Public Health Wales Briefing Note for the Minister for Health and Social Services.

Moving to the "new normal"

1 Introduction

As at the 10 March 2021, the COVID-19 7 day case rate for Wales has fallen to 42.8 cases per 100,000 population with a range across the local authorities of 11 cases / 100,000 (Ceredigion) to 94.5 cases / 100,000 (Merthyr Tydfil). The vaccination programme continues at pace with over 1million doses of vaccine administered across Wales.

As Wales cautiously moves out of lockdown, there will come a point at which most restrictions are lifted. However, in order to manage the risks of a further resurgence of infection due to new variants, which may compromise our vaccine programme, we will need to embed key practices and continue with some measures supported by surveillance and contact tracing. This would be the "new normal" to manage the next phase of the pandemic until all restrictions can be dropped and we return to the "previous normal".

This "new normal" phase may be expected to be in place, or partially in place, through until the Spring of 2023 by which time we would have been through a further two Winter cycles and will have a vaccination programme well established in the UK and effective globally too. Vaccine developments to incorporate the new variants would also be expected to be in place by then.

We would expect to enter the "new normal" phase when we are able to open substantial parts of the economy / life and we have low prevalence of COVID-19 infection across Wales. If the lifting of lockdown / return of schools increases transmission of SARS COV2 virus to a position that starts to compromise our health and social care services, then the "new normal" phase would have to be delayed and consideration given to reinstating some restrictions.

The "new normal" would therefore see a requirement for ongoing strong vigilance. However, if we are to allow more mixing of the population a key aim is to reduce the contact between infected and susceptible individuals supported by an effective, efficient and proactive surveillance (including pathogen genomic surveillance), testing and contact tracing strategy.

2 Key Factors in Support of the "New Normal" Phase

- The virus continues to be more of a threat in indoor spaces, therefore measures to improve ventilation in enclosed areas and manage crowd sizes will still be necessary to facilitate ongoing social distancing.
  - A review of the current built environment and its suitability for respiratory pandemics should be undertaken, especially in areas prone to outbreaks such as hospitals, care homes, schools and workplaces.
- Social distancing, hand hygiene and the use of face coverings in crowded indoor spaces will still be needed. These will need to be supported by ongoing and targeted communications and measures to facilitate behaviour change in order to embed and sustain these practices. Particular areas to focus on in relation to the effective use of these measures to protect the public are in the areas of hospitality / restaurants - where face coverings cannot be used, with more emphasis on reasonable distancing / smaller contact groups / table service etc.
- Continue to recommend working from home when possible – blended or "hybrid" approach to ensure that numbers within workplaces are managed to encourage ongoing social distancing measures.
- Continued messaging and support for individuals to be away from work when they have respiratory disease / flu-like symptoms.
- Lateral Flow Device / Point of Care testing:
  - already in place for health, social care and education and workplaces employing over 50 people
  - may warrant consideration in support of opening hospitality / mass gatherings e.g. Principality stadium and associated pubs / restaurants
  - if there is compliance with the testing regime then consideration could be given to using testing to support attendance at hospitality / sporting events – "infection status day pass" / vaccination passports could be considered – however this is controversial on ethical / equality basis and would need more detailed consideration
  - routine asymptomatic testing could be used in some settings and situations e.g. where the incidence is rising and there is a risk of outbreaks in a vulnerable population.
- Continued successful roll out of the vaccination programme, including a focus on populations and areas with gaps in coverage, particularly where these coincide with higher risk groups.
- Education still needs to be the prioritised setting to be kept open, therefore limited closures of other sectors may be needed to bring pockets of increased infection under control to protect the education system.

