

Public Health Wales advice to the Chief Medical Officer for Wales: Possible next steps in COVID-19 response

12 October 2020

Following a meeting on 11 October 2020 between Welsh Government and Public Health Wales (PHW) officials, chaired by the CMO for Wales, PHW is pleased to submit this advisory note on the next steps that could be taken to respond to the pandemic in Wales.

Our advice recognises that any decisions will need to balance different considerations: reducing transmission, protecting essential health and social care services, and minimising wider harm effects including those arising from impacts on the economy.

Any actions must take into account the impacts *already* on the NHS (service backlog and staff) and on wider population health (for example, undiagnosed and untreated conditions, and other health harms including mental health) as well as any unintended impacts arising from further interventions.

Recent advice from SAGE has been considered in informing this advice including moderate impacts (reductions in R_t by 0.1-0.3) from each of the following interventions:

- A planned, short, stay-at-home order (also called “circuit breaker”).
- Working from home except for essential workers.
- Discontinuing face-to-face teaching in the university setting and moving to online teaching (students returning home and self-isolating first) for at least the remainder of this university term.
- Closing hospitality settings.
- Shielding of high-risk individuals in their homes (low impact on transmission but moderate impact on deaths and hospitalisations).

PHW currently estimates the R_t value for Wales is 1.45 (95%CI 1.41-1.49) and case doubling time is estimated at 14.4 days (95% 9.8-26.7). To achieve an R_t number below 1.0 will require at least three of these restrictions applied for sufficient duration.

Our advice is to aim for achieving sufficient reduction before the end of December to be able to offer to the public some return to normality. The decision for Welsh Government then is about type, timing and duration; the restrictions need to be sufficient, applied sooner rather than later (we suggest within the next two weeks) and for long enough (we suggest at least three weeks). At the same time, responding to evidence on mental health impacts, Welsh Government could reintroduce single household bubbles.

This will be a tough ask of the public and therefore we need effective public communications as there is evidence that current advice and messaging is perceived as complex, conflicting, illogical and unfair. We suggest the need for fewer rules, explained in clear guidance supported by simple, clear messaging informed by the application of behavioural science.

As well as further interventions we need to redouble our efforts on what we know we need to do now: contact tracing, sampling and testing, and using surveillance intelligence to drive action. Further attention is required to ensure that Test, Trace, Protect is achieving its maximum effectiveness including commensurate staffing for contact tracing.

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