

OFFICIAL SENSITIVE - NOT GOVERNMENT POLICY

9. Given the uncertainties above you will also want to consider whether to take further measures for a short, fixed period to allow the booster campaign to reach all those eligible and willing, plus two weeks for the immune system to be effective. Any additional measures of the kind we have discussed are likely to reduce the peak. The earlier and more comprehensive the changes, the greater the likely effect on peak size, but even modest measures are additive. The aim of interventions of this type would not be to stop the epidemic in its tracks, or (as previously) get R below 1. Measures that further change behaviours will help against transmission; nobody is suggesting the kinds of full lockdown measures like stay-at-home regulations previously needed.

ADDITIONAL NEXT STEPS

10. Beyond the announcement next week, we need to pursue a number of key actions.
11. **Triggers:** despite Omicron's newness, the key metric for informing our decisions is unchanged; NHS capacity, especially ICU and oxygenated beds, remains the core constraint governing policy choices. Over the last week, dashboard discussions have explored some of the nuances within this headline metric such as: vaccination status; whether COVID is the primary diagnosis; and whether patients were infected in the community or within hospital. But these nuances should not detract from the fact that 'can the NHS cope with the COVID pressure' is the only test that matters. All patients with COVID will need to be treated with the additional infection prevention control measures that reduce bed availability and impacts on staff time. A secondary diagnosis of COVID may still require some treatment for COVID. The most important measures to focus on in terms of NHS being overwhelmed, therefore, are still overall COVID-19 patients in hospital and COVID patients in ICU. Once we get to high levels (e.g. 25k plus) of COVID occupancy we should also look more closely at hospitals' oxygen flows. However, if we *only* focus on occupancy we will be in danger of only knowing that the NHS is overwhelmed once it has happened. Therefore, we should also keep a close eye on admissions; and case rates in the over-60s and those other groups more likely to be admitted to hospital. Finally, the NHS' ability to treat COVID also depends on other pressures so we should keep an eye on non-COVID emergency demand as well.