Scottish Government COVID-19 CMO Advisory Group: 'Lockdown' Review

Key Points

- **The Scottish Government COVID-19 CMO Advisory Group advise that existing lockdown measures in Scotland are maintained for a further three week period, to at least 4 May 2020.**
- **We advise that the Scottish Government establishes a framework for decision making in relation to maintaining, relaxing, or tightening the lockdown, with input from the Advisory Group.**
- **Our advice is that given where Scotland is in the pandemic curve it will not be possible (for the foreseeable future) to eradicate the virus in Scotland; we will therefore need to find ways of living with the virus.**

Purpose of document

1. This brief report has been produced by the Scottish Government COVID-19 CMO Advisory Group (henceforth Advisory Group) to inform deliberations of Scottish Ministers in advance of the forthcoming COBR meeting to review the COVID-19 lockdown on 16 April 2020.

Membership

2. The Advisory Group is an interdisciplinary group of experts comprising civil servants, public health experts, clinicians and academics spanning the disciplines of epidemiology, virology, public health, behavioural sciences, global health, medicine and statistical modelling, drawn from across Scotland. Further details about the Advisory Group and its membership is available here: https://www.gov.scot/groups/scottish-government-covid-19-advisory-group/.

Terms of reference

3. The remit of this Advisory Group is to provide confidential advice to Scottish Ministers and senior clinical advisers on how best to respond to the COVID-19 pandemic. Full terms of reference are available from https://www.gov.scot/groups/scottish-government-covid-19-advisory-group/.

Principles

4. The key principles underpinning the Advisory Group's decision making are informed by the fact that there is currently no vaccine or specific drug treatments available to prevent or treat COVID-19.

5. In such a context, we do not believe that it will be possible (for the foreseeable future) to eradicate the SARS-CoV-2 virus (henceforth virus). We therefore need to find ways of **living with the virus**, as best as possible, which includes protecting the NHS and social care capacity to care for citizens.

6. Our approach is therefore to offer advice that has the potential to balance the following considerations in order to minimise:

    a. Transmission of the virus, and morbidity and mortality from COVID-19 maintaining these, as far as is possible, within the capacity of NHS Scotland
    b. Adverse health impacts on those with other non-COVID-19 related disease
    c. Disruption to society and allow the people of Scotland to return to normal functioning as soon as possible.

7. In so doing, we recognise the need to be cognisant of UK-wide decision making by, in particular, bodies such as SAGE, SPI-M, SPI-B and NERVTAG.

8. Whilst we recognise the essential importance of also considering economic impacts, this is outwith the scope and expertise of the Advisory Group as currently configured. We therefore urge that this is borne in mind when reviewing our advice.

Current legal situation

9. The UK Government passed the Health Protection Coronavirus Restrictions England Regulation on 26 March 2020 for a 'lockdown' of all non-essential services in an attempt to reduce spread of the virus from 23 March 2020.

10. The Scottish Government passed the Health Protection Coronavirus Restrictions Scotland Regulation 2020 on 27 March 2020.

