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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

SATURDAY 27th November 2021
At 11:00 AM

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

ALSO PRESENT

The Rt Hon Elizabeth Truss MP
Secretary of State for Foreign, Commonwealth and Development Affairs

The Rt Hon Grant Shapps MP
Secretary of State for Transport

Professor Chris Whitty
Chief Medical Officer

Sir Patrick Vallance
Government Chief Scientific Adviser

Dr Jenny Harries OBE
Chief Executive, UK Health Security Agency

Dr Susan Hopkins
Chief Medical Advisor Transition Lead, UK Health Security Agency

Jack Doyle
Director of Communications, No 10

Secretariat

S Case
S Ridley
NR

CONTENTS

Variant B.1.1.529 (Omicron) response

THE PRIME MINISTER said that this meeting would consider the Government's response to Variant B.1.1.529 (Omicron). He would hold a press conference later that day.

THE CHIEF MEDICAL OFFICER said that the variant was spreading widely in South Africa, and there were now imported cases detected in several countries around the world including Belgium, Hong Kong, Egypt and there were reports of one case in Germany. The variant had a large number of mutations including a high number located in its spike protein, which suggested increased transmissibility and possible immune escape. It was not yet known about the potential for this variant to develop from causing infection to causing severe disease. Two cases had been identified in England - one in Nottingham and one in Brentwood, Essex. These two cases seemed to be linked, but that was not yet confirmed. The household from Nottingham involved travel from Zimbabwe via South Africa. Several individuals had been vaccinated, so this was compatible with the idea that this variant transmitted more easily to the vaccinated. In one household there were five positive cases, three of which were in double vaccinated individuals and two children had been infected. There were no hospitalisations at that time.

THE CHIEF EXECUTIVE, UK HEALTH SECURITY AGENCY said that these cases were probably part of one cluster and there had been a rapid onset of symptoms. In the Essex household there had been an additional positive report from a Lateral Flow Device test that day, which demonstrated that the variant was transmitting very effectively within the household. Backwards contract tracing was already underway.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he agreed with what had been set out by the Prime Minister, as set out in slide four of the paper. However, the Government should go further on measures at the border. All in-bound arrivals should be required to take a pre-departure test, and all inbound travellers from non-red list countries should be required to isolate at home for ten days and do a day two and day eight polymerase chain reaction (PCR) test. An option of a day five test to release from isolation could be considered.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he had asked the Joint Committee on Vaccination and Immunisation to look at the extension of boosters to all those over 18, and to reduce the gap between the second vaccination dose and the booster to five months. He was looking at the purchase of

more antivirals. The Department for Health and Social Care was in touch with Pfizer Inc. and Merck & Co and there was the possibility to purchase significant additional doses.

In discussion the following points were made:

a) the principles of the argument set out and the measures in the paper were broadly right, including adding four more countries to the red list;

b) requiring a day two PCR test would be manageable and would allow isolation and tracing of contacts. It would be essential that all the results were sequenced properly. Testing had high costs to passengers and in the past very low numbers had been sequenced, which removed the benefits;

c) if possible, travellers could have the option to take a test on their way through an airport and this should be enabled to happen;

d) the Government should not kill the aviation sector - compared to the spring and summer there was no furlough and no support now. The impact of adding countries to the red list was clear - the share price of International Airlines was down by 15 per cent. The aviation sector had recovered more slowly in the UK than in other countries – the UK used to have the third biggest aviation sector and had now fallen right down the list. Support for this sector should be looked at;

e) these measures could also have very damaging impacts on supply chains; 70 per cent of high value goods from abroad came in the belly space of planes. The Government had been working for weeks to strengthen supply chains and should not undo that good work;

f) these measures would come as a huge shock to people and went far further than the Government's Plan B. There was a risk of undermining the benefit of vaccination in the public's eyes and people losing confidence that vaccines remained our only way out of the pandemic;

g) day two PCR tests would damage the aviation sector, which was struggling to recover. The Government should not go any further than this with travel measures;

h) the domestic household solution for contacts had a huge economic impact. The only month when the country was not in lockdown, but where GDP shrank was July 2021 due to the 'pingdemic' (the large-scale notification of members of the public by a contact-tracing app). More targeted measures – such as isolation of suspected Omicron contacts as proposed - should have less impact, but this was an important bookend to have in mind as any measures are introduced;

i) scientists at BioNTech had already started investigating the impact the Omicron variant had on its vaccine developed with Pfizer. Pfizer had said it should take one to two weeks to determine the efficacy of their vaccine on Omicron. It was essential to know the timeframe for when enough would be known to review measures, so the Government had a clear exit strategy;

j) there was concern about going further than what was proposed in the paper. It should be made clear the measures would be temporary;

k) it would be important to be clear when the Government would know the impact of this variant on hospitalisation. Ultimately it was the risk to creating unsustainable pressure on the NHS that the Government needed to address and the measures should be ended as soon as possible;

l) introducing a requirement for face masks in transport and shops would be a miserable step and a move backwards, but it could be lived with;

m) the Government should require all travellers to isolate for at least five days and only then do a test to release. The Government should also reintroduce Pre-Departure Tests for all travellers

coming to the UK. These could be Lateral Flow Devices and only cost I&S each. Most other countries already required them;

n) there was no way the travel industry could survive more than a day two test, which would already come at great economic cost; and

o) Pre-Departure Tests had been shown to be ineffective as they had to be taken days before departure. In addition, they cost much more than I&S and for families were a significant burden that would lead to people simply not travelling. There were many countries that did not require these tests.

Summing up, THE PRIME MINISTER said that steps should be taken to protect the public from the Omicron variant, given the significant risks. These measures were precautionary and should be temporary. The Government would review them all after three weeks. It was agreed that all international arrivals should be required to take a day two PCR test and self-isolate until their result. If the result was negative people would not have to isolate for ten days. Facemasks should be required in shops and public transport, although not in hospitality settings. In terms of isolation requirements, all close contacts of suspected Omicron cases should be required to self-isolate, regardless of their vaccination status. There was agreement that additional antivirals could be purchased, so long as they were value for money and the Chancellor of the Exchequer would review the proposal. The Secretary of State for Health and Social Care and the Secretary of State for Transport would send further detail on Pre-Departure Tests so that a final decision could be taken after the meeting. The Secretary of State for Health and Social Care's request to the Joint Committee on Vaccination and Immunisation on boosters was noted. The Prime Minister would announce these measures in a Press Conference that afternoon. Ahead of this, the Secretary of State for Health and Social Care would announce the two cases that had been identified in England, and the previously agreed decision to add Malawi, Mozambique, Zambia, and Angola to the red list.

The Committee:

— took note.