



Llywodraeth Cymru
Welsh Government

Coronavirus Control Plan: Revised Alert Levels in Wales (March 2021)



Ministerial Foreword

The coronavirus pandemic has turned all our lives upside down. Over the last 12 months, everyone in Wales has made sacrifices to help protect themselves and their families and help bring coronavirus under control.

This is a cruel virus – far too many families have lost loved ones, and unfortunately, we know that many more people will fall seriously ill and sadly will die before the pandemic is over. But the way people and communities have pulled together across Wales, and followed the rules, has undoubtedly saved many more lives.

We are now entering a critical phase in the pandemic. We can see light at the end of the tunnel as we approach the end of a long and hard second wave, thanks to the incredible efforts of scientists and researchers across the world to develop effective vaccines. Our amazing vaccination programme has made vaccines available to people in the most at-risk groups at incredible speed.

But just as we are rolling out vaccination, we are facing a very different virus in Wales today. The highly-infectious variant, first identified in Kent, is now dominant in all parts of Wales.

This means the protective behaviours we have all learned to adopt are even more important than ever – getting tested and isolating when we have symptoms; keeping our distance from others; not mixing indoors; avoiding crowds; washing our hands regularly and wearing face coverings in places we cannot avoid being in close proximity with each other.

The pandemic is not over – spring and summer give us hope of more freedom, as rates of infection fall and more people are vaccinated. But we must be need to careful – we can't rush the process of relaxing restrictions and risk a resurgence of the virus.

Scientific modelling from a range of sources points to the very high likelihood of a third wave of infections later this year.

What happens between now and then will determine how big that wave is and how many people will be at risk of serious illness and how many will die.

Our successful vaccination programme will help to lower the number of people who will suffer serious illness and die from COVID-19 but despite the phenomenal speed at which we're rolling out vaccination and the high take-up rates, there will still be many people that won't be protected.

Last year, we successfully suppressed the virus in Wales over the summer months through a combination of gradually relaxing restrictions and basic precautions, only to import new cases as people returned from their holidays overseas.

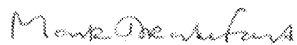
International travel continues to pose a risk – it's not just a potential source for importing new cases of the virus into Wales but introducing new strains and variants, which may be resistant to our vaccines. We will continue to work with the UK Government, the Scottish Government and Northern Ireland Executive to manage this risk. This may mean ongoing international travel restrictions to protect the integrity of our vaccination programme.

We do not want overseas summer holidays to result in another wave of infections or a winter lockdown.

This is updated *Coronavirus Control Plan*, which takes account of vaccination and the dominant Kent variant, sets out how we will move through the alert levels and how we can help people and businesses plan for the future, as we continue our careful approach to unlocking the current restrictions.

We will revisit this plan after vaccination has been offered to all eligible adults – currently scheduled for the end of July – when more evidence and data about its impact will be available.

We hope this will provide us with a path to relax all the restrictions but, at the moment, it is too early to make such a cast-iron guarantee. Vaccination gives us hope that the worst of the pandemic is almost behind us and there is a brighter future ahead of us for everyone.



Mark Drakeford MS
First Minister of Wales



Vaughan Gething MS
Minister for Health and Social Services

Context

Background

In April 2020, the Welsh Government set out our priorities in *Leading Wales out of the coronavirus pandemic: a framework for recovery*¹. This described the data, which would be considered, and the principles applied, when reviewing restrictions. These remain central to our considerations now, as they have been throughout. This means understanding not only the direct and indirect health impacts but also considering equality, wellbeing, economic impacts and other factors.

In May 2020, we expanded on the framework, setting out a traffic light-style approach to easing the regulatory restrictions in place during the first wave of the pandemic (*Unlocking our society and economy: continuing the conversation*²).

This moved from lockdown, to red, amber and green phases in various areas of our lives – seeing family and friends, travel, education and care for children. At that point in the pandemic, there were many uncertainties about the virus and the effectiveness of our mitigating actions was unclear. The approach was cautious and involved a gradual lifting of restrictions, based on the best evidence available at the time.

In August 2020, we published the *Coronavirus Control Plan for Wales*³. This described the approach to managing coronavirus in Wales, from prevention, through to local action to manage outbreaks and incidents, to all-Wales measures. The plan recognised the vital role of local and regional responses to avoid the need for more dramatic national action.

The all-Wales measures in the Coronavirus Control Plan identified the potential need to tighten restrictions over the winter period. The broad approach set out in the *Coronavirus Control Plan* remains relevant, in particular the need for all of us to play our part in preventative actions. Personal responsibility to continue to adopt protective behaviours as cases get lower, and the vital role of local and regional intelligence and health protection teams to respond to incidents and outbreaks, will be critical to avoid further lockdowns.

1 *Leading Wales out of the coronavirus pandemic: a framework for recovery*, Welsh Government, 24 April 2020
www.gov.wales/leading-wales-out-coronavirus-pandemic

2 *Unlocking our society and economy: continuing the conversation*, Welsh Government, 15 May 2020
www.gov.wales/unlocking-our-society-and-economy-continuing-conversation

3 *Coronavirus Control Plan for Wales*, Welsh Government, 18 August 2020
www.gov.wales/coronavirus-control-plan-wales

In December, we published the first version of the *Coronavirus Control Plan: Alert Levels for Wales* document⁴ which set out in more detail how the national measures would be introduced in a more predictable way based on a framework of four alert levels. This approach aimed to provide greater certainty for people and businesses about the legal restrictions in place, depending on the underlying level of risk and other key factors.

The alert levels approach was based on a body of evidence about what was effective in suppressing coronavirus in the UK at that time. Since the plan was published, the new variant of coronavirus, first identified in Kent, has become the dominant form of the virus in Wales and the UK. This variant is much more infectious and transmissible than the version of the virus the original alert levels framework was designed to address.

As the virus changes and adapts, so must we. In alert level four we had intended to maintain face-to-face learning in schools. However, the emergence of the new variant has meant this has not been possible and we have had to respond accordingly.

The uncertainty and unpredictability we face as a result of the identification and subsequent spread of the Kent variant across Wales, means we have adopted a more cautious approach to coming out of lockdown. In February 2021, we published an update to our coronavirus control plan (*Coronavirus Control Plan: Alert Levels in Wales – Coming out of lockdown*⁵) which sets out our understanding of the impact of new variants and how our NHS Wales Test Trace and Protect service and vaccination programme are meeting these challenges.

It described how we will come out of lockdown gradually, moving to alert level three in incremental steps, monitoring and evaluating the impact of each step. This builds on advice from the World Health Organisation, the Technical Advisory Cell (TAC) and Scientific Advisory Group for Emergencies (SAGE), which all advocate coming out of lockdowns cautiously.

This is a refresh of the alert levels, in light of the new evidence set out in *Coronavirus Control Plan Coming out of Lockdown*. In particular, the need for us to be more cautious given the transmissibility of the Kent variant and, over time, the impact we hope to see from the rollout of vaccines. We will need to revisit this framework again once the vaccine has been rolled out to all eligible adults – the target date for the offer to be made is the end of July. This will allow us to take stock of the impact of vaccinations and variants in circulation and reassess whether any changes are needed to the controls – and how we move in and out of the alert levels – during the autumn and winter to keep Wales safe.

4 Coronavirus Control Plan: Alert Levels for Wales, December 2020
www.gov.wales/coronavirus-control-plan-alert-levels-wales

5 Coronavirus Control Plan Coming out of Lockdown
www.gov.wales/coronavirus-control-plan-alert-levels-wales-coming-out-lockdown

We are now, however, at a critical stage. The vaccine is being rolled out at pace but there remains a large proportion of the population which is at risk of serious illness and death, especially as the dominant form of the virus in Wales is the Kent variant. We need to act cautiously as we relax restrictions to protect people's health and prevent further spikes in infection while people continue to be vaccinated, until we reach the point where the vaccine adds to the headroom we have available.

Vaccinations and restrictions

Vaccination plans and milestones

The NHS in Wales have now provided COVID-19 vaccines to over one million people in Wales.

Early results on the evidence of the effectiveness of the vaccines are promising in terms of their effect in both preventing severe disease and transmission. Our *Vaccination Strategy*⁶, sets out that we are aiming to offer vaccination to everyone in the first nine priority groups by mid-April.

Figure 1: Pictogram of Wales' vaccination milestones

We achieved the first milestone in our strategy on 12 February 2021 – to offer a vaccine to everyone in the first four priority groups:

- Everyone over 70
- All frontline health and social care workers
- Everyone living or working in older people's care homes
- Everyone who is clinically extremely vulnerable

We are aiming to complete the second milestone by mid-April – offering the vaccine to everyone in priority groups five to nine:

- Everyone aged 50 to 69
- Everyone over 16 with an underlying health condition, which puts them at increased clinical risk of serious illness with COVID-19, including some people with learning disabilities and with severe mental illness
- Many invaluable unpaid carers who provide care for someone who is clinically vulnerable to COVID-19

We are working on the planning for milestone three, which is to offer the vaccine to the rest of the eligible adult population by the end of July

The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for any COVID-19 vaccination programme should be the prevention of mortality and the protection of health and social care staff and systems. This is important for reducing the number of people who either die or need treatment in hospital from COVID-19.

The recent reductions in cases, hospitalisations and deaths across Wales is largely driven by the effectiveness of the lockdown restrictions – as a result of everyone staying at home and avoiding mixing with others – rather than the vaccine roll-out.

As more people are vaccinated – and as more people complete the two-dose course – this will start to change. The vaccine should soon start to reduce hospital admissions and provide some immunity to a large number of people, particularly those who are most vulnerable to severe disease. The individual protection from severe disease conferred by the vaccine is in addition to the acquired immunity in the population from people who have had COVID-19.

Until we reach this point, we need to move cautiously as we relax restrictions, moving out of alert level four and incrementally through alert level three. We must also be mindful of the effects of post-COVID syndrome – also known as long-COVID.

Our next major vaccination milestone is to offer all eligible adults their first dose of the vaccine by the end of July. Under current plans, not everyone in Wales will be vaccinated by this point – the Oxford-AstraZeneca vaccine is not licenced for under 18s and, while high, the overall take-up rate is unlikely to be more than 80%. It takes a couple of weeks for people to gain protection following vaccination, so it will be mid-August at least before we see the majority of the adult population protected.

We will need to use the alert levels system during the spring and summer, to support the vaccination effort. This revised alert levels framework will take us through to this second major vaccination milestone. At that point, we will need to revisit our approach once again, building on what we learn over the coming months about the efficacy and effectiveness of the vaccine and any new developments that emerge. That may include the need for a booster vaccination in the autumn for some population groups to protect against new variants.

Why can't we lift all restrictions once we have vaccinated the most vulnerable?

Until the vaccination programme is more advanced, a large proportion of the population will remain susceptible to infection. Modelling suggests that there is high confidence in the potential for a very large number of infections if restrictions are lifted early or rapidly which would lead to a large number of hospitalisations and deaths unless vaccine coverage is very high⁷.

No vaccine is perfect. Each vaccine will give different levels of protection against severe disease; the chance of being infected (with symptoms or not) and chance of infecting someone else if infected.

For example, if 100% of adults are offered the vaccine, covering 80% of the population (i.e. excluding children), there is 90% uptake overall, and the vaccine is effective for 80% of the population, then 58% of the population of Wales will have protection. When combined with immunity from previous infections, the total amount of protection is large, but it is not enough to prevent further significant outbreaks in the population. If the virus is still circulating in our communities, there is more chance of new mutant variations in the virus emerging.

A large outbreak of coronavirus will put pressure on the NHS and other local services.

We have prioritised vaccination for the oldest people and those most at-risk of serious illness, including frontline health and care staff. This means that younger people, who tend to have the most social contact, will be among the last groups to be offered the vaccine.

In 2020, people in their late teens, 20s and 30s had significantly more social contacts. As we relax restrictions and people begin to mix again, there will be more opportunities for COVID-19 to spread among these groups until they are vaccinated. Although deaths in these groups are rare, around 25% of hospitalisations are in under 60s, and long-COVID (post-COVID syndrome) is a continuing concern.

Alert level restrictions as we offer vaccines to the most vulnerable by mid-April

We will be carefully relaxing restrictions as we continue to roll out vaccination to priority groups five to nine between now and mid-April. We are currently at alert level four and we will gradually move into alert level three. We will not go beyond this.

⁷ Eighty-first SAGE meeting on COVID-19, 18 February 2021
www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963393/S1127_SAGE_81_Minutes.pdf

Given the modelling and advice from SAGE and TAC we need to avoid high transmission activities as long as possible; ideally until more than 80% of adults have some protection from vaccination.

Our initial steps of unlocking are taking place while we are in the process of vaccinating the most vulnerable groups. If we rush to remove restrictions too quickly, there is a risk we will see a rapid resurgence of infections, particularly because the Kent variant is now the dominant form of the virus in Wales.

An increase in mixing, coupled with the new variant, is what drives the projections for a third wave in some modelling scenarios. Indeed, the degree of adherence to levels of permitted household mixing in restrictions are the biggest determinants of whether there is a substantive third wave.

The Kent variant has a higher basic reproduction number of around 4.5⁸. This is higher than the previous 'wild type' variant, which was around 3. This means that when restrictions are lifted the new variant will spread even faster, as it is much more transmissible. Data for Wales also indicate a higher secondary attack rate for the new variant. This means a person bringing an infection into a household will spread it to many more members of that household than if they had the wild type variant.

Welsh data also indicated that it took longer for transmission of the new variant to slow down in December and January than previous wild type variants, despite lockdown restrictions. This means we need to act more quickly if we want to avoid another protracted lockdown should there be another wave.

We are, therefore, at the riskiest phase in the run-up to the Easter period when we begin the process of unlocking whilst we are still vaccinating the most vulnerable groups. The more people we can vaccinate before we mix with other households (especially indoors), the less chance there is of a large third wave (with other things being equal). Typically when we roll out vaccines for viruses, we try to do that in times and areas of low prevalence. This also reduces the opportunities for the virus to compete with the vaccine, and potentially mutate. We currently have the lowest prevalence of the nations in the UK, but we need to see it fall further.

We should be aiming to reduce the level of the virus circulating in communities to similar levels as in summer 2020, given the potential for the number of infections to increase quickly.

Alert level restrictions as we offer all eligible adults vaccines by the end of July

The next major milestone in our vaccine programme is to offer the vaccine to all eligible adults by the end of July. This date is highly dependent on supply of vaccines and the further away the target, the less certainty we have about supply.

8 SPI-M-O Summary of further Modelling of easing restrictions
www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963565/S1130_SPI-M-O_Summary_of_further_modelling_of_easing_restrictions.pdf

Three weeks after that point is reached, a high take-up of an effective vaccine might be able to do a lot of the work needed to reduce (and maintain) R below 1, providing us with extra headroom to make more changes.

At this point, we will know much more about the effectiveness of the vaccine, about any new variants of concern, and be able to revisit our approach as we plot a path out of restrictions. We expect testing, contact tracing, self-isolation, and others protective behaviours – social distancing, hand-washing – to be part of our long-term approach to living with the virus.

As vaccination is rolled out to all eligible adults, it is important to remember, not everyone will be eligible for a vaccine and not everyone will take up the offer. Even with some people acquiring immunity through infection, there will be some people capable of transmitting the virus. This means that in June and the first weeks of July, there will potentially be hundreds of thousands of people in Wales who are not fully “protected” by the vaccine. There will still be significant opportunities for the virus to infect people and cause illness.

In the period between the end of April and the end of July, we will maintain the alert levels system to respond to the changing public health situation. This could involve moving in single steps between the levels or moving in a more graduated way between the levels if this is the most proportionate way to adjust restrictions.

International Travel

UK-wide measures to prevent the importation of infection – especially new variants – as a result of international travel is important.

To mitigate public health risks, a suite of border control measures is in place. These require passengers to provide personal and travel details and evidence of a negative coronavirus test before departure to the UK. All travellers are also required to quarantine for a full 10 days upon arrival at a UK port and take further tests during that quarantine period. This ensures we can sequence any positive tests to identify whether any variants of concern have been brought into the UK.

New variants are one of the biggest risks to our vaccination programme and the easing of restrictions. If a variant that our vaccines are not effective against establishes itself in the UK, the NHS could quickly become overwhelmed as people once again become seriously with a new strain of coronavirus, despite having had a vaccination.

