



Llywodraeth Cymru
Welsh Government

NEWS STORY

Chief Medical Officer advice on post-firebreak arrangements

Advice presented to First Minister on review of post-firebreak arrangements.

First published: 3 November 2020

Last updated: 3 November 2020

This was published under the 2016 to 2021 administration of the Welsh Government

I recognise the need to deliver the national commitment that the firebreak will end on 9th November and I have reviewed the proposals for the arrangements that will come into force at that time.

It is too early to assess the impact of the firebreak on transmission of COVID-19 but we can anticipate some stabilisation of the rising trend which has been seen in Wales since September. I note that some parts of Wales have seen a more rapid deterioration than we anticipated with areas related to the CTM and AB Local Health Boards now experiencing particularly high levels of community transmission with consequent impact on the health and care system. Consultants in

Communicable Disease (CCDCs) who are supporting these areas are expressing high levels of concern over the capacity of TTP system to cope with present and future demand. There is a risk that this pattern could extend to other parts of Wales.

In my earlier advice about the firebreak I noted that a two week period was the minimum duration which would be likely to have an impact and I noted that a longer duration would have a greater effect. We have recently seen the interventions in Northern Ireland (which involved a four week period during which hospitality industry was closed) have led to a significant reduction in R_t and the reversal of some adverse health service trends. I note that England has elected to impose a month-long national lockdown and we should continue to monitor its impact.

This context supports the proposal for a gradual rather than total easement of our firebreak arrangements. It is imperative that we avoid extended chains of inter-household mixing in either private or public settings. Allowing only two households to come together as a single extended household is an appropriate measure. Balancing the harms remains an important consideration and although providing some prospect of economic activity returning, re-opening the Welsh hospitality industry will inevitably lead to some increase in viral transmission. The option of allowing only 4 individuals to interact in these settings together with the other requirements that are being placed on the sector will help to mitigate this as will enabling social mixing to take place in regulated settings.

The new arrangements will only be successful if we are able to engage through a social contract with the people of Wales so that everyone acts in a way which minimises the risk of transmission. This requires a degree of population behavioural change which is unprecedented in scale and pace. I do anticipate that we are likely to see a further increase in viral spread in the post-firebreak period and we will need to continue to monitor the data and strengthen both our TTP programme and our field epidemiology capacity. This will allow us to plan and deliver further interventions at regional or national level if the situation does not improve as envisaged or subsequently deteriorates.

Dr Frank Atherton
Chief Medical Officer
03 November 2020