

SPI-M-O: Consensus view on behavioural and social interventions

Date: 16th March 2020.

1. It was agreed that a combination of case isolation, household isolation and social distancing of vulnerable groups is very unlikely to prevent critical care facilities being overwhelmed.
2. It was agreed that it is unclear whether or not the addition of general social distancing measures to case isolation, household isolation and social distancing of vulnerable groups would curtail the epidemic by reducing the reