

Message

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Sent: 06/12/2021 19:44:30
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Subject: 6/12 Omicron small group readout

Hi all,

Quick readout of the small group discussion this evening.

Small Group Meeting - 6 December 2021, 6.15pm

Attendees: GCSA, CMO, John Edmunds, Neil Ferguson [REDACTED], Graham Medley, Wendy Barclay, Peter Horby, Steven Riley, [REDACTED]

Observers: [REDACTED], Stuart Wainwright, Simon Whitfield, [REDACTED] [REDACTED]

Readout:

To discuss current views and evidence on Omicron - transmissibility, disease severity, immune evasion, and what that could mean for trajectory of the epidemic in the UK and the potential impact of different interventions.

Current understanding/situation

- Clear omicron has a growth advantage but not yet clear the proportion of this is immune escape or inherent transmissibility. Could be 80-100% more transmissible than Delta, current R between 2-3 in the UK with doubling time of less than 3 days. Expect ~90% of SGTF cases in UK today to be omicron. Estimates of growth from SGTF suggest could be 50% of all cases by 25th.
- There are national and international reports of super spreader events and some evidence of increased airborne transmission (although this could reflect increase in all transmission routes).
- Multiple monoclonal antibody treatments likely to be affected by mutations in Spike.
- Initial analysis suggests if asymptomatic more likely to be omicron but could be result of biases.

Evidence gaps/timings

- Could be 2-4-fold reduction in neutralisation vs Delta or more (if 2-4 would imply large increase in transmissibility to account for observed growth rates). Can extrapolate from neutralisation to VE but is complex, particularly for VE vs severe disease.
- Initial laboratory data on neutralisation expected this or early next week and estimates of VE from case-based analysis also next week.
- Key to understand impact of boosters in terms of effect of higher nAb titre but also impact on quality of immune response and any protection that provides.
- Evidence on severity will take the longest, at least two weeks. The transmissibility of omicron is more important for overall health impacts.

Interventions

- Precautionary interventions soon could have an impact, albeit small, while more evidence is collected.

- Measures could include "plan b" with additional restriction of gathering sizes and changes to testing/isolation requirements (e.g., isolation for all contacts, multiple negative LFTs to end isolation, increased testing of HCW/CW).
- More regular asymptomatic testing (and increasing proportion of those with symptoms that get a test) for those leaving the home and use of the NHS app could have an impact.
- If generation time is shorter then case-based interventions are less effective.
- Introduction of interventions will require effective communications which is difficult with so much uncertainty and before there is evidence of severe outcomes and significant healthcare impacts.

Potential trajectories/scenarios

- LSHTM and Imperial modelled scenarios suggest could see substantial wave of hospitalisations, above peak seen in January 2021 - dependent on transmissibility and immune escape assumptions.
- In LSHTM best case shown peak below January 2021 without interventions and small impact with plan B alone but significant wave. Pessimistic scenario suggests large waves requiring stringent control measures to keep below January 2021 peak.
- Was noted it would be helpful to understand what reduction in virulence/disease severity would be needed for the impact of such a transmissible variant to be mitigated. Expect highly unlikely that severity will be that markedly reduced.
- LSHTM were asked to share updated modelling including introduction of measures in the coming days, 2 weeks, or after the 25th. Also, to include introduction of less stringent measures soon and then more stringent measures at a later point.



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