The UK has introduced a “red-list” of countries, where there are particular risks from variants of concern. Everyone arriving from a red-list country must quarantine at a managed facility near the UK port of entry. For arrivals from other countries, quarantine is at home. These measures go some way to protect against the importation of COVID-19 and the introduction of new variants into the UK.

We believe these measures should be strengthened. We are ready and willing to support the UK Government in applying managed quarantine to all UK arrivals and gradually opening up travel where we are confident risks are managed. While difficult, this would be the right thing to do to guard against new variants and protect the gains from the vaccination rollout.

Most people visiting or returning home to Wales will do so from English airports (such as those in London, Manchester, Birmingham or Bristol) as well as ferry and rail ports. Unilateral restrictive managed quarantine measures in Wales would therefore have very limited impact as they would currently only apply to a very small number of passengers coming via Cardiff Airport, or other Welsh entry points.

We recognise the interconnectedness we have with England and we will have in place the same restriction on non-essential international travel until at least 17 May. Continued restrictions on international travel beyond this may be warranted if we see case rates begin to increase, either in the UK or across the globe. We will work with the UK Government and with Scotland and Northern Ireland on how international travel can be reopened in the safest way possible.

But we do not want to see history repeat itself. Our successful efforts to suppress the virus last summer were undone in part by importing the virus from our summer holidays overseas. We do not want to see the same happen with a new variant.

The process

Approach

As we proceed over the spring and summer, it will be important that, through our collective efforts, we do everything we can to keep cases low. This will give our contact tracers the best chance to find clusters and break chains of transmission. It will help our scientists sequence more virus samples and spot new variants early. It will help reduce the risk of seeding outbreaks in care homes and hospitals. And it will help our NHS continue to recover and be able to focus on more non-COVID Covid activity.

Keeping cases low over the spring and summer will also give us confidence to open Wales safely and protect maintain our vaccination programme.

We set out in *Coronavirus Control Plan: Alert Levels in Wales – Coming out of lockdown* that our approach would need to be cautious and step-by-step. The higher-risk activities – which usually involve people mixing indoors – will need to be some of the last changes we make. We should only be looking at doing these things when a high large number proportion of people have been fully vaccinated.

Activities that lead to indoor mixing between households are where the majority of infections take place. With a much more transmissible variant in circulation, one infected person indoors will infect more people and more easily.

In *Leading Wales out of the coronavirus pandemic: a framework for recovery and Unlocking our society and economy: continuing the conversation* we set out how we would look to balance the harms both directly from COVID-19 and indirectly from the restrictions in place. This includes balancing direct health harms with those to our mental health, wellbeing, economy and society. To protect people's health we have had to infringe on people's rights and freedoms and this will only be done as long as those restrictions remain proportionate.

We have also been clear that education remains our priority. Schools, colleges, childcare and other education settings should be the last to close and the first to open when restrictions are required.

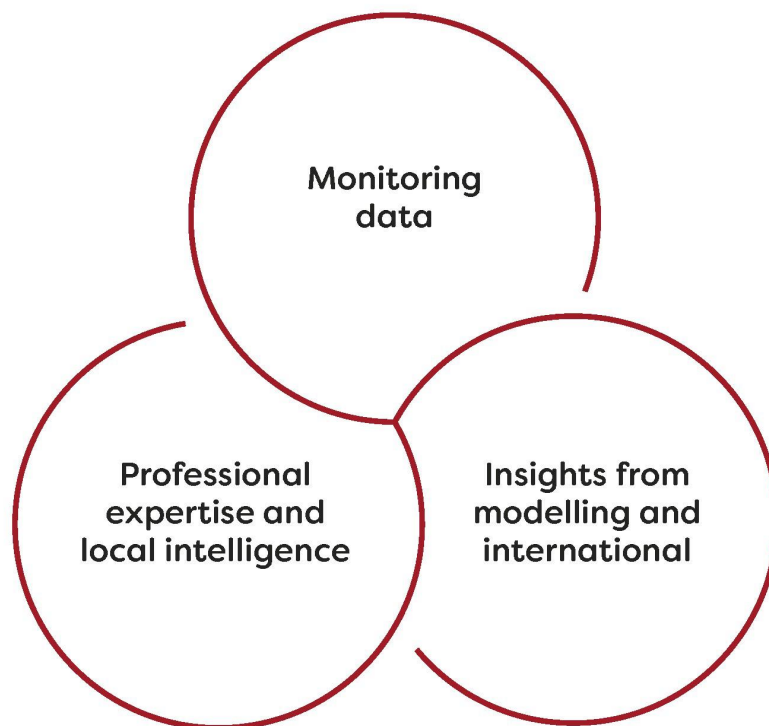
Basket of indicators

We have updated the indicators set out in the *Coronavirus Control Plan*. These are set out in Annex A. Our monitoring and careful interpretation of this basket of indicators are part of our decision-making and help us make a balanced judgement on which alert level should apply. We have included additional indicators to reflect the impact of vaccinations and the risks associated with variants of concern. These new areas complement established monitoring of the spread of cases, NHS capacity and capability, and mortality.

This is necessarily dynamic and our indicators will be kept under review and revised when needed, for example to take account of increased mass testing, variants of concern, vaccination rates and data on the efficacy and effectiveness of the vaccines.

This assessment of indicators is not a mechanistic process, with the basket of indicators analysed and assessed alongside professional expert advice and intelligence from local partners.

Figure 2: Triangulating information to inform decisions



It is critical to draw on the professional expertise and local intelligence to provide context that needs to be triangulated with the data from monitoring of indicators and insights from modelling and the experiences of other countries. Bringing all of this together can help identify options for action.

For example, a rise in case rates evident in the monitoring data could be under control through local actions and a national response may be disproportionate.

Approach to moving up and down the levels

In moving down the alert levels, we will pay more attention to lagging indicators such as hospital admissions, NHS capacity, critical care admissions and deaths. We would also expect to see more stability in these figures over a period of around three weeks, so we can be clear improvements are established and stable before making changes.

The move down the levels will be no quicker than one level at a time. Where there is significant uncertainty we may need to move between the levels more gradually than we currently are doing to get to alert level three.

In deciding whether to move up the levels (i.e. tighten restrictions) we will focus more on leading indicators, such as case numbers or positivity rates. We will also need to be able respond more quickly in moving up the levels, which could involve changes in indicators over the course of a week leading to action. The role of professional expertise and local intelligence will be critical to get the balance right and ensure actions remain proportionate.

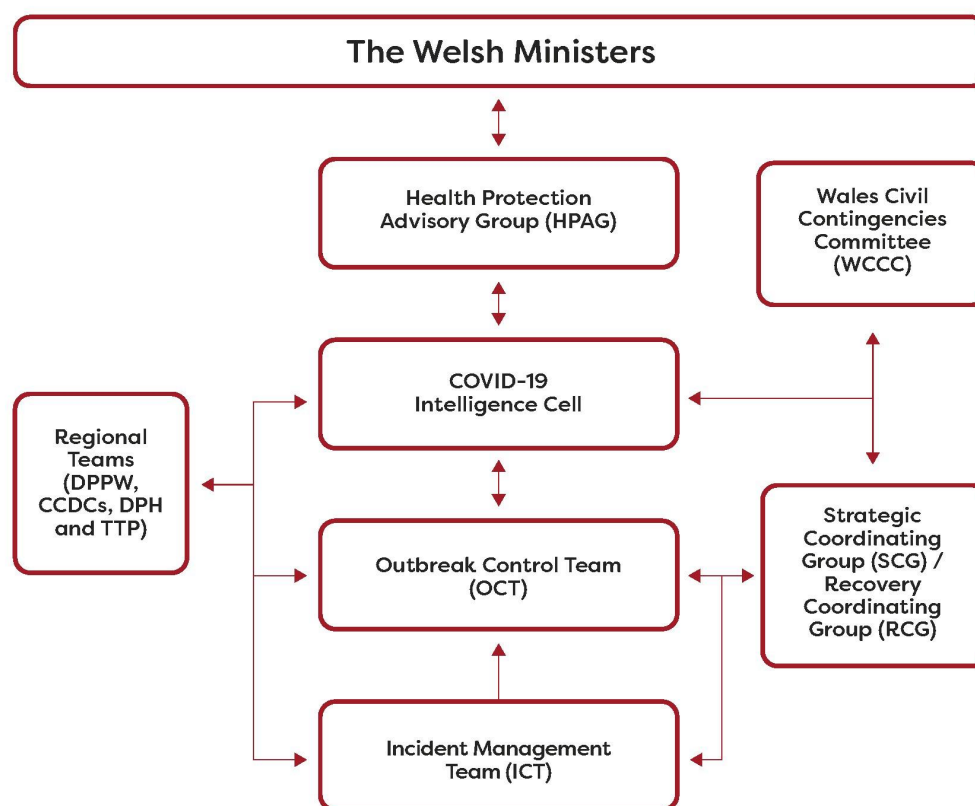
The emergence of the new variant shows just how quickly the situation can escalate. Moving up the levels may necessitate moving more than one level at a time.

Decision-making process

Every day data and intelligence are reviewed, and twice weekly considered by the COVID Intelligence Cell and the Health Protection Advisory Group (Outbreak Sub-Group). These groups bring together public health professionals from the Welsh Government and Public Health Wales, which work alongside local partners. The groups consider the latest data and intelligence from multiple sources, including from local partners and health professionals. This analysis informs the ongoing assessment about levels of risk and associated mitigations.

The governance arrangements for managing coronavirus as a whole were set out in the *Coronavirus Control Plan* (figure 3).

Figure 3: Coronavirus Control Plan Governance



Source: Coronavirus Control Plan for Wales (p26), Welsh Government, August 2020:
www.gov.wales/sites/default/files/publications/2020-08/coronavirus-control-plan-for-wales.pdf

As part of our refreshed approach, we will publish a weekly alert level assessment summarising this analysis to aid public understanding of the current health context and the most likely direction of travel. This will provide advance notice of whether a future de-escalation may be possible if conditions continue to improve and stabilise. It will also enable us to communicate where conditions are deteriorating, and where additional restrictions may be required if conditions do not improve.

The formal, statutory reviews of the regulations will continue to be held every three weeks, but we will act earlier if the evidence suggests it is necessary.

Next steps

Getting to alert level three

As described in *Coronavirus Control Plan: Alert Levels in Wales – Coming out of lockdown*, the uncertainty associated with the Kent variant means we do not know precisely what the effect of relaxing restrictions will be.

A wholesale jump from alert level four to alert level three at this time would have endangered the significant progress we have made to date and our priority of returning our children, young people and students back to face-to-face education. We are therefore adopting a step-by-step approach to move gradually into alert level three.

