

Witness Name: Professor Sir
Christopher Whitty
Statement No. 10
Dated: 16 October 2025

UK COVID-19 INQUIRY

MODULE 8

TENTH WITNESS STATEMENT OF

PROFESSOR SIR CHRISTOPHER WHITTY

I, PROFESSOR SIR CHRISTOPHER JOHN MACRAE WHITTY will say as follows:

1. I am the current Chief Medical Officer ("CMO") for England. This is the tenth witness statement that I have submitted to the UK COVID-19 Inquiry ("the Inquiry"). It is made in order to briefly address a matter raised in the evidence of Sir Jon Coles (Sir Jon Coles, 6 October 2025 105/11 to 106/5).
2. I agree with Sir Jon that children being at a lower risk of harm from COVID-19 was a very important point to have raised from early on - but think he may not have recalled accurately that this was raised repeatedly in press conferences and other public fora. I understand that Sir Jon raised a concern that it was not until August 2020 that I publicly addressed the relative risk of COVID-19 in children (in his evidence he stated that the message should have been that "*children are not at risk*" but I take him to have meant that the risk of severe disease is much less likely in children than in adults).
3. For the assistance of the Inquiry, I produce below some examples of contemporaneous public statements that I made in this respect prior to August 2020 (I have identified, where available, the URN of documents that were accessible to me in my position as a Core Participant in Module 2):

3 March 2020 press conference with the Prime Minister [INQ000231042]

"I think there are probably two things to say in addition to that. The first is that there's no evidence at the moment that children are particularly badly affected by this virus. In fact, quite the other way. Currently, the evidence from China at least, would imply that children have much less of this disease. That's either because they're getting it less often or that they are getting it, but it is much milder. So the first reason to close schools, which is this is particularly dangerous for children, which some infections are, would not be a sensible reason in this case. The second reason is that in some epidemics it is useful to actually close schools as a way of damping down the epidemic significantly. And one of the things that Patrick, with the Scientific Advisory Group and experts, is doing is modelling out would that help sufficiently in this particular epidemic if it were to be done as a way of pulling down the peak of the infection to justify the considerable burden, including, I have to say, to the NHS, which would start to lose healthcare workers who had to look after children at home. So these things are difficult balancing acts and the Scientific Advisory Group are working through this. Sir Patrick might wish to add a bit how they're intending to do this."

19 March 2020 press conference with the Prime Minister [INQ000064460]

On the second question you asked, it is clear, there are three things that probably people need to think about simultaneously. Firstly, the great majority of people who get this virus, irrespective of age, will recover from it and most of those will have a mild or moderate illness not requiring any hospitalisation, very important to make that point first off, because I think that is an, a key point for people to remember, it is particularly, it seems to be true for children, where children seemed on the whole to have this as a milder disease than adults and probably quite a lot milder in most cases. The second thing is it is also true that particular groups of older people or vulnerable people, medically vulnerable, do get this more severely, and if you look in the data from China, if you look in the data from Italy, and if you look in the data initially from the UK, most of the deaths are occurring in those groups. But, and this is the point that the US is making, and I think it is an important point to emphasise, that is not to say that there will not be severe cases amongst people who are younger adults. And that is important because it is important that people don't trivialise this. This is a significant issue for everybody, although the great burden of disease will tend to fall, in terms of severe disease, in the more vulnerable groups, and that's why we've given very specific advice to people who are over 70 or have pre-existing health conditions. That, there will be people who don't fall into those groups who will fall seriously ill, unfortunately. The great majority will not, but some will and so

we do ask people, you know, take this seriously for yourself, as well as taking it seriously for all of society, and as a way of taking pressure off the NHS”

27 April 2020 press conference with the Secretary of State for Health and Social Care

“Yes, so, so it remains the case that the great majority of children either don't get coronavirus or if they do the symptoms are minor. That doesn't mean, sadly, that that is absolutely true. There are still a small number of cases, including some very severe cases, but they are relative to adults much less than, than, thank they're much less than adults. So that remains absolutely the case. So the first reason for not sending children to school, which is it's particularly dangerous for them, that wouldn't be true in the case of coronavirus. There is, secondly, there is no doubt that they contribute, if you have schools open, it does contribute to increasing the R . So if you close schools, the R goes down, it's part of the collection of things that were done in March to try and pull the R from where it was, near three, to where it is now, below one. It's not, it's only one of, if you did it just on its own, it wouldn't be enough, but if you stop doing it you would actually lose some of the benefit that we've currently got.

