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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee
held in the Cabinet Room and by video conference on

WEDNESDAY 8th December 2021
At 1430 PM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

The Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care

The Rt Hon Stephen Barclay MP
Chancellor of the Duchy of Lancaster

ALSO PRESENT

The Rt Hon Michael Gove MP
Secretary of State for Levelling Up, Housing and Communities

The Rt Hon Kwasi Kwarteng MP
Secretary of State for Business, Economy and Industrial Strategy

The Rt Hon Thérèse Coffey MP
Secretary of State for Work and Pensions

The Rt Hon Nadhim Zahawi MP
Secretary of State for Education

The Rt Hon Grant Shapps MP
Secretary of State for Transport

The Rt Hon Mark Spencer MP
Parliamentary Secretary to the Treasury (Chief Whip)

Nigel Huddleston MP
Parliamentary Under Secretary of State (Minister for Sport, Tourism, Heritage and Civil Society)

Professor Chris Whitty
Chief Medical Officer

Sir Patrick Vallance
Government Chief Scientific Adviser

Dr Jenny Harries OBE
Chief Executive, UK Health Security Agency

Sue Gray
Second Permanent Secretary, Cabinet Office

Simon Ridley
Head of the COVID-19 Taskforce

Kathy Hall
Director General, Delivery, COVID-19 Taskforce

Lewis Neal
Director, COVID-19 Taskforce

Sapana Agrawal
Director, COVID-19 Taskforce

Steffan Jones
Director for Analysis, COVID-19 Taskforce

Roger Hargreaves
Director, Civil Contingencies Secretariat

Elkie Symes
Deputy Director, Department for Health and Social Care

Dan Rosenfield
Chief of Staff, Number 10

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Data briefing

THE DIRECTOR FOR ANALYSIS IN THE COVID TASKFORCE said that he would give an overview of the domestic situation before he turned to variant B.1.1.529 (Omicron). Prevalence remained high in England, with prevalence around 900,000 in England over the last week based on the Office of National Statistics study. Prevalence continued to be highest in school age children. Thankfully, prevalence and cases had been falling in the oldest cohorts, but there had been growth in people of parental age testing positive. Prevalence had remained relatively stable over the past few months, but there had recently been an uptick in cases - the South East and London had seen the most growth recently. This all added to the continued pressure on the NHS, albeit not to the extent of previous waves and that about 6,000 people were now in hospital with Covid-19 (coronavirus).

Continuing, THE DIRECTOR FOR ANALYSIS IN THE COVID TASKFORCE said that with the Omicron variant it was clear that we were seeing rapid rates of growth in the UK. There were over 400 confirmed cases in the UK, but actual infections would be much higher. Using S-Gene target failure as a proxy for Omicron also showed very rapid growth over the previous week. Across England, cases were rising, with the fastest growth seen in London with a particular concentration in South East London. The data suggested community transmission. Although there was uncertainty, cases were estimated to be growing with a 2.5-3 day doubling time. This rate of growth was consistent with that seen in South Africa - in Gauteng Province cases were doubling every two to three days, with growth rates similar in other provinces though at lower levels. Hospitalisations had also grown rapidly over recent weeks (noting the lag between infection to hospitalisation and hospitalisation data). Slide 19 showed the previous waves of the virus in South Africa with the original strain, Beta and Delta variants. Cases of Omicron were rising faster than anything previously seen. Lastly, Omicron was passing to more countries every day and global spread was now clear. The reported numbers for each country were obviously under estimates due to limited sequencing and the variant was undoubtedly more widespread than the reported data.

The Committee:

— took note.

Omicron Variant
(B.1.1.529): Policy
Response

THE PRIME MINISTER said that the Committee was meeting as decisions were needed on the response to the Omicron variant. The variant had been formally identified in the UK. The risk of exponential growth was alarming. It was necessary to acknowledge what we knew and what we did not know. Whilst the information available was not conclusive, what was apparent was the rapid increase in cases in South Africa and that infections were translating into hospitalisations. There were also signals the variant had vaccine-escaping properties. But equally, it might yet be found to be less severe than the Delta variant and it was not known how much the boosters would protect people. However, due to previous good planning and foresight, the Government had published in its "Covid-19 Response: Autumn and Winter Plan 2021" a Plan B that comprised a series of measures that could be deployed now to slow down the speed of the Omicron variant. These measures had already been announced to the public, but implementing these measures without a clear exit strategy would be challenging. The public would want to know when these restrictions would end.