Figure 4: Indicative approach to get to alert level three

12 March review cycle

From 13 March:

- Continued phased return of schools, colleges and work-based learning
- Move from stay at home to stay local
- Some limited outdoor gathering allowed and outdoor sports courts
- First phased opening for close contact services (hairdressers and barbers)

From 22 March

- First phased opening of non-essential retail – restrictions of sale of items lifted for shops, which are currently open
- Garden centres re-open

From 27 March (if conditions allow):

- Stay local requirement lifted
- First phased opening of tourism sector as self-contained accommodation opens
- Outdoor children's activities open
- Limited opening of outdoor areas of some historic places and gardens
- Libraries re-open

1 April review cycle

From 12 April (if conditions allow):

- Full return to schools, colleges and other education
- All shops to open
- Close contact services to open

22 April review cycle

The following areas will be considered as part of the 22 April review, if the public health situation continues to remain positive and vaccination rates continue to increase:

The remaining steps to move into alert level three, including:

- Gyms, leisure and fitness facilities
- Outdoor attractions
- Outdoor hospitality
- Weddings
- Community centres
- Organised activities (30 outdoors, 15 indoors)
- Extended household

We will review the data and intelligence every week. We will pause elements if necessary to ensure we protect the return of students and pupils to schools. If we need to reverse any changes, these decisions will prioritise keeping pupils in schools as far as possible.

Approach once at alert level three

Once we reach alert level three, we could be able to move up and down the alert levels in single steps. This will be contingent on the vaccine rollout progressing as we hope and the effectiveness and efficacy of vaccines being high. Our approach will need to continue to be informed by the latest evidence as it emerges.

However, there may also be a continuing need to move between the alert levels in more gradual stages if the outlook remains uncertain. For example, if a new variant of concern is circulating in the UK or if immunity from vaccines begins to wane. If this were the case, we would continue to prioritise the relaxation of lower risk activities first, such as more activity outdoors.

The alert level system enables us to move to a higher level immediately, without having to proceed up sequentially through the levels, for example to suppress quickly-rising cases and to avoid long periods at higher restrictions.

We will also continue to monitor local and regional variations. We hope to be able to maintain an all-Wales approach for simplicity and to avoid confusion. But our system will enable us to move up and down alert levels on a local or regional basis if this is the most effective and proportionate approach.

Updates to the levels

A single set of regulations and common provisions

We have put in place a single set of regulations to encompass the principle interventions at each of the different alert levels. These will be updated to reflect the changes set out below.

A set of common provisions will continue to apply to all alert levels. We can expect many of these to be required for the foreseeable future, even as the vaccine rolls out and we open up our economy and society:

- Requirement to self-isolate if tested positive, contacted by TTP or returning from a country of concern.
- Premises carrying out coronavirus risk assessments and taking preventative measures such as collecting contact details.
- Requirements to wear face coverings in certain places and situations.

The regulations and the provisions are accompanied by enforcement powers that support the response and the management of clusters or infections associated with specific settings or activities namely Premises Improvement Notices, Premises Closure Notices and the issuing of Directions.

Annex B below provides a table summarising the specific regulatory restrictions that will be in place at each alert level.

What changes have been made?

The changes made to alert level four were necessary during December and January to respond to the Kent variant. This has meant the potential to move learning online where necessary, but also to reflect the changes to exercise and support bubbles.

There are two broad changes to the alert levels as a result of the changes in the seasons, the transmissibility of the Kent variant and from reviewing evidence. These are the approach to restrictions where activity takes place outdoors and the role of restrictions linked to premises selling alcohol.

Evidence suggests the risk outdoors compared to indoors is very low, provided people adhere to two metre social distancing and other mitigations. However this is dependent on a number of factors including the frequency of larger gatherings, the number of attendees, the likelihood of attendance by infectious participants, whether participants sing and shout and the proximity

of people.⁹ This has led to us continuing to prioritise outdoor activity at each level, even as we have had to respond to the increased transmissibility of the new variant.

The much higher transmissibility of the Kent variant makes mixing indoors even more risky. Allowing for indoor mixing will therefore need to wait until rates are very low and vaccines are rolled out to more of the population.

The approach to the 10pm restrictions on hospitality, and the linked sale of alcohol, was introduced on a four-nations basis to respond to rising cases in the autumn. The approach adopted across the UK has been widely replicated across Europe and beyond and sought to respond to issues identified on the ground about poor adherence with rules and difficulties enforcing them. We recognise the interconnectedness between Wales and England and have sought to align our rules wherever possible. This is particularly important for hospitality restrictions.

Different restrictions in areas such as these can cause confusion and encourage people to travel across the UK unnecessarily. The 10pm restrictions were introduced to ensure a consistent approach – as these will no longer be in place in England¹⁰, we will remove this as we move to alert level three. This recognises the need to keep our rules as simple and consistent as possible.

We will also adopt the same approach to reopening hospitality, based on allowing all hospitality to resume outdoors in alert level three. A full opening from alert level two and below will continue to be subject to the rules on gathering indoors. All premises will be expected to continue to collect contact details, carry out a coronavirus risk assessment, limit numbers indoors, provide table service only, ensure ventilation, ensure adherence to social distancing and other mitigations. We will remove the requirement for limited time slots. As with all our restrictions these will be kept under review in order to respond to the latest evidence, including from our health professionals on the ground.

9 TWEG: Evidence of wider environmental transmission of SARS-CoV-2 – 12 June 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899611/s0546-tweg-evidence-wider-environmental-transmission-200612.pdf

10 COVID-19 Response – Spring 2021 www.gov.uk/government/publications/COVID-19-response-spring-2021

Annex A: COVID alert level indicators

Transmission, incidence and prevalence

Rapid surveillance and intelligence – for moving to higher alert levels

What is the rate of transmission in the community, workplaces, care homes, prisons and hospitals? Are rates increasing?

Confirmed case rate per 100,000 people rolling seven-day sum (depends on testing, local outbreak control and degree of community transmission). The lower the case rate, the lower the risk of mutation of the virus due to competition of the vaccine.

