WORKING DRAFT

Discussion Paper - Responses to omicron increasing COVID Pressure on NHS

Background

1. This paper is intended to get a steer to inform further work for this 21 day review, which is due to complete by 9 December.

2. The update provided below was correct as of the morning of 1 December, but the latest situation will be reported verbally to Ministers by the Chief Medical Officer and the Chief Scientific Advisor for Health. TAC advice will follow, and will further influence the shape of advice and proposals as they develop.

3. Further to previous papers and discussions the omicron variant has been identified as a potential risk to recent improvements that have been seen in the general public health context in Wales. There are many uncertainties about the scale of that risk, however.

Latest health context and position on omicron

4. Generally, we continue to see an improving situation in relation to delta. NHS pressures are gradually reducing as a result of falling case rates in the over 60s, which continue to fall despite fluctuations in other age groups. This is taking place in context of the booster programme now having reached the most vulnerable groups and continuing through the age ranges. The booster appears to be particularly effective against delta and more than reverses the impact of waning.

5. Cases of confirmed Omicron cases in the UK as of 1 December are:

   - **England:** 14 (an increase of 9 since yesterday), 19 highly probable (+9), 81 probable (-180), possible 393 (+82)
   - **Scotland:** 10 confirmed (increase of 1 since yesterday), 1 highly probable and 95 possible.
   - **NI:** 3 or 4 probable cases
   - **Wales**: Omicron sit rep received from PHW on 1 December notes that there are no probable cases

6. What we know about omicron so far includes:

   - The B.1.1.529 variant – now renamed omicron by the World Health Organisation – was first reported to WHO from South Africa on 24 November.

   - In recent weeks, infections have increased steeply in South Africa, coinciding with the detection of the omicron variant. The first known confirmed infection was from a specimen collected on 9 November.

   - There are an unusually large number of mutations, with 50 mutations overall and more than 30 on the spike protein, which is the target of most vaccines.

- Preliminary evidence suggests an increased risk of reinfection.

- We don't know, and may not know for several weeks, how omicron will behave in populations with higher vaccination rates and coverage, whether different vaccines will have different effects on this variant or if this variant will cause a more severe form of illness than the delta variant

- We also do not yet know whether it will replace the delta variant as the most dominant form of the virus or if there cross-protection of natural immunity from other SARS-CoV-2 variants

- A lack of sequencing and screening using S-gene target failure in many of the likely affected countries means the true prevalence of this variant may be underestimated.

Advice from CMO, CSA-H and TAC

7. Oral updates will be provided by the CMO and the Chief Scientific Advisor for Health on the latest position. TAC advice will follow before the meeting and will inform further development of papers for the 9 December review.

Immediate response to omicron in the current public health context

Action already taken

8. We have already taken emergency action intended as a precaution to seek to slow transmission linked to omicron. Changes and announcements made over the last week include:

    - Strengthened regulations on international travel to add a number of countries to the red list. All Travellers (including under 18's) returning from red list countries are required to enter the Managed Quarantine Service (MQS) to isolate for 10 days and take tests at day 2 and day 8. All other arriving fully vaccinated travellers (including under 18's) will need to take a PCR test and self-isolate until they have had a negative test result.

    - Strengthened rules on self-isolation for all contacts of Omicron cases, so everyone identified as a close contact of a confirmed or a probable omicron case in Wales will need to isolate for 10 days, regardless of their vaccination status or age. Anyone affected by this change will be contacted directly by Test, Trace, Protect contact tracers

    - Recommending that face coverings should be worn by staff in indoor areas of all education settings, including classrooms, where physical distance cannot be maintained and similarly they should also be worn by secondary aged learners and above. This will be reviewed at the end of this term. At the same time we have also reinforced the advice that all education settings should continue to operate with the Local Infection Control Decision Frameworks which allows them to take measures that best suit their local circumstances.

- Extension and acceleration of the Booster (to include all over 18s with interval of 3 months) and vaccination campaigns (to include all 12 -17s with interval of 12 weeks). If the intention is to vaccinate all eligible people before the projected worst case scenario wave, then approx. 1.7m people would need to be vaccinated in 6 weeks. This will mean a massive national call-out; more than doubling the workforce which will need to be made up of, amongst others, health staff, public services staff and volunteers.

- The First Minister also wrote jointly with the First Minister of Scotland to the Prime Minister to seek an urgent COBR meeting to discuss four-nation planning for a worst case scenario, for stronger international travel protections, and for confirmation HM Treasury support would be made available to devolved Governments if needed.

