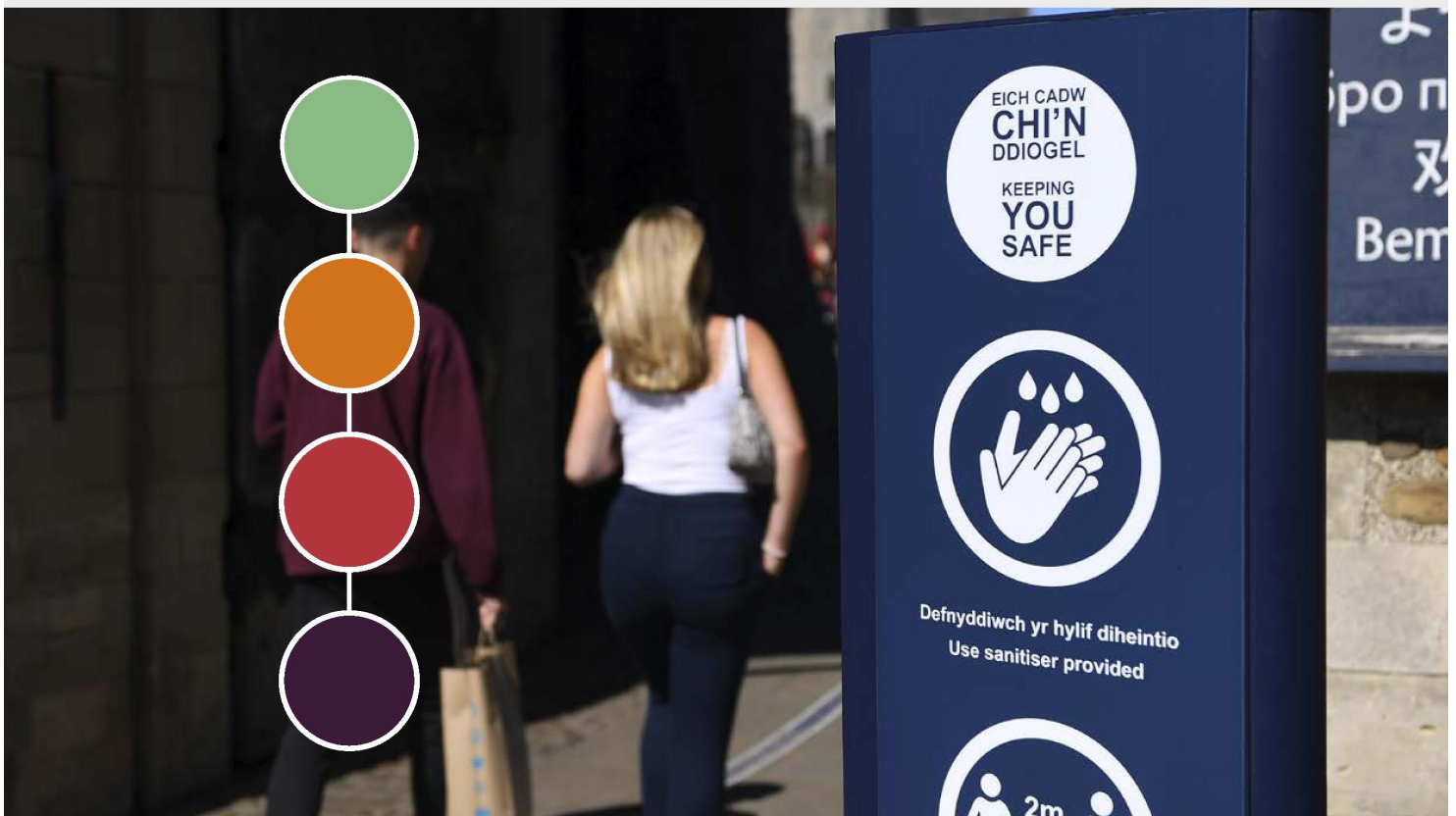




Llywodraeth Cymru
Welsh Government

Coronavirus Control Plan: Alert Levels in Wales

Coming out of lockdown



February 2021

Ministerial Foreword

This is a difficult and challenging time for everyone. Too many people have lost loved ones and all of us have had our lives disrupted.

Since we published our Coronavirus Control Plan: alert levels for Wales document in December, much has changed.

Our vaccination programme goes from strength to strength – we hope that over time vaccines can help us move away from the need for very strict lockdown-type restrictions and will help to protect us against the risk of serious illness.

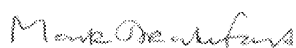
The pandemic has taken another turn as we have seen the emergence of new variants in the UK and overseas, which may increase the risk of severe disease, the rate of infection and may even limit the effectiveness of the current vaccines.

These changes and uncertainties mean we need to take a more cautious approach to coming out of lockdown, rather than moving straight to alert level three. In this update we set out what has changed since December and what that means for our decision making.

Our approach and the decisions we make have been, and will continue to be, informed by collaborative working with our partners including local government, the voluntary sector, employers and trade unions.

Once again we are following the advice from the World Health Organisation (WHO), our Technical Advisory Cell (TAC) and the UK Scientific Advisory Group for Emergencies (SAGE), who all advocate for easing restrictions cautiously. The WHO for example continues to advocate “When feasible, measures should be adopted (or lifted) in a controlled, stepwise manner to allow better understanding of the effects of each measure on transmission dynamics”¹.

We can and will adapt. There are many uncertainties, and there may be more developments yet, but the vaccine offers us a route to coming out of restrictions and to a time where we can find a way to live with this virus.



Mark Drakeford MS
First Minister of Wales



Vaughan Gething MS
Minister for Health and Social Services

¹ Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance, November 2020, WHO. Available at: www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance

Introduction

The approach in the *Coronavirus Control Plan: alert levels in Wales*, published in December, was based on a body of evidence about what was effective in suppressing COVID-19 in the UK.

There have been a number of developments over the winter that have changed and will continue to change the way we respond to the pandemic. On the one hand vaccines can, over time, help us move away from the need for very strict restrictions and will help to protect us from serious illness. On the other, we have seen the emergence of new variants, which may have increased risk of severe disease, the rate of infection or potentially limit the effectiveness of current vaccines.

Since the plan was published, we now have three vaccines approved for use in Wales and across the UK. The Pfizer-BioNTech vaccine was approved on 2 December 2020, the Oxford-AstraZeneca vaccine on 30 December 2020, and the Moderna vaccine on 2 January 2021 (but is not yet available for use in the UK vaccination programme). More vaccines are in the pipeline.

By 12 February 2021, we had offered the first dose of vaccine to the first four priority groups and we aim to do the same for the next five priority groups by the end of April 2021.

These developments offer us hope for the future as more and more people are vaccinated over the course of the year. We are still learning about the effectiveness of vaccines and their impact on transmission, but if they work as hoped, they – together with other public health measures – will enable us to move out of the alert level four measures, which have been in place since late December. We expect to see indicators for NHS capacity and the number of people tragically dying from COVID-19 coronavirus fall.

Since December, we have also seen the emergence of several new variants and mutations of coronavirus, including VOC-202012/01, which was first identified in Kent and is known widely as the Kent strain. Given the potential for variants to lead to increased risk of transmission and severe disease or even to limit the effectiveness of vaccines, there is a need to review our approach.

As the virus changes, so must we. When the Kent strain was first identified it necessitated supplementing our 'stay at home' measures to include moving most pupils to online learning. On top of our collective efforts to put into practice social distancing, wear face coverings where required, and to maintain respiratory hygiene, this has contributed to transmission rates coming down since January.

We are now at a critical stage where the pressure on the NHS is easing, and our vaccination programme is gathering pace. We do not want to put this at risk by easing restrictions too early, particularly with the higher risks associated with the variants and mutations of concern. With vaccinations over the next two to three months likely to protect the vast majority of those at most risk of hospitalisation and death, we need to take careful steps until then to avoid a rapid resurgence of the virus.

In this update to the alert levels framework, we set out our current understanding of the impact of new variants. We describe how our systems are rising to the challenge to mitigate these effects; from our highly effective Test Trace Protect (TTP) service, to our unprecedented vaccination programme. We then set out the cautious, education first, approach to coming out of lockdown we will take, to ensure the vaccination programme can continue at pace and help protect those most at risk.