Now, there is a quite a debate at the moment around the world in science, what contribution do children make to the actual spread of this virus between families around the country, wherever we are talking about, and is it different, for example, between young children and older children? Which it may be. But unfortunately, we do not yet have direct data that really help us. Remembering that this is a new disease, so we can give a reasonably accurate answer for a disease like flu, we really understand how children help drive flu, we are still really learning on this one. And, so whilst I think it remains the case that we think that the, the contribution of children at school to the, to the spread of this virus is probably less than, for example, for flu, we do think it certainly contributes, and what we are trying to work out is what proportion of the R it contributes and therefore if children went back to school how much closer to one, and that's in a bad way, would we be, and could it even tip us above one and what we can do if so to try to minimise that? So it's a very, it's a very good question, to which there is unfortunately not a really clear answer but we are getting closer, I think, to having a slightly narrower range of uncertainty around, around this.”

11 May 2020 press conference with the Prime Minister [INQ000064510]

“So the, the first thing to say about schools is, there are, there are, in a sense, there are three separate risks that people are concerned about in terms of schools. One of them is risk to children, and although sadly there are a very small number of children who do get severe

disease, actually, it is, it is extremely small. The risk, the one good thing about this virus, and there is really only one good thing, is very, very low in children which is in contrast to many other infectious diseases. So the risk to children is very, very low. The second question is, is this, is having primary schools come back, going to lead to a significant upswing or a change in the R? And this has been modelled very carefully by SAGE, and Sir Patrick might want to add to this but the view is, if it's done very carefully, if it's done slowly, then it is very unlikely to do that but it has to be done very, very carefully and Patrick may wish to add to that, comment, very, very slowly. The third thing is that teachers and parents are understandably concerned about individual risk, and that's very much what we're consulting on at the moment with the profession, and it is very important that we have a proper debate, debate around that to make sure people understand that we can do many things to reduce the risk. As with all of society with an infectious disease, you can never reduce the risk completely to zero and that's not a realistic aspiration but we can reduce the risk very significantly. The biggest thing though to reduce the risk is to get the virus down, that makes the risk low, low for everyone in the community."

3 June 2020 press conference with the Prime Minister [INQ000064515]

"I mean on, on children, sorry, on, on parents not wanting to send their children to school, which I think anyone can understand why parents are thinking about this very hard. I'm going to give an answer in the way you would as a doctor which is to say that if you're starting a drug, if you recommending an operation, doing anything of that sort, you say look, there are some things that are benefits and there are some things that are risks and you have got to understand these and you've got to understand these when is the right time where the risks and benefits have some form of balancing out. Of course, and this is not my area of expertise, I'm making the general point, children not having their school education is a huge disadvantage to them potentially for the rest of their lives, everyone would I think broadly, accept that. Set against that are the downsides of going to school in an epidemic and I think that I'm going to list out four. The first of which is the risk to children and I think that one of the things that is one of the few reassurances that we can give in this disease is that overall it looks as if children are much less likely than adults to get severe disease and probably less likely to get clinical disease meaning symptoms of any sort, and although there are tragically a very small number of deaths in children and a slightly larger number of people who've had severe disease, but compared to adults, this is not a dangerous disease in the way that many other infections really pick out children. This disease does not. So this is not a disease which is aimed, which is primarily of risk to children. The second thing is that parents of particularly of primary school children are generally not in the age group which is at high risk of getting

severe problems with coronavirus. Now there are of course there are people who've got particular high risk medical conditions who are shielded at the moment and in that situation, there's a different set of, of concerns and there's very specific guidance for those parents. But this is not an area in primary school, a very small proportion of parents of primary school children are in the, are in the age group where there's high mortality or severe problems. Clearly, there is a very complicated balancing act for society in terms of the possibility of increasing the transmission, and, on the one hand, and depriving children of their education on the other, and this is a very hard balancing act, but this, you know, this is where we are trying to, as a society, walk between two risks; a risk to education and a risk to health. And the rates of transmission are now much lower than they were at the point when the schools were closed. And then the final thing that people obviously think about is grandparents and others who are potentially at risk and obviously there is an issue there that we need to think through in certain cases and that's about people taking sensible decisions. So I think, you know, I fully understand, as everyone fully understand, people wanting to think this through. But, the point I want to go back to at the beginning is that the biggest concern for people is going to be the health of their children and this is a disease which can affect children but is very unlikely to compared to adults."

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth or without an honest belief of its truth.

Signed:

Personal Data

Dated: 16 October 2025