Measures already in place

9. In addition, we also have a suite of measures in place that can be effective in reducing risks, though lower adherence with the requirements may be linked to lower perceived risks from recent surveys (prior to omicron being identified). Since these surveys the omicron variant has led to increased emphasis in the media on public behaviours, and the UK Government has made face coverings compulsory in some settings. There is a greater consistency in approach across the UK. This potentially provides an opportunity to enhance adherence to existing rules further given messages may reach more people in light of the omicron variant. In addition to those set out above:

    - Face coverings are required in all indoor areas, except hospitality; while self-reported adherence remains high, it has been decreasing slightly over recent surveys (prior to omicron)[1]

    - Advice from the Welsh Government continues to be to work from home where you can, but surveys undertaken before the emergence of Omicron, suggest that the 20% say they are working from home which is the lowest percentage since the start of the pandemic [2]

    - A COVID pass is required for entry to events, nightclubs, cinemas, concert halls and theatres

    - Self-isolating on symptoms and getting a test remain vital behaviours, but there have been a number of changes to self-isolation rules recently.

Communications

10. The Keep Wales Safe campaign will play a key role in ensuring people understand the rules and guidance in place and the importance of adherence.

---

[1] Tracking Public Attitudes to Coronavirus, fieldwork 19-22 November (undertaken before emergence of Omicron)
[2] Tracking Public Attitudes to Coronavirus, fieldwork 19-22 November

The new "Disrupt" approach takes on a more urgent tone than the current "Together" campaign, in response to increasing concern about Covid-19 rates, particularly the new Omicron variant The key messages are around the importance of face masks, vaccinations, testing and self-isolation and the campaign will complement the UKG campaign that will also be rolled out in Wales.

11. As we explore possible further interventions to manage Covid, we should consider the communications lessons learned over the pandemic to shape our actions. These are considered in more detail in **Doc 2** but summarised below:

- We should avoid complex rules. Our messages and rules have to be clear and easy to understand, as only a minority consult our guidance.
- We should aim to avoid frequent rule and restrictions changes where possible
- We need to consider the volume of communications to enable a focus on key messages
- Whatever we do must have a clear rationale and be supported with data – we must explain clearly why we are introducing restrictions and the evidence they are based on.
- The context now is different 2020 – COVID fatigue is possible and public reaction to restrictions could be different and there may be increased defiance

12. This suggests that a focus on the most important behaviours and interventions could have more impact than lots of changes to rules or regulations which can be complicated to explain or which lead to conflict, drawing communication efforts away from the core messages. An update on the latest phase of the Keep Wales Safe campaign is also included in **Doc 2**.

Considering alert level one measures

13. We have already made a lot of different changes on different days in response to the emergence of the omicron variant. These have been done on a precautionary basis to seek to slow the ingress and spread of the variant if possible while investigative work is undertaken to assess the risk and potential need for further action.

14. At this stage, with no omicron cases in Wales identified yet and very limited information, it is difficult to identify how options under the alert level framework for alert level one would be proportionate. These will have more material impacts on business viability and infringements into people's private lives. While the interventions previously in place for alert level one could provide a starting point for escalation should we see a gradual and consistent increase in NHS COVID-19 pressures that we had time to respond to, this is not the current context we find ourselves in. Should we be in a situation where we need a significant and

swift fall in transmission alert level one is likely to be insufficient. **Doc 1** provides a reminder of the measures in place at alert level one and an updated assessment of the potential financial support and economic impact that re-introducing such measures might result in.

15. Alert level one measures are therefore unlikely to be proportionate to respond on a precautionary basis, and we are not in a situation where NHS Covid pressures would suggest they are necessary to slow down the current epidemic.

Other options for strengthening protections

16. In terms of alternative options for strengthening the current response to the risk of the omicron variant, but also recognising the stable health context and currently improving NHS COVID pressures, there are some lower cost areas that could be considered. These are set out below, but should be considered alongside **Doc 2**, which sets out the communication challenges under the current context. The fewer complex rule changes we need to explain the more emphasis can be placed on behaviours and emphasising existing guidance and rules.