Vaccines, Variants, and Test, Trace Protect

Vaccines

Vaccines are a vital tool for protecting people. The successful roll out of the vaccination programme is key to a brighter future.

As set out in our national vaccination strategy², the first target we set ourselves was to offer a vaccination to everyone in the first four priority groups by mid-February. Our focus is on protecting the most vulnerable and reducing hospital admissions and deaths.

It is thanks to an extraordinary effort by our NHS working with local government, the military and an army of volunteers this milestone has been met. We have already vaccinated a third of our adult population.

The take up to date is very high, exceeding the 80% target we set ourselves for the first four groups of the vaccination roll out. Some priority groups have now exceeded 90% take-up. We are continuing to address concerns about lower levels of take up among some groups and are reaching out to communities where this may be the case, building on the work we have carried out with Black, Asian and Minority Ethnic communities for example.

Nobody will be left behind and the NHS will be following up with people who have not yet been vaccinated to make sure that they have further opportunities to take up this important protective offer. As we move ahead with vaccination, we will continue to follow the advice of the UK Joint Committee on Vaccination and Immunisation (JCVI) as it considers the next groups to be prioritised.

The next milestone is to offer the vaccine to the next five priority groups by the end of April. Taken together, it is estimated that the first nine priority groups identified by the JCVI represent around 99% of preventable deaths from COVID-19.

As we successfully roll-out vaccines, we are also learning more about how effective they are and there has been some recent positive news in this area:

- The independent medicines and healthcare regulator released research demonstrating the current vaccines are extremely safe, with only mild and expected side effects arising;

² The Vaccination Strategy for Wales is available at gov.wales/covid-19-vaccination-strategy

- A study on the Oxford-AstraZeneca vaccine suggests that it could lead to a substantial fall in the transmission of the virus (up to 67%), and that protection remained at 76% during the first three months after the first dose, and rose to 82% after the second dose; and
- The World Health Organisation's department of immunisation has said that even if the efficacy against becoming ill with new variants of the virus dropped to a low level, the vaccine will still stop severe disease and death.

However, there is more we need to learn about the impact of vaccination and there is risk from variants and mutations of concern known to be present in Wales and the UK, particularly VOC-202012/02, which was first identified in South Africa. There also remains the potential for new variants to emerge.

To combat this potential increased risk, we may need to complement our vaccination programme with a booster dose in the autumn to protect against variants and mutations of concern.

We hope to see the impacts from vaccinations already undertaken by mid-March, including in reduced pressure on the NHS and fewer deaths. The impact of the next five priority groups could be evident by mid-May, reducing deaths even further. We must still be careful, however, as it takes time to offer the vaccine to all people. Like all vaccines, the COVID-19 vaccines are not 100% effective. Long-covid, where people take a long time to recover from the effects of coronavirus infection, could still cause long-term negative health impacts. Once we have vaccinated the next five priority groups, we will have included those at most risk of being hospitalised and at risk of death. Until then our NHS could still come under pressure if we relax too soon and see a resurgence. We are on the road to recovery, but it will take time.

Variants of Concern (VoC)

It is common for viruses to mutate over time to produce new variants. A variant becomes a variant of concern (VoC) if it is more transmissible, causes more severe disease or evades immunity. As expected, we have seen COVID-19 variants, and mutations emerge.

The dominant strain of COVID-19 in Wales today, and across the UK is VOC-202012/01, which was first identified in Kent. This is different from the original "wild type" coronavirus we had in our communities and has proven to be more transmissible by between 30% and 50% according to SAGE³. The vaccines we are using do not, however, appear to be any less effective against this variant when compared to the original wild virus.

3 Public Health England, Investigation of novel SARS-COV-2 variant: Variant of Concern 202012/01, Technical Briefing 1, 21 December 2020, pages 3-4.

Other variants are present in the UK and Wales, albeit in relatively small numbers. Details on the latest variants are regularly updated on the UK situation report⁴.

We are still learning about disease severity, transmissibility, immune escape, and the efficacy of vaccines against these variants. However, there is no evidence yet that suggests existing variants will cause vaccines to offer a reduced level of protection against severe disease, hospitalisation and death.

We need to remain vigilant and every effort will continue to be made to identify and contain VoC cases in Wales and the UK.

In order to prevent the transmission of VoC in Wales, a standard public health approach is adopted.

Firstly, preventing the cases of VoC being present in Wales and able to transmit infection and keeping community transmission as low as possible to minimise the chance of a new VOC arising in Wales. Importing VoCs represents one of the main risks we need to manage. To combat this threat, we have strengthened border controls across the UK; from pre-departure testing, to quarantine arrangements, to testing and sequencing of positive results for people returning to Wales.

Secondly, identifying cases of VoC via screening to prevent transmission. Surveillance of cases in the general population is vital to ensure VoCs are identified quickly. A substantial proportion of positive cases identified in Wales are genome sequenced to detect VoC cases. We will continue to utilise the world-class genomic sequencing systems in place in Wales to help us monitor current and detect new VoCs.

And thirdly, managing cases and clusters where there has already been transmission in Wales, to contain and limit harm. Due to the potential public health consequences of VoCs, additional investigation is required when cases are identified through genome sequencing. Intensified case-finding is particularly important in locations where cases are found with no apparent links to travel. Wales is following the tried and tested principles of communicable disease control, which begins with detailed investigations into cases and typically leads to directed testing based on the intelligence gathered from the case investigation. Wider testing will take place if the teams established to investigate the cases decide it is appropriate to do so. This is referred to as the 'stone-in-the-pond' principle, where investigations are initially focused around the case and will be widened in gradual phases if the source of the infection cannot be identified.

4 The UK situation report is available at: www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers

As we have already seen, VoCs can arise at any time in any part of the world (including within the UK), and are more likely to emerge if we have high levels of community transmission. This is why it will remain important to keep rates of infection under control, even as the most vulnerable people in the population are vaccinated. As vaccines are rolled out and if, as we hope, they also help prevent transmission, we should be able to keep rates low and focus our efforts on containing any new variants and mutations of concern.

Test Trace Protect

Alongside the vaccine, effective suppression of COVID-19 transmission through Test, Trace, Protect (TTP) will continue to be vital. TTP has been shown to have a significant impact on rates of infection in Wales because of the way the people of Wales have engaged with our contact tracers and isolated when asked to do so. This remains one of the most important tools we have to break the chains of transmission.

Given the increased risk of transmissibility of variants and mutations of concern, our ability to identify cases and follow up contacts will remain important. Our existing network of test sites across Wales means that people can get a test quickly and easily, we have significant testing capacity, with fast turnaround times, through Public Health Wales and Lighthouse labs. Contact tracing is being undertaken at pace and is reaching more cases and contacts than ever. We know that speed is vital in reducing the risk of onward transmission.

Testing Strategy

We can now use new testing technologies in conjunction with existing lab tests to test at far greater scale, frequency and speed and our Testing Strategy sets out how we will deliver our testing priorities:

- **Test to diagnose** – Testing people on admission to hospital, people who develop symptoms while in hospital, asymptomatic inpatients five days after admission and planned admissions to protect people who are at increased risk;
- **Test to safeguard** – Regular routine testing for staff working in settings such as the NHS, care homes, supported living, special schools or prisons to safeguard the most vulnerable;
- **Test to find** – By keeping community transmission low we will reduce the likelihood of new homegrown variants emerging. Our professional public health approach, alongside the use of Lateral Flow Testing and pathogen genomics will provide us with greater ability to quickly identify, understand and reduce transmission.

We will continue to test anyone who thinks they have symptoms to identify and isolate COVID-19 cases in the community, but we also recognise that a third of individuals who test positive for COVID-19 show no symptoms, and uptake of testing in some communities is lower. Added to this, the impact of the new variants means we need to deploy more ways to find cases.

Our new Community Testing Framework⁵ sets out how, building on the learning from mass testing in Merthyr Tydfil and the Lower Cynon Valley, local partners can use new testing technologies alongside the intelligence provided by contact tracing to target infection in our communities through asymptomatic testing.

We will also guard against the risk of importing and spreading new variants from elsewhere. To do this we have established a new team focused on ensuring incoming travellers not subject to hotel quarantine adhere to quarantine and testing arrangements.

Test to Maintain – Regular testing of staff in the workplace will be used to increase surveillance to identify asymptomatic cases faster. Regular workforce testing provides an additional public health response to the safe working practices that will need to be maintained to safeguard staff. We have started to pilot regular testing in some workplaces. We will work with organisations to expand regular testing of workers who are unable to work from home. This will help us find cases, break chains of transmission, and support COVID-safe working environments.

We will regularly test the education workforce to add to the protective measures our educational settings have already put in place.

Following a pilot with South Wales Police, we will further explore and evaluate whether testing of asymptomatic contacts could allow people to safely remain at work and help maintain critical services.

Test to enable – As we move forward with the vaccine roll out and towards lower incidence of the virus later in 2021, we will look to see how testing can further support a return to normality.

⁵ Testing Strategy for Wales, January 2021 available at gov.wales/sites/default/files/publications/2021-01/testing-strategy-for-wales.pdf and the new Community Testing Framework is at gov.wales/covid-19-community-testing-framework

Supporting people who need to isolate

Testing has to be for a purpose and on its own it will not break chains of transmission. It is the act of isolation that prevents transmission to others. On average about 10% of contacts develop COVID-19, increasing to closer to 15% with VOC-202012/02 (South Africa). So it is more important than ever to support people to effectively self-isolate.

- To help those people who face financial hardship if asked to self-isolate, we have introduced an enhanced financial support scheme⁶ for people on low incomes and social care staff;
- Practical support is available to help people successfully self-isolate. We work with local authorities to co-ordinate local support, including from the voluntary and third sectors. This includes befriending to combat loneliness, help with shopping, pharmacy pick-ups and dog walking services.

⁶ Information on the Welsh Government Self-Isolation support scheme is available here gov.wales/self-isolation-support-scheme

Coming out of alert level four lockdown

Vaccinations and Variants and Mutations of Concern

The uncertainty associated with the variants and mutations of concern means that we don't know precisely what the effect of relaxing restrictions will be. The early signs are very promising that the vaccines will reduce transmission, but we need more evidence for this to be clear. We hope the vaccination programme will counteract the impact of any increased transmissibility, allowing us to accelerate easements once we reach more of the population. However, it will take time to analyse the data and develop our understanding.

We will also need to be careful in our first steps out of lockdown as there are many people yet to be vaccinated who could still get seriously ill and end up in hospital. If we relax too soon there is a risk we see another wave before enough people have been vaccinated. This could put at risk those people for whom the vaccine does not offer the same levels of protection, or those who cannot have the vaccine. As more and more people are vaccinated, community transmission rates remain low, and we contain the spread of any new variants, these risks diminish.

A cautious approach to relaxations while vaccines roll out

While we can look forward to a time where we are relaxing restrictions more quickly, for now we need to be much more cautious. The variants and mutations of concern mean that we cannot move directly and fully into alert level three in one step. We will need to get there in gradual steps, assessing the impact as we go along. This is consistent with advice from our Technical Advisory Cell, the UK Scientific Advisory Group for Emergencies and the World Health Organisation.

A step-by-step approach will help us calibrate our response and ensure our priorities, such as ensuring students return to school, are not put at risk by trying to do too much too quickly.

We will adopt a similar approach to that we took from May 2020 when coming out of the first lockdown. This means taking careful steps and evaluating the impact before making further changes. The three-week review cycle we already have in place provides us with the right amount of time to see the effects of the changes we make before we make any more. As with

last summer, if the evidence changes and the conditions allow, we may be able to make changes outside of the three week cycle. This will make sure restrictions are only in place for as long as they are needed.

Our approach must continue to be intelligence and data led. We will not set arbitrary deadlines for the reasons set out in this document. There are too many uncertainties and we need to know more about the effectiveness of vaccines, the impacts and prevalence of variants and mutations of concern, and the impact of the changes we do make.