3 Monitoring and Containment of Incidents / New Variants

- Robust Surveillance should be in place, including the detection of variants through genomic surveillance, improved surveillance of returning travellers and cluster and outbreak detection. This is of particular importance in healthcare and institutional settings where outbreaks can start and spread quickly.
- Severe Acute Respiratory Infection (SARI) surveillance should be used to detect impacts of undetected community spread and also to monitor for vaccine effectiveness against severe disease.
- During this "new normal" phase, COVID-19 infection surveillance will be incorporated and presented in the context of wider Infectious Disease Surveillance and will also be developed to include broader population surveillance of Long COVID disease to gain a greater understanding of the total burden of disease.
- Through horizon scanning, working with other UK and international partners combined with the wider surveillance in returning travellers, SARI surveillance and the analysis of global genomic data can help detect the emergence of new and existing infections to enable an earlier, proactive response to pandemics.
- Assessment of new outbreaks will include a risk assessment for the linked population, including their risk factors and vaccination uptake.
- Test Trace Protect will:
  - remain an important aspect of health protection prevention and control (including in relation to the follow up of travel – see also below)
  - need to be focussed to respond swiftly to priority incidents and outbreaks and particularly threats of new variants
  - need to be consistent in its approach and adequate resourcing will be required across Wales
  - need to be adapted to a situation where people may be less likely to comply with testing and quarantine.
- Effective management of international borders / case management of variants of concern and contacts.
  - this includes a recommendation from Public Health Wales that international travellers returning to the UK should all be required to self-isolate for 14 days, preferably in managed quarantine. See Public Health Wales advice note 11
  - the value of the "red list" countries in preventing and containing variant COVID-19 is limited. We recommend that all returning travellers should be subject to improved case-finding, for example, through a streamlined testing regime.

4 Broader Population Harms

Health protection measures should fit within a wider policy context, which recognises that, without increased efforts to improve public health and reduce inequalities, we are all left vulnerable to known, and as yet unknown, infections going forward. Protecting our population from all such threats means:

- increasing population resilience to infection through enhanced efforts to reduce obesity, smoking, alcohol and substance use, increase exercise and improve living conditions
- improving health literacy and hygiene practices, which should be embedded from the beginnings of life
- reducing inequalities to ensure that some communities are not an easy target for infections; forming a foothold for subsequent transmission to others.

The pandemic has exposed the need for the development of near real-time health and well-being statistics dashboards rather than just relying on retrospective analyses of trends often viewed in isolation. Thus, going forward, COVID-19 statistics need to be developed and routinely communicated not in isolation but along with wider infectious disease surveillance and other population measures of health and well-being, including other causes of mortality and morbidity, economic, education and social measures.

The healthcare, employment and economic challenges that COVID-19 has set in motion will, without significant mitigating action, lead to a decline in health and well-being and increase in inequalities over the coming decade. In order to inform future responses to this and potentially other pandemics, we also require a better understanding of health gains resulting from different pandemic-related interventions and policies. However, these should be complemented by better identification of the costs and continued losses those interventions impose on other health, social, economic and educational areas.

Future restrictions on individuals and communities should be informed by a much more sophisticated understanding of the benefits and harms of such actions including years of life and healthy life saved and sacrificed, longer-term impacts, and acute morbidity and mortality.

To address many of these challenges, we have proposed establishing a Health, Social and Economic Return on Investment Unit as part of our World Health Organization Collaborating Centre. This would provide intelligence, model national and population specific outcomes and outline policy options. Given the widespread impacts of COVID-19 the Unit would be able to identify and advise, system-wide, on the most effective and cost-effective mitigations to the repercussions of COVID-19 and other longer-standing communicable and non-communicable threats to health. Consistent with

the Well-being of Future Generations Act, the Unit would incorporate shorter, medium and long-term perspectives, describing and helping enable a substantial, cross-sectoral approach to health at the core of the new normal.

5 Summary

The pandemic experience should inform a "new normal" that recognises that good public health protects all aspects of society including the economy, education and social elements from both communicable and non-communicable disease.

As we reach levels of infection which allow us to relax most of the restrictions on our lives, the aim would be to embed public behaviours that limit the spread of infection, learning from the COVID-19 response, and coupled with:

- comprehensive vaccine roll out including plans for an Autumn COVID-19 booster programme to address the emergence of new variants
- an effective testing strategy
- the Test Trace Protect system focussed on rapid response to new incidents / new-variants and delivering rapid and efficient contact tracing (including backward contact tracing)
- agile and rapid epidemiological and genomic surveillance
- simple clear indications for the non-pharmaceutical interventions of social distancing, hand hygiene and use of face coverings in all settings to reduce the risks of spread of infection.