Confirmed case rates for all age groups or populations (e.g. student, homeless) and understanding of cases, incidents and outbreaks (see next question).

Test positivity over seven days (this may be influenced by the testing strategy).

An estimate of the Reproduction number based on a COVID-19 positive tests or hospital admissions is less than one.

Are the clusters, incidents and outbreaks identified understood?

Evidence from local health professionals (including any from incident management teams or outbreak control teams).

Evidence from local authorities or local partners.

Additional lagging and forward looking indicators – for moving down the alert level

What is the rate of transmission in the community, work-places, care homes, prisons and hospitals?

ONS COVID Infection Survey – community prevalence estimates

What will the rate of transmission look like going forward?

Forecasts of cases and incidence rates, to avoid significant rises.

A consensus estimate (using multiple data sources) of the Reproduction number

Are the clusters, incidents and outbreaks identified are under control?

Rapid surveillance and intelligence





	Rapid surveillance and intelligence – for moving to higher alert levels	Additional lagging and forward looking indicators – for moving down the alert level
NHS Capacity	<p>Is current hospital and ICU occupancy at manageable levels?</p> <p>COVID-19 confirmed hospital occupancy</p> <p>Overall hospital occupancy</p> <p>Hospital admissions</p> <p>COVID-19 confirmed critical care bed occupancy</p> <p>Overall critical care bed occupancy</p> <p>NHS Staff absence due to illness</p> <p>Intelligence on NHS staff wellbeing</p> <p>PPE availability</p> <p>Are admissions related to COVID-19 increasing quickly?</p> <p>COVID-19 admissions into hospital</p> <p>CRITCON assessment levels which define capacity of ICUs in a crisis situation</p>	<p>Is current hospital and ICU occupancy at manageable levels?</p> <p>Rapid surveillance and intelligence</p> <p>Is there sufficient capacity within hospitals for future out-breaks?</p> <p>Forecasts of hospital admissions and mortality over next two to six weeks.</p>





	Rapid surveillance and intelligence – for moving to higher alert levels	Additional lagging and forward looking indicators – for moving down the alert level
Mortality	<p>Are mortality rates due to COVID-19 increasing?</p> <p>Public Health Wales COVID-19 mortality estimates</p> <p>Care Inspectorate Wales deaths notifications</p>	<p>Are mortality rates due to COVID-19 increasing?</p> <p>Office for National Statistics mortality estimates</p> <p>Office for National Statistics Care Home mortality estimates</p>
Variants	<p>Which variants are currently in Wales and which is there any evidence of variants that impact established vaccines?</p> <p>Evidence about variants present in Wales and their impact on transmission and health outcomes.</p> <p>Consideration of whether any variants under investigation or variants of concern could impact the effectiveness of the vaccine.</p> <p>Percentage of variants that cannot be linked to travel (in development)</p>	
Immunity and Vaccines	<p>How will the vaccine roll out impact transmission, hospitalisation and fatality?</p> <p>Number of people vaccinated: first, second and any booster doses</p> <p>Effectiveness of the vaccine in protecting individuals, including reinfection</p> <p>Vaccine coverage (take up)</p>	<p>What proportion of the population have some protection against COVID-19, either by previous infection or vaccination?</p> <p>Estimated % of the population that have tested positive for antibodies</p> <p>Infection fatality ratio</p>


This will be supported by additional analysis considering the situation across the UK and internationally.





Annex B: Summary table of restrictions at each alert level (updated on 14th May 2021)





This table summarises the specific regulatory restrictions that will be in place at each alert level. Beyond these restrictions, people and businesses should act in a way consistent with the risk associated with each alert level. A higher alert level signals a higher risk through higher levels of community transmission. At each stage everyone should think about how they can further minimise risk.





	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Restrictions on Gatherings				
Stay at home	N/A	N/A	N/A	Yes
Meeting in private dwellings (including visitor accommodation when open)	Rule of six, excluding under 11s or extended household	Extended household and support bubble only	Extended household and support bubble only	Household (people you live with) or support bubble only
Meeting indoors (regulated premises like café only)	Rule of six, excluding under 11s	Rule of six, excluding under 11s	Household or support bubble only	Household or support bubble only
Extended households (exclusive bubble of same people)	Up to three households and support bubble (single adults, single parents, 16-17 year old household with any other household)	Up to two households and support bubble (single adults, single parents, 16-17 year old household with any other household)	Up to two households and support bubble (single adults, single parents, 16-17 year old household with any other household)	Support bubble if you are a single adult, a single parent or a 16-17 year old household





	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Meeting outdoors	No more than 30 people, excluding under 11s and carers	Rule of six, excluding under 11s Extended household (if more than six) in public outdoor spaces but not in regulated settings	Rule of six, excluding under 11s Extended household (if more than six) in public outdoor spaces but not in regulated settings	Household or support bubble only
Private gardens	Rule of six, excluding under 11s	Rule of six, excluding under 11s	Rule of six, excluding under 11s (or an extended household if more than six people)	Household or support bubble
Organised Activities and Sports				
Organised indoor activities	Up to 50 people	Up to 30 people	Up to 15 people (restricted by premises closures)	Limited to public and voluntary services
Organised outdoor activities	Up to 100 people	Up to 50 people	Up to 30 people	Not possible
Stadiums and events	Outdoor and Indoor events (restricted numbers)	Pilot events Stadiums open for pilots	Small outdoor pilot events Stadiums closed to spectators	No events Stadiums closed to spectators





	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Sports and exercise	<p>All permitted in line with guidance and mitigations (e.g. limited indoor contact sports)</p> <p>Professional, elite and designated sports and training permitted</p>	<p>Limited to organised activities rules (30 indoors, 50 outdoors), exceptions for children's activities</p> <p>Professional, elite and designated sports and training permitted</p>	<p>Limited to organised activities rules (15 indoors, 30 outdoors), exceptions for children's activities</p> <p>Professional, elite and designated sports and training permitted</p>	<p>Outdoor exercise with household, support bubble, or one other person with social distancing</p> <p>Professional, elite and designated sports and training permitted</p>
Supervised children's activities	Allowed	Allowed	Allowed	Not possible (education and childcare exemptions remain)
Businesses and services				
Non-essential retail	Open	Open	Open	Closed (click and collect allowed)
Close contact services (hairdressers, nail and beauty salons, tattoo and massage parlours, etc.)	Open	Open	Open	Closed (except medical and related services)
Hospitality (pubs, restaurants, cafes, bars, members clubs) <i>Table service, other mitigations like collecting contact details</i>	Open	Open	Outdoors only	Closed (except for takeaway and delivery)





	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Holiday accommodation	Open	Open	Self-contained only	Essential only (for work or other reasons)
Working in someone's home	Yes, with mitigations	Yes with mitigations	Yes, with mitigations	Only if no reasonably practicable alternative
Entertainment venues (cinemas, bingo halls, bowling alleys, indoor play centres and areas, casinos, amusement arcades, theatres and concert halls)	Open	Open	Closed	Closed
Indoor Visitor attractions (including museums, galleries, educational and heritage attractions, and heritage sites such as stately homes)	Open	Open	Closed	Closed
Ice skating rinks (public leisure use)	Open	Closed	Closed	Closed





	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Outdoor attractions and outdoor spaces at attractions (including historic parks, gardens, drive-ins, outdoor museums, farm attractions, zoos)	Open	Open	Open	Closed
Funfairs and theme parks	Open	Open	Outdoors only	Closed
Leisure and fitness facilities (gyms, swimming pools, spas, fitness studios)	Open	Open	Open	Closed
Venues for events and conferences	Open	Open for limited activities (e.g. pilot indoor events)	Closed	Closed
Nightclubs and late night entertainment venues	Closed except for pilot events	Closed	Closed	Closed

		Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Community facilities					
Places of worship	Open	Open	Open	Open	Open
Community facilities	Open	Open	Open	Open	Limited opening (e.g. for essential public services)
Crematoriums	Open	Open	Open	Open	Open
Libraries	Open	Open	Open	Open	Closed to public (click and collect only)
Sports courts, golf courses, enclosed pitches	Open	Open	Open	Open	Closed
Playgrounds, public parks	Open	Open	Open	Open	Open

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Life events				
Weddings (including humanist), civil partnerships and funerals <i>Hospitality restrictions apply</i>	Ceremony – limit set by venue Reception / Wake – Organised activity limits (50 indoors, 100 outdoors)	Ceremony – limit set by venue Reception / Wake – Organised activity limits (30 indoors, 50 outdoors)	Ceremony – limit set by venue Reception / Wake – Organised activity limits (15 indoors, 30 outdoors)	Ceremony – limit set by venue Reception / Wake – Not permitted
Other life events (including bar mitzvahs, baptisms, or others) <i>Hospitality restrictions apply</i>	Ceremony (if relevant) – set by venue Celebration – Organised activity limits (50 indoors, 100 outdoors)	Ceremony (if relevant) – set by venue Celebration – Organised activity limits (30 indoors, 50 outdoors)	Ceremony (if relevant) – set by venue Celebration – Organised activity limits (15 indoors, 30 outdoors)	Ceremony (if place of worship) – restricted Celebration – Not permitted
Driving lessons and tests	Operating with mitigations	Operating with mitigations	Operating with mitigations	Suspended

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Travel				
Within the UK and Common Travel Area	No travel to/from areas of high risk, without reasonable excuse	No travel to/from areas of high risk, without reasonable excuse	No travel to/from areas of high risk, without reasonable excuse Guidance against travel to lower risk areas in other parts of the UK and CTA	Stay at home unless reasonable excuse No travel into or out of area without reasonable excuse
International	International travel allowed, with mitigations (e.g. compliance with quarantine, border control policies)	International travel allowed, with mitigations (e.g. compliance with quarantine, border control policies)	No non-essential international travel (must have a reasonable excuse)	No non-essential international travel (must have a reasonable excuse)
Schools and Childcare <i>additional precautions with move up the levels, such as use of face coverings</i>				
Childcare providers	Open	Open	Open	Open
Informal childcare	Allowed	Allowed	Allowed	Allowed (but should be essential only)

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Primary schools	Open	Open	Open	<p>Face to face learning open for all if possible and always for vulnerable and children of key workers.</p> <p>Blended learning always available and phasing pupils back when possible.</p>
Secondary schools	Open	Open	Open	<p>Face to face learning open for all if possible and always for vulnerable and children of key workers.</p> <p>Blended learning always available and phasing pupils back when possible.</p>
Colleges, FE institutions	Open	Open	Open	<p>Open for “licence to practice” learners and all learners with exams or assessments in attendance onsite</p> <p>Blended learning for other learners, phasing returns for priority groups when possible.</p>

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
HE institutions	Open (increased operation in person)	Open (mix of in-person and remote learning; reduced in person activity)	Open (mix of in-person and remote learning; reduced in person activity)	Open – mix of in-person and remote learning. Operation significantly reduced in person.
Pupil Referral Units, Special Schools and Education otherwise than at school	Open	Open	Open	Open where possible