We will continue to work closely with our partners across Wales in the spirit of collaboration and partnership we have adopted throughout this pandemic. We will work with those partners – from local authorities, to the police, to businesses and sector bodies, to social partners and others – to plan for changes and to put in place arrangements before we make changes. This allows for the necessary lead-in times and preparations for places to reopen and restart activity safely and in a controlled way.

Priorities in moving out of lockdown

We recognise everyone wants certainty and to be able to plan for the future. In the last few months we have made huge strides in rolling out the vaccines but faced with new variants we cannot provide as much certainty and predictability as we would like.

We can indicate that the restrictions set out in alert level three are the first step we are working towards. We can also say that the rollout of the vaccine to the next five priority groups by the end of April also provides another clear milestone against which we expect to re-evaluate our approach based on the latest evidence.

We will provide as much notice as possible about the changes we are prioritising for upcoming review periods and work with businesses and other organisations to support them to re-open in as safe a way as possible. This will allow those businesses and organisations to make preparations for restarting activity should conditions allow.

We will continue to support those businesses unable to reopen. The Welsh Government has provided a strong package of support to businesses throughout the crisis, making over £2bn available. We want to continue to provide financial support to impacted businesses in future; however our ability to do so depends on the UK Government providing the necessary finances to enable this.

We can also be clear about what the science already tells us about the relative risks and the priorities we as a Welsh Government have already set out. This can provide an indication of the areas likely to be prioritised in the move to alert level three:

- Returning our children, young people and students back to schools and education will remain our top priority. Other changes we make should not risk this objective.
- We will prioritise changes that improve wellbeing, introducing those which are of lowest risk first.
- Outdoor activity continues to be lower risk than indoors, so activities that take place outdoors are likely to resume before indoor activities.
- Similarly, meeting outdoors will be a safer way to see people before we are able to reintroduce extended households or enable people to meet indoors.
- Activities that involve fewer people over shorter time periods are lower risk than when lots of people are in the same place for a long period of time.
- Businesses such as non-essential retail and close contact services are lower risk and likely to be able to re-open before higher risk places such as gyms, leisure centres, and hospitality.

How quickly we can move fully to alert level three, and the number of things we can do at each step are unfortunately not things we can set out in advance with dates. We will need to continuously reassess the impact of previous relaxations, consider the headroom available to make more changes, and consider the latest evidence on VAMCs and the impact of vaccines. This will enable us to calibrate our response to the changing situation during each three-week review period. During this time, we are reliant on the public continuing their efforts to put into practice the core protective behaviours such as social distancing and handwashing which increase protection for individuals and population for COVID-19 and any other infectious diseases.

Education and childcare

As set out above returning students to schools and education remains our top priority. While education is not formally part of the alert level framework, decisions on 're-opening' education are aligned to, and an integral part of, the decision-making and three-week review process.

We have been clear that schools, colleges, childcare and other education settings should be the last to close and the first to open when restrictions are required. We have consistently prioritised maintaining face-to-face learning for vulnerable learners, the children of key workers, and learners undertaking exams or assessments. Special schools and Pupil Referral Units have also remained open where possible while childcare settings have remained open for all children. Our gradual "re-opening" of education represents the first step out of lockdown.

There is strong evidence for a range of socio-economic harms to children and young people as a result of education premises remaining closed over both the short and long term. There is also evidence that harms disproportionately affect children from disadvantaged areas, and also children from many minority groups. Amongst the conclusions made in SAGE's report '*COVID-19: Benefits of remaining in education – evidence and considerations*' are that "school closures put educational outcomes at risk, especially for disadvantaged students"⁷.

Harms are likely to include an increase in 'adverse childhood experiences' which research indicates can result in trauma and attachment issues, which could be severe over the long-term leading to poor outcomes and higher levels of poor health across the life course. We also know that remote learning is difficult for our youngest learners. For older learners studying vocational qualifications, online learning may not be possible as learners need access to college or workplace facilities to learn practical skills. We need to ensure that learners undertaking qualifications have the structured learning and support they need to prepare for assessments, and to have a successful transition to their next stage of learning or employment.