17. Further to previous discussions by Cabinet, options have been considered for each of the below:

- Communications push on the use of lateral flow devices (LFDs) prior to social engagements or being in a crowded place
- Amendments to the COVID pass system
- Amendments to rules on face coverings
- Isolation of all contacts until Day 2 test, with further work on impacts to be undertaken
- Day 8 PCR testing

These issues are discussed in more detail in Doc 3, with recommended options below (further options and discussion are set out in Doc 3):

A. Communicate LFDs should be used by everybody as close as possible before going to social activities, crowded places, or visiting others and particularly vulnerable people. This should be within 24 hours and tests are being made widely available.

B. Not to make any legal changes to the COVID pass system, but to advise in line with (A) that everyone should consider taking a LFD within 24 hours before going out socially or to crowded places, including places requiring a COVID pass and even if vaccinated.

C. To make amendments to regulations to ensure it is clear face coverings should be worn in cinemas and theatres unless eating or drinking.

D. To consider whether to require face coverings in hospitality in line with Scotland, noting the need for a range of exemptions and that it would likely be unenforceable in practice. The current approach is in line with England.

E. **Recognising the challenges of identifying all Omicron cases and the potential time delay between a positive case result, identification of contacts and conducting reflex assay on tests, Ministers may want to consider extending our existing advice for all contacts to self-isolate until receiving a negative PCR test. Further advice can be provided on the impacts of this and whether to do so via guidance or regulations.**

COVID Urgent response planning for a worst case scenario

18. The lessons from previous waves have been to act as early as possible and as stringently as possible once it becomes clear exponential growth is likely to overwhelm the NHS if not stopped. Indications about the increased transmissibility of omicron could lead to a worst case scenario where a short doubling time in relation to NHS COVID pressures does not leave sufficient time to attempt less stringent measures and wait to see if they have been effective.

19. This suggests an approach in this scenario whereby as stringent measures as possible (given the scale of other harms) could be employed to halt transmission and bring pressures down, before moving back down through the alert levels gradually to assess the impact of each opening in light of what is known at the time about the variant and effectiveness of mitigations (including vaccines and other pharmaceutical interventions).

What would trigger COVID Urgent?

20. Work is ongoing to discuss potential triggers under the worst case scenarios linked to omicron, but one potential benchmark the public and media commentators may draw on is the COVID-19 NHS pressures in December 2020. Should we risk reaching similar levels, it would be easier to communicate the rationale and risks of not acting. However, the NHS is also facing other pressures this winter so the situations are not directly comparable. An approach that is broadly consistent across the four nations would also be preferable in terms of explaining the risks to the public and ensuring public support for any very strict measures.

21. It can take around 2-3 weeks for a response to take effect on key indicators. This means any doubling of NHS pressures would need to account for the increases over those weeks that are already 'baked in' and will take place even once stringent measures are brought in. This may mean that if there is a very short doubling time, decisions will need to be taken very quickly. If a set of triggers, alongside a package of proportionate measures and related financial support can prepared as much as possible in advance it could help shorten that decision-making process.

What would COVID Urgent look like?

22. Under the worst case scenario of omicron becoming dominant and leading to a rapid exponential growth in admissions and people in hospital the response is likely to need to be very stringent. Our starting point is that the only interventions

likely to be effective in this scenario of high exponential growth are from the alert level four toolbox. Any re-introduction of alert level four measures in Wales must however be considered and balanced against the wider economic, social and equality harms, which will be informed by our experience of previous interventions. While requiring all contacts to self isolate should be part of COVID urgent, more work would also be required on the impact, e.g. on public services and education, and how these can be mitigated.

23. Public Health Wales offered advice in a previous set of TAC advice on what COVID Urgent should consist of in a worst case scenario and this included alert level four measures plus additional measures not previously used in Wales and the UK. The alert level four measures (including the additional ones identified by PHW) are set out in **Doc 4** with a snapshot of the five harms.

24. The PHW advice includes the closing of public transport which would have very negative impacts on society and the economy. It would also disproportionately negatively impact those without private cars, who tend to be older people, people on lower incomes and younger people. There are many people that rely on public transport to get to work, including healthcare workers. This has not been used in Wales before, with stay at home or stay local requirements constraining demand. Any steps to close public transports would need clear public health justification, given these wider implications, including on the delivery of key public services and need careful assessment from both a socio-economic and equalities aspect given the duties on Ministers under sections 1 and 149 of the Equality Act 2010.

25. Similarly, PHW have mentioned general night time curfews which are also not in the alert level framework and were not part of our previous emergency response. We are not aware of strong international evidence for their effectiveness and there are harms associated with their use. It is not clear this would be necessary if other social activities and gatherings are already prohibited, notably if people are required to stay at home as part of alert level 4. However, they are used by a number of countries whilst parts of the economy are still open.

26. It is therefore suggested for planning of COVID urgent we rely on the alert level four framework as our starting point (which otherwise mirrors and is more comprehensive than the PHW advice), but do not at this stage include the proposals around closing public transport or night-time curfews. Alert level four is already set out in our regulations and we can draw on existing guidance and the points of detail previously agreed during previous periods at this level.

Assessing the impacts of COVID Urgent

27. The impacts of alert level four measures have been previously assessed as part of the alert level framework and those impact assessments are being revisited to ensure they are up to date. The economic, social and equality impacts of alert level four can be summarised as follows.

- Restricting gathering indoors to household/single person bubble only and a stay at home rule has a very high social impact on people's mental health and

well-being, with disproportionate impacts on protected groups, notably children and young people and led to increased reporting of domestic violence and abuse

- Closure of businesses has a negative economic impact on individual businesses and the workforce, although the impact can be mitigated to a degree by UK and Welsh Government support although many businesses are less resilient than pre-pandemic (less savings, more debt) and will find any further restrictions very challenging; workforce impacts will be disproportionately felt by people on lower than average incomes and from groups disproportionately represented in hospitality, close contact services and non-essential retail

- Moving education on line has a very high detrimental impact on children and young people's well-being and mental health, their educational outcomes with children from lower income families being disproportionately affected; women workers who tend to be the primary care givers will experience the most harm if schools, particularly primary, are physically closed. It should only be countenanced where the public health clearly demonstrates the benefits of doing so, in light of these impacts.

- Childcare provision cannot operate remotely. If we were to close or restrict the operation of childcare settings there is a significant harm of developmental delay and wider social, emotional and cognitive impacts on children in their early years. It should also be noted that the impacts of caring for very young children will fall disproportionately on mothers, or if childcare bubbles are allowed on older family members such as grandparents who may be at increased risk of illness.

28. In particular there are significant financial implications for constraining businesses. The UK Job Retention Scheme JRS, commonly known as furlough and SEISS came to an end in September. There is no indication that the UK Government intends to reintroduce the schemes should there be a sharp deterioration in the public health context in England, but this could change. Without this support the harms from many of these interventions will be much higher, leading to more business failures and job losses than would otherwise be the case. The financial implications are considered further in Doc 5.

How long would COVID Urgent measures need to be in place?

29. The length of time needed under strict COVID Urgent measures would vary depending on the specific circumstances and likely response. In a worst case, where vaccines need to be adjusted before society can return to the same levels of openness as we currently have, we could be looking at an approach that looks similar to previous lockdowns. In other words having strict measures in place until case rates and NHS pressures are brought right down, before gradually releasing restrictions and assessing the impact at each stage.

30. In an alternative scenario, where boosters are effective but omicron has outpaced them, we might need shorter-term strict restrictions and may be able to move down through the alert levels more quickly once pressures have been brought down. The release and evaluate approach will help inform the pace of relaxation.

31. The level of financial support we are able to provide could also change the balance of harms and mean different calculations are made. It is expected, however, that in a COVID Urgent scenario Wales would not be acting alone as the same pressures will be felt across the UK. If this is the case, it is likely to lead to financial support becoming available, though the financial implications assessment at **Doc 5** considers the implications if this is not the case.

Steers sought to inform further work on COVID Urgent

32. A steer is therefore sought from Ministers on further information that would be helpful to inform discussions and on the following questions:

A. Do Ministers agree the alert level four measures are the most appropriate set of measures to draw on in the scenario described (subject to further advice on the potential triggers)?

B. Do Ministers agree with the assessment that closing public transport or imposing a general curfew (as included in the previous PHW note) should not be part of the COVID Urgent response?

C. Should shielding be reconsidered for COVID Urgent (not currently in the alert level framework but a recommendation from PHW to consider)?

D. i) Subject to omicron not leading to an increased risk to the health of children and young people, whether to re-confirm our previous approach to prioritise keeping education and childcare open as long as possible under COVID Urgent?

ii) In the event that education settings had to move to remote or blended learning to re-confirm our commitment to maintaining childcare provision reflecting the increased impacts on children in their early years?

E. Whether more should be done to pursue four Nations discussions on the triggers and actions that might be taken across the UK in a COVID Urgent scenario?