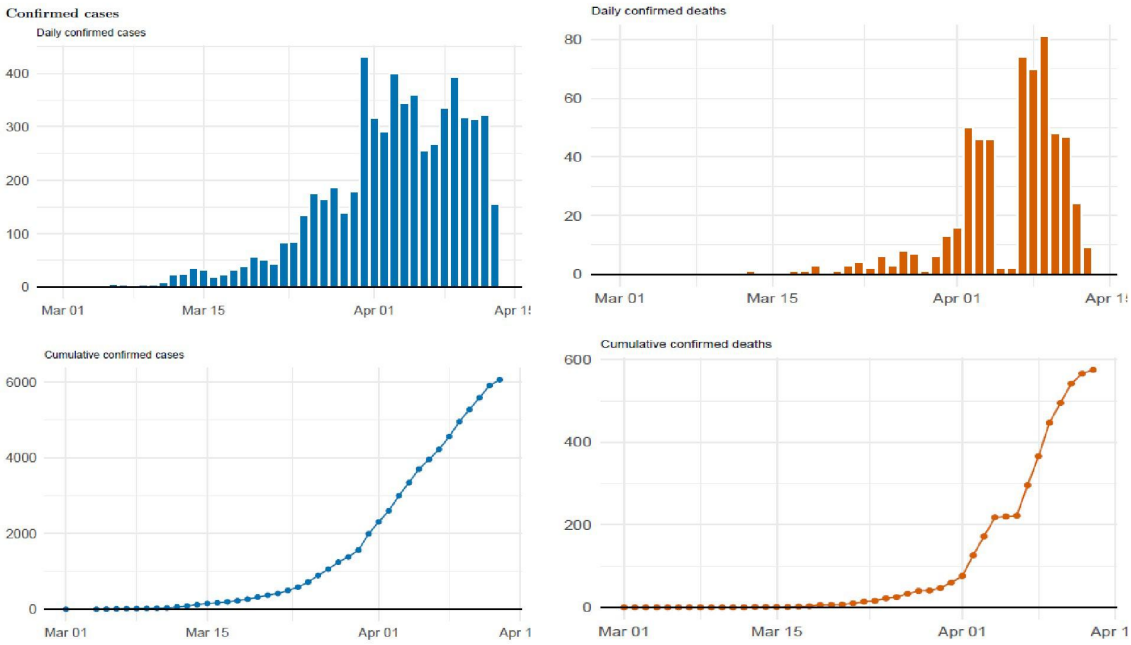
11. The UK and Scottish Governments are obliged by law to review their positions every 21 days.

12. The first COBR review of this lockdown regulation is scheduled for 16 April 2020.

Impact of the lockdown and current situation

13. Early indications are that the lockdown and accompanying physical distancing measures have resulted in a slowing down in the rate of the transmission of the virus and declining numbers of confirmed new cases and COVID-19 related deaths, both for the UK as a whole and for Scotland in particular.

14. Most recent Scottish data (i.e.13 April 2020) indicate that the reproduction number (which measures the transmission potential of the virus) R0 has decreased from >2 prior to lockdown to the current 0.6; the number of new cases is now doubling every 11.4 days (over the past 7 days) and the number of deaths is now doubling every 5.1 days (over the past 7 days). This is illustrated in the figures below.



15. Please note however that these numbers need to be interpreted with caution because of limited testing capability and likely under-reporting of community-based COVID-19 deaths (e.g. in care homes). **These are therefore likely to be substantial under-estimates.**

Advice for COBR meeting on 16 April 2020

16. Given that Scotland has not yet passed the anticipated peak for this initial wave of the pandemic and the possibility of an immediate rebound increase in the rate of transmission, morbidity and death should measures be relaxed inappropriately, it is our advice that **the current lockdown is maintained** for at least a further 3 weeks i.e. until 4 May 2020 (subject to review at or before this date). (By comparison, both Hong Kong and Wuhan were well beyond their peaks with R0 of 0.4 and 0.3, respectively, before lockdown relaxation measures began.)

17. This should be accompanied by strongly positive messaging to the public that **the high rates of compliance with the lockdown are resulting in substantial gains in helping get virus transmission under control, reducing pressure on the NHS and saving lives**.

18. It also needs to be emphasised that **these important gains must not be squandered** through reducing compliance with lockdown measures.

19. We understand that this proposed recommendation is in keeping with that proposed by SPI-M, SPI-B, SAGE and the other devolved administrations.

Framework for future decision making

20. We propose the following framework for decision making in relation to maintaining, relaxing or tightening the lockdown.

21. Given the porous borders between the UK nations, where possible, decision making should be at a UK level applying to all 4 UK nations, whilst recognising that differential and/or segmented approaches to relaxation of the lockdown may be recommended in the future.

