

Message

From: Kleinberg D (Daniel) [/O=TSE/OU=TSEEXCHSITE01/CN=RECIPIENTS/CN=U203121]
Sent: 02/12/2021 17:39:28
To: Covid-19 Advisory Group Secretariat [Irrelevant & Sensitive]; First Minister [Irrelevant & Sensitive]; Chief Medical Officer [cmo@gov.scot]; Cabinet Secretary for Health and Social Care [Irrelevant & Sensitive]; Deputy First Minister and Cabinet Secretary for Covid Recovery [dfmcscr@gov.scot]
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Subject: RE: C-19 Advisory Group - Meeting Readout - 02/12/2021

Colleagues,

With apologies, three minor changes marked in blue from the Chair – and looping in Colin and Davie.

Daniel Kleinberg | Deputy Director | Covid Public Health | The Scottish Government | <https://twitter.com/> [Irrelevant & Sensitive]
pronouns: he/him



We all have mental health, so it's okay to start talking about it.

[See recipients listed above]

[See recipients listed above]

Subject: C-19 Advisory Group - Meeting Readout - 02/12/2021

First Minister,
Deputy First Minister,
Cabinet Secretary for Health and Sport,
Chief Medical Officer

Copy list: As above.

SG Covid-19 Advisory Group

The SG Covid-19 Advisory Group had an extraordinary meeting earlier this afternoon. At that meeting it considered papers and the minutes from last week's SAGE meeting, and updates from Group members about Tuesday's SPI-M meeting which heard from South African colleagues about the progress of Omicron to date. The Group also heard that SAGE is likely to return to at least weekly meetings.

The group noted the SPI-M position that:

- Omicron is already established in UK (likely or highly likely)
- Omicron is significantly more transmissible than delta (even if its growth in South Africa is to a large part explained by immune escape) (likely to highly likely)
- Omicron will likely replace delta in UK within weeks (early new year). European CDC models also show this.
- Large spike in cases expected
- Much more uncertainty about any rise in hospitalisations (lack of data) but could be substantial. Reasonable worst case from LSHTM modelling team is concerning.
- Key unknowns are relative pathogenicity of omicron and effectiveness of booster in reducing severity of omicron cases (evidence mixed on this and will take some time to emerge. These will be crucial in determining the severity of the possible next wave.

The group concurred with the views of SAGE and SPI-M, that they cannot rule out an imminent and substantial public health threat.

The now familiar policy conundrum applies: we don't have enough information but by the time we get it the need to act could well be acute. Intervening early could mean not needing to intervene more drastically. Measures introduced to mitigate for Omicron would have a positive impact on current levels of Delta variant.

We are already seeing an exponential increase, from low levels, in S-Gene target failure (SGTF) detection. In some areas of Scotland we now have doubling times between 2-3 days. The group heard that PHS will be recommending treating cases with SGTF as assumed Omicron cases. The implications of this on self-isolation and knock-on impacts in sectors such as schools, businesses and healthcare staffing will be important.

Reinfection within 90 days may not be entirely surprising as the immune response is still maturing then. Even if the severity of the virus is better or the same as Delta, the transmissibility of the virus means it is likely to place extreme pressure on the NHS.

Implementing travel restrictions from high-prevalence locations for a specific variant can delay the time to reach a particular incidence for these reasons. But rationally these restrictions should be lifted as soon as community transmission is greater than introduced infections.

The Chair summarised thus:

1. Sense of urgency
2. Difficult decisions, the importance of being proportionate in the face of uncertainty
3. Likely substantial wave
4. Short doubling time seen in early Scottish data
5. Cases already seen in Scotland
6. Pathogenicity uncertainty and may need 1000 cases to have more conclusive on this.
7. Reinfection within 90 days is unsurprising if it is mucosal infection. Unclear if this translates to significant disease.
8. Need laboratory studies on immune response.
9. Pressure on education, business and healthcare workforce of changes in isolation policy.
10. Harm 3 impacts, notably of any changes to policy around schools.
11. Go early – vaccinate, home working, impact of travel regulations is likely to be trivial shortly, handwashing and regular testing to be encouraged. Booster vaccinations and the very high levels of response they produce may allow us to outrun this, depending on the level of immune escape.
12. Need to be clear about exit strategy if restrictions brought in. Is long term plan to wait for new vaccine or increase use of antivirals (noting antivirals could be a short term solution due to risk of resistance).
13. Reasonable Worst Case Scenario – the group noted that the London School of Hygiene and Tropical Medicine is already modelling options up to and including lockdown to inform options.

I am copying in colleagues working on tomorrow's four harms meeting and the provision of next week's Cabinet Paper.

SAGE is expected to meet on Tuesday and the C-19 AG expects to meet again next week (subject to the view of Ministers and CMO).

Kind regards,

NR

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