

- 6.21. Population immunity accumulation is an important part of modelling an epidemic, to the extent it occurs, as it affects possible trajectories and was therefore correctly discussed by modellers and others at various points in the pandemic, including the early stages before we had any data on immunity. This is not in any way the same thing as having it as a goal. People often get immunity to severe disease, even without acquiring immunity to infection. This is a very important distinction. It is commonly the case with many viruses, bacteria and parasitic disease that the first time someone gets a disease is the worst episode and subsequent infections are less severe. This does not however provide protection to others, only to the person infected.
- 6.22. There was a school of thought held by a minority of academics most fully laid out in the Great Barrington Declaration (**CJMW/187 – INQ000203988**), that it would be possible to provide very effective shielding (which they termed 'focussed protection') to those more vulnerable to COVID-19 and that it would then be possible to allow the infection to move through the rest of the low risk population so achieving population immunity. Their hope was this would avoid the need for lockdowns. The OCMO was not convinced by this policy, or variants of it, at any stage and nor were SAGE. I explained my strong scepticism over this suggested approach in public, including in a Select Committee hearing in November 2020 and a BMJ interview published 4th November 2020 (**CJMW/188 – INQ000236239**). In summary my view was, and is, that it was scientifically weak, operationally impractical and ethically difficult.
- 6.23. The biggest scientific weakness is that it starts from the thesis that inevitably herd immunity will be acquired if you leave things long enough. That is not the case for a very large proportion of the most important diseases in the world. For most of the major disease I have worked on, you never acquire full herd immunity. Basing a policy on the assumption that eventually immunity in the less at risk population will protect the others is not a safe starting point.
- 6.24. A second issue that is problematic is the assumption that you can achieve what they call 'focused protection', by which the authors mean identifying all the people who are vulnerable and keeping them out of the way of anyone who might have the disease. That is theoretically a perfectly attractive idea but an entirely impractical one with this disease, which has a huge force of transmission. You can catch it from people who do not have many, or any symptoms, it is highly transmissible and is everywhere. The idea that you can use 'focused protection' and do it for year after year with the