures. Consideration should be given to deploying vaccines before they were approved by regulators, as long as it would do no harm to the public.

Responding, THE GOVERNMENT'S CHIEF MEDICAL OFFICER said that the death rate was lower than otherwise might be expected at that time because: doctors had got better at treating coronavirus; the higher case rates were in younger cohorts which meant fewer fatalities (although this would change as the case numbers caught up in older cohorts); and there was a lag between testing positive with coronavirus and dying from it. The number of deaths was likely to increase significantly in the new year. On the question of whether tier four would work, it was definitely the case that it slowed down increases and reduced doubling time, but it was too early to tell whether 'R' would be under one. There were initial hopeful signs in Kent that it might be possible. It was more likely that the sharp increase in case numbers was due to the new variant than because of any behaviour in the run-up to Christmas, as the old variant had been broadly under control whilst the new variant had been taking off. Data from over the Christmas period was not yet reliable. A different narrative could be used to encourage further compliance, given the new variant but also the vaccine. His personal experience in a London hospital was that the increase in cases in hospitals was concerning.

Responding, THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that total infections were likely to be far higher than the ONS's estimated 53,000 cases and in reality, may be around 100,000. As hospitals became more crowded, the death rate would tend to go up again. There were some signs that tier four might be working, but decisions on schools would be important; they were currently closed and there was a high prevalence of coronavirus in school-aged children. Behavioural science had a role to play. People were pushing at the boundaries of what they were allowed to do. A refreshed