⁷ www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf

We have learned a great deal throughout this pandemic about what impacts school transmission. A TAG briefing⁸ helps to provide a road map for schools and other settings. It sets out that schools do not appear to have disproportionately driven community transmission, though behaviours associated with schools being open may have an impact (e.g. parents and children meeting outside school). We also know that during the pandemic the number of cases among our youngest pupils has been extremely low, and confirmed case rates among children in Wales aged 11 or younger have consistently been lower than those among older children. This suggests that in terms of transmission, the return of all primary school learners to school premises will have less of an impact than the return of all secondary school learners. At all stages, face-to-face learning needs to be carefully planned and managed, with local risk assessments to ensure that control measures are followed.

TAG has been clear that to have the headroom for pupils to return to school, key national indicators must be heading in the right direction. The indicators include: lower community prevalence and case rates; lower test positivity rates; manageable hospital and ICU occupancy; and R_t below 1.

From 22 February, our youngest pupils will start to return to school. This recognises they find it more difficult to learn remotely and also because of the scientific evidence on transmission in younger children. We are also supporting vocational learners return to college who need access to training or workplace environments in order to undertake practical qualifications in priority sectors.

Throughout this period, we will continue to monitor the national data as set out by TAG. If the data continues the positive trend, then we will use any headroom available to continue our phased approach in returning more learners to schools and colleges.

Following productive discussions with our union colleagues and local authority and further education partners, we are introducing a number of additional measures to provide staff with an added level of assurance for their safe return to face to face teaching. This includes the introduction of twice weekly testing for staff members as well as increased financial support for new face coverings. We are providing additional funding to support schools, colleges and local authorities to invest further in items they need to keep their premises safe.

Our aim remains to keep all childcare settings open for all children.

8 Technical Advisory Group: considerations for changing the operation of schools to allow more face-to-face learning, 5 February 2020. Available at: gov.wales/technical-advisory-group-considerations-changing-operation-schools-allow-more-face-face-learning

Higher Education

Education at higher education institutions will continue to be prioritised. Students are expected to behave in the same way as any other adults in the general population. This means that when the alert level indicates that we should stay at home, the key message for students and staff in higher education should be the same: stay at home and work or study from home if you can. Similarly, people should only attend their place of work or study if they can't work from home.

To ensure campuses are COVID-secure, universities have committed to providing a blended learning model, with the majority of on campus activity limited to essential activity only. This means that most students have limited two to three hours in-person learning per week. This is essential tutorial hours to maintain learning and support wellbeing and retention.

In all alert levels university campuses are open. Students and staff who need to make use of on-campus learning, research and work facilities or resources can access campus facilities such as academic libraries, study spaces, studios or laboratories. This means if a student or member of staff needs to leave home as they cannot complete that work from home they are able to do so.

Currently, the majority of students are working from home, with online learning. Only essential in-person teaching that can not be done from home has been prioritised. These students include research, medical, nursing, dental, laboratory sciences, performance, practical courses and those with professional body accreditation requirements.

However, many students have a term time address and a non-term time address and are able to choose to travel to "move home" under the regulations, regardless of an educational element.

Indicators and next steps

Indicators for coming out of lockdown

The indicators we will look at will include those set out in the alert levels framework, but will be supplemented by data on the prevalence of new variants in Wales, information on the vaccine rollout, and evidence of the impact of vaccines. As the vaccines take effect and the pressures on the NHS diminish, the importance of mitigating the socio-economic harms becomes critical. All of these factors will be combined with local intelligence about the situations on the ground across Wales, advice from our Chief Medical Officer, Chief Scientific Advisor for Health, and other health professionals.

The transmissibility of the new variants means that thresholds cannot be set with any certainty and the impact of variants and vaccines will also change those thresholds in different directions. We will need to continuously evaluate and re-adjust how indicators are applied to our decisions.

The move from alert level four to alert level three

We are now at alert level four where the strictest ‘stay at home’ restrictions are in place. Once these are lifted, we will move into a period of transition under which we intend to move gradually, step-by-step, to alert level three.

Our Test Trace Protect system continues to operate at an extraordinary level. We can be proud about the phenomenal efforts of our NHS and others in rolling out the vaccination programme and be optimistic about what this means for a future living with coronavirus. We can be proud too of the effort, determination and resilience shown by the people of Wales who have sacrificed a great deal. All of this points to a brighter future.