Continuing, THE PRIME MINISTER said that the Committee needed to assure itself of what constituted the trigger point for an exit from restrictions. The question could be posed in a number of different ways: if the data showed that vaccines and boosters were effective against the Omicron variant the answer would be to continue with the vaccination programme and to live with the virus. If restrictions were imposed and there were some who could not, or would not, be able to be boosted, then what should be done in that situation? What was clear was that we could not go from year to year with further lockdowns. However patient the public had been to this point, it would be hugely difficult to impose coercive measures.

Continuing, THE PRIME MINISTER said that we needed to know more. There seemed little option than to implement Plan B. The reality was that they were running out of road - the choice was to go ahead with Plan B or to wait and be faced with concerning data and a rise in hospitalisations. It was better to do something now that had been planned for than to be caught out again. Colleagues would ask whether this would just lead to higher restrictions. That is when they would know more and might have to make a more fundamental choice. The Committee should consider taking a moderate step now with a better chance of taking the public along with the Government's decision.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he agreed with the proposals in the paper and the Prime

Minister's description of the current picture. The Committee should focus on the impact of the doubling rate of 2.5 days which could mean that if the current 500 confirmed cases were in fact only a twentieth of the real cases in the UK, then there could be around a million people infected before Christmas and millions more within days of that. The UK was now having to tackle the Omicron and Delta variants in parallel. The boosters were key. There was not yet enough data but the Head of Moderna had suggested the previous day that their vaccine effectiveness would fall to 70 per cent against the new variant, but that the booster was around 80 to 85 per cent effective. He said it would also be important to consider care homes, and would not be proposing any measures today, but that he would be making a statement on this in the coming days.

THE HEAD OF THE COVID TASKFORCE said that the measures in the paper were set out against the uncertainty of the current situation. There were four main elements to Plan B, which had initially been set out in the Government's Autumn and Winter Plan 2021. The first was legally requiring face coverings in a wider range of indoor settings. The Committee had previously agreed to implement face coverings in shops and on public transport in response to the Omicron variant. The proposal was now to extend this to a full range of settings as set out in Annex B of the paper. There were some exemptions, for example gatherings for work purposes and singing. The Committee had a choice to go further and decide whether to introduce guidance that school children should wear masks in classrooms. The second part of Plan B was a move from voluntary to mandatory vaccine-or-test certification in a specific range of settings, namely nightclubs and large events as defined in the paper. This was already voluntary in some settings. The Government had previously committed to giving a week's notice for this to enable venues to prepare. The third measure would be the communications and messaging to the public to make clear the change in risk. The guidance for those who had previously been identified as Clinically Extremely Vulnerable would not change and there were specific measures for the most vulnerable including available antiviral drugs. The fourth measure was the re-introduction of the guidance on working from home if you were able to work from home. The messaging on this would be critical as the benefit would be reducing contact in the workplace and through for example reducing the number of people on the transport network. The behaviour change resulting from implementing Plan B measures would be hard to predict, as would potential compliance.

Continuing, THE HEAD OF THE COVID TASKFORCE said that there were further changes that could be agreed that would go beyond Plan B. Two weeks ago the regulations had been changed to require all households and close contacts of suspected Omicron cases to self-isolate, regardless of their vaccination status. It was now proposed that daily contact testing should be introduced to provide an alternative to self-isolation for the fully vaccinated and under-18s, keeping more people in work as Omicron cases rose. This would take about two weeks to fully introduce. A final measure the Committee could consider, which went further than Plan B, would be to introduce a legal requirement for venue check-in, in settings such as hospitality. The reason would be that hospitality settings were not covered by other requirements in Plan B such as face coverings and certification.

In discussion, the following points were made:

- a) the approach needed to be proportionate and precautionary, which Plan B was. It was not clear why the Government should consider going beyond the measures already within Plan B at this stage. Businesses would be anxious, including about the prospect of another “pingdemic”. Hospitality had been one of the sectors worst affected by the pandemic so far and so the sector should be treated with real sensitivity;
- b) this was a difficult decision and the current evidence was not persuasive on the need to move to Plan B. There was a lot unknown about the current impact of the variant. The proposal to move to Plan B would not be cost free; it would impact society and the economy. The exit strategy from the proposals was unclear. It would be helpful to know what the impact of delaying the spread of the virus for a few weeks would be. If the third booster was effective against hospitalisations then would the NHS be fine;
- c) it was inexplicable that the lateral flow device (LFD) test arrangements were not yet ready for daily contact testing; they had been committed to a year earlier. Two weeks was too long to wait for helpful measures. Meanwhile incredibly challenging policy proposals were ready to roll out that night;
- d) colleagues should agree to Plan B with their eyes open to the costs. The proposals would cost billions of pounds, impacting

the delivery of other priorities. Spending planning would have to be revisited in light of this;

- e) modelling the impact of the culmination of Plan B measures on the Omicron variant should be possible. Modelling would be needed otherwise the country could end up in a similar position every six months. It might be right to have to regularly lockdown the country but the Government should not walk into this blindly;
- f) there was an advantage to acting early against the variant. An exit plan was needed and the speed of the vaccine booster roll out should be accelerated. It seemed unlikely that there would be enough information available about the impact of Christmas mixing on the spread of the variant by the proposed date of review on 5 January in the following year.
- g) the French were likely to be more sensitive to what was happening in the UK than previous waves; The Foreign Commonwealth and Development Office should work closely with the French to ensure that the border was not closed again;
- h) the red list countries for travel should be revisited in light of the emerging picture on the Omicron variant;
- i) a shift to working from home would create a difficult discussion in convincing those who worked on the transport networks to continue to run the services;
- j) it was unclear where the tipping point on the vaccine being effective enough was and whether this information was weeks or days away. If the conclusion was that the booster was the clear way out, then the proposals before the Committee did not sufficiently prioritise the boosting programme. The booster programme should be pursued aggressively. It was concerning that NHS staff were not going to be vaccinated until April. There was an inconsistency in the proposals around facemasks and in the idea it was OK to go to hospitality but not into the office. These issues in the proposals needed to be addressed as otherwise the justification for the economic impacts of Plan B were harder;
- k) the more people who were vaccinated the safer the country would be. The proposals were proportionate and did not reflect

a return to a national lockdown. These measures would create more time for the booster programme, which had reached 36 per cent of people. The Government needed to learn the lesson of the pandemic and act quickly in light of the facts on hospitalisations. While there was some hopeful data about the effectiveness of the vaccine booster, this should not sway the Government against taking the action needed given all the other available information. The public were ahead of the Government and were already cancelling Christmas plans;

- l) the most effective measure was likely to be encouraging people to work from home. The Committee should consider carefully whether that lever should be pulled that evening. Education needed to be protected under Plan B. The system had enough lateral flow device tests (LFDs) in stock for daily contact testing to begin the following day until the end of the school term. This would be preferable to PCR tests which were unmanageable in an education system. People needed clarity on this. People should be encouraged to get LFD tests when visiting parents and grandparents over Christmas to protect them. Encouraging people to work from home was likely to lead to many people changing their behaviour and cancelling plans over Christmas;
- m) the biggest question for the Committee was whether to go ahead with the guidance to work from home. There might be benefits to making this decision later that week. Children over five should wear facemasks in schools; it was low cost and could be done quickly. The Government was potentially putting too much emphasis on the data from South Africa which was not a like for like comparison with the UK. Most of those in hospital with the Omicron variant in South Africa were unvaccinated. It was concerning that hospital workers would not be vaccinated until April. Ministers were being asked whether to go ahead with travel plans in light of the current situation. Canceling events would quickly have an impact on local areas. It was right to consider what the impact would be on adult social care. There was a decision to be made about the relative prioritisation of the distribution of antivirals; those who were not vaccinated had made a choice;
- n) Jobcentre Plus services would remain open to provide the interventions needed. There may be a knock on impact of the working from home guidance that many job seekers only look

for roles that involve working from home. The Government should still pursue the jobstart programme enthusiastically;

- o) working from home was a predominantly middle class concept which was not relevant for many people who had jobs such as driving a train or working in construction. These types of roles required attendance at work. It was likely that at the point that measures being proposed today went on to be reviewed, that the case rate would be much higher. Colleagues needed to prepare themselves to be able to remove Plan B despite this;
- p) the politics of introducing Plan B was difficult. The whole of Government would need to talk with one voice to encourage colleagues to support the measures in the House. MPs may call for remote and proxy voting in the House. It was unclear whether planned events like the Parliamentary Away Day in January could and should go ahead in light of this guidance;
- q) there was already an impact on the cultural sectors with cancellations of bookings between 5 and 35 per cent. Edge cases like conferences would need to be considered. The Events Programme had concluded that large organised events, such as a sporting event, could manage the testing of large crowds. There might be a handling challenge around the inconsistency that, under the guidance, someone would be able to go to an event with 80,000 people at Wembley but not work in the office;
- r) while the cost of imposing Plan B may be high, the counterfactual of the costs of not acting should also be considered; and
- s) more antivirals were needed. The impact of antivirals should be modelled.

Responding, THE GOVERNMENT'S CHIEF MEDICAL ADVISER said that the numbers being used around the potential impacts on the NHS over Winter were illustrative, and should not be put in the public domain. The UK was at a transition point between having to use social measures to manage the virus and being able to rely almost entirely on medical measures, such as vaccines. There were several likely outcomes for Omicron. It could transpire that the variant was mild and would naturally go away. This was improbable. It might transpire that the booster vaccine holds the virus and brings the country into the

equilibrium it had achieved with Delta. Early data from Pfizer suggested this was possible. Finally it may be that vaccines would need to be reformulated in order to be effective against the variant which would take more time to have an impact on the virus. These scenarios were not all mutually exclusive. It would be a mistake to give a specific date at which the path would be known and Non Pharmaceutical Interventions could be lifted. More time was needed to roll out the booster programme. The booster programme was non-linear in its effectiveness as the most vulnerable older age cohorts were reached first. Due to this impact, and the quick doubling times of the virus, buying time at the start of the variant spreading had a disproportionately positive impact. There was a strong case for acting earlier. Delaying the decision by a few days would not mean that critical information to change the need to move to Plan B would be available. The modelling that existed would vary greatly depending on assumptions made in the absence of clear information.

Responding, THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that the data on vaccine effectiveness against Omicron was changing hourly as new information became available. Over the previous evening there had been a great reduction in the doubt that the vaccine booster would hold with news from Pfizer. This was based on laboratory data and was not certain, but more data would become available over the coming days. The transmission advantage of Omicron was not yet known, only that it had a significant growth advantage over Delta. This growth advantage was a combination of likely vaccine escape and transmission advantage. The balance between those factors would make a difference to subsequent decisions.

Responding, THE HEAD OF THE UK HEALTH SECURITY AGENCY said that modelling of the impact of Omicron had been undertaken. If it was assumed that the variant was less severe than the Delta variant, with the current growth rate it could be expected that around a million people would be infected between 13 and 18 December. However at this stage the hospitalisation of patients would not yet be visible. By the time hospitalisation figures were visible, enough time would have passed that a larger number of people would already be infected, baking in subsequent hospitalisations. The measures in the proposals before the Committee were hoped to reduce the doubling time of the virus.

Summing up, THE PRIME MINISTER said that the discussion had been good and important. The country was facing a nightmare situation

again after much progress. Given the number of hospitalisations in South Africa it was right to be realistic and recognise the seriousness of the situation. Although it may be painful, it was important that the Government communicated that it had a plan and was committed to sticking with it. The public would understand that our job was to protect the public and would recognise the logic in the approach. If the recent claims by Pfizer that the booster was effective against this Omicron variant were substantiated it would give a way forward, but the right thing to do was to take action early to buy time. There was consensus to move to Plan B, but it was important to be clear what was in Plan B and what was not. Therefore the Plan B that had previously been announced in September by the Government should be implemented.

Continuing, THE PRIME MINISTER said that in relation to certification, this would be mandatory vaccine-or-test certification in nightclubs and large events as defined in the paper before the Committee. The Committee also agreed to move to daily contact testing, but waiting for another two weeks would not be possible - this should be implemented as soon as possible, at least for critical workforces and under-18s. Communications should be accelerated, with a particular focus on boosters and a boosters campaign. Communications over the Christmas period should also focus on testing prior to seeing those who may be more vulnerable. These measures would be temporary and reviewed in advance of 5 January in the following year. The Prime Minister said he would announce these measures in a press conference later that day. The importance of care homes was recognised and it was noted that the Secretary of State for Health and Social Care would make a statement on the review of Adult Social Care measures shortly. The Foreign, Commonwealth and Development Office would also need to work closely with the French Government on the UK's response to the Omicron variant to avoid potential disruption across the UK / France border.

The Committee:

— took note.