## Y Gwir Anrh/Rt Hon Mark Drakeford AS/MS Prif Weinidog Cymru/First Minister of Wales



Rt Hon Boris Johnson MP Prime Minister

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## Dear Prime Minister

I am writing to set out the Welsh Government's significant reservations about the progressive erosion of public health protections against the risks posed by international travel. We are on record, publicly and through successive Ministerial meetings as advocating a more precautionary approach to opening up our borders, because of the threat of importation of new variants of Covid 19.

These reservations have come to the fore again over the decision to remove the requirement for pre-departure testing and for the day two PCR test to be substituted, instead, by a lateral flow test.

SAGE<sup>1</sup> judge, with high confidence, that the biggest threat to the UK's health security is the emergence of new variants with concerning properties. The evolutionary trajectory of SARS-CoV-2 is unlike other viruses and a shared characteristic of all known Variants of Concern is that they appeared suddenly, with a large number of mutations; many more than the incremental changes we have seen in other viruses. This highlights that we need a robust surveillance system in place across the four nations, which uses our excellent system for sequencing positive test results to monitor for variants and rapidly assess their effects.

Global surveillance needs to improve, not be reduced, as a highly transmissible new variant could quickly emerge anywhere. Other countries where Omicron was initially detected took between 9 and 23 days to share information about the new variant after which it was too late to act to reduce risks of importation.

With varying levels of infection rates and vaccination coverage across countries of the world the emergence and importation of new variants into the UK is a real threat. The availability of the world-leading genomic sequencing capability is a real strength, which we should make full use of. In terms of an effective public health surveillance system that truly offers "information for action" maintaining a consistent stream of information flow is hugely critical.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

SAGE, Long term evolution of SARS-CoV-2: 26 July 2021

Constant changes to testing modalities and patterns makes surveillance intelligence less sensitive.

SAGE 97 found pre-departure testing is effective at reducing the number of infectious people travelling and risks of transmission during transit. Hence reducing the risk of infected people traveling and associated transmission during the journey. Therefore it remains an important risk mitigation.

I believe that the value of retaining PCR tests to avoid delays in sequencing positive results outweighs any additional financial costs associated with them. Returning to an LFD-based Day two system (with sequencing PCRs for those who test positive) is likely to increase the number of importations of non-dominant variant infections going undetected. Rolling back to LFD post-arrival testing means we may miss opportunities in the future to identify variants early; as a result, we could miss the window of opportunity to act swiftly to introduce interventions which delay importation.

I am concerned about the apparent appetite within the UK Government for even further relaxation of the rules in the absence of alternative surveillance mechanisms. Hotel quarantine has been the most effective method of preventing onward transmission of the virus so should be retained at least until there can be a very high level of confidence in a system to ensure effective isolation at home for people arriving from any country placed on the red list. I also believe that any changes to surveillance methodology should be agreed by Chief Medical Officers across the UK's nations and would be grateful for confirmation that this will be the case.

I am copying this letter to the Minister for Intergovernmental Relations, the Secretary of State for Health and Social Care, the First Minister of Scotland, and the First Minister and deputy First Minister of Northern Ireland.