22. There may therefore be a need to contextualise the implementation of these decisions bearing in mind national/regional differences – for example, Scotland's island communities.

23. We propose that clear criteria are developed to decide whether to maintain, tighten or relax (whether partially or completely) the lockdown.

24. We plan to develop advice on what these criteria should include from the perspective of the Advisory Group over the coming 2 weeks and we advise that other UK nations are asked to also work on developing such stage-gate criteria so that these can formally be agreed across the UK in advance of the next formal COBR review of lockdown on 4 May 2020.

25. We anticipate that these criteria will include the following considerations:
    a. R0
    b. Number (rate) of new cases
    c. Number (rate) of hospitalisations, ICU admissions and patients requiring ventilation
    d. NHS hospital, ICU and possibly ventilator capacity
    e. Number (rate) of COVID-19 deaths
    f. Number (rate) of non-COVID-19 related preventable, avoidable and amenable deaths
    g. A practical approach to testing in specific groups and in the community
    h. Trend data on serological positivity in the Scottish (and UK) population (as these become available)
    i. Understanding better the amplification of the community epidemic (where R0 <1) by the epidemics in hospitals and care homes.
    j. Health inequalities
    k. Socioeconomic impacts
    l. Public order considerations
    m. Human rights considerations..

26. Furthermore, it is important that any changes to lockdown policy:

    a. Are seen as legitimate (aimed at the common good) and equitable (affecting different section of the community equally) and that trust is maintained between policymakers and the public. This can be undermined if people do not understand why changes are made or see changes as an admission of prior failures.

b. Are clear and explicit, involving practical guidelines for behaviour and not just general principles (in particular, words about 'ending' should be avoided or else end of lockdown will be equated with an 'all-clear)
c. Are accompanied with detailed planning for the messaging around any changes, there also needs to be practical planning – for instance the use of urban planners, architects and geographers to consider the redesign and the re-use of public space and workplace space in a way that allows social distancing to become a reality.
d. Have a specific focus of the impact of any new strategy on disadvantaged groups (e.g.people from ethnic minority backgrounds, homeless people, drugs users, people suffering domestic abuse, people with mental health difficulties).

Possible lockdown relaxation scenarios in the coming weeks and months

27. We anticipate that it will in due course be possible to relax lockdown and possibly also withdraw this for periods of time, but not indefinitely until either a vaccine or cure are developed.

28. Through our expert consensus discussions and reviewing the limited body of evidence available and approaches that have or are being undertaken in other countries, we have identified a range of lockdown relaxation options (see Annex). These need to be formally considered by the Advisory Group, but it seems likely that the most promising approaches for Scotland are likely to involve some combination of the following key measures:

    a. Active surveillance
    b. Case finding, contact tracing and quarantining
    c. Enhanced shielding of high risk groups
    d. Innovative approaches to maintain and enhance social distancing.

29. We will establish contact with countries adopting the approaches detailed in the Annex and seek data on the likely impact of these approaches.

30. We intend to work with the Scottish Government modelling team to model the impact of the most promising lockdown relaxation scenarios. To inform and enable these modelling exercises, we do however need:
    a. A substantial increase in diagnostic testing capability across Scotland, ideally from the current ~3.5k/day to ~16k/day
    b. Real-time flow of multiple sources of stand-alone and linked health and social care data.

Next steps

31. We advise that:
    a. Plans are developed to substantially increase diagnostic testing capacity and a workforce is created to enable this testing and reporting as rapidly as possible (suggested time from test to result <4 hours, where possible)
    b. Clear instruction is given by senior Scottish Government officials to all relevant agencies and bodies that COVID-19 related health and social care data are made available to enhance the whole system intelligence of the impact of COVID-19. This, with appropriate privacy protection, should be

made available to Scottish Government, NHS and Social care systems and the Advisory Group with immediate effect.

32. We plan to update this document by 28 April 2020.

Scottish Government COVID-19 CMO Advisory Group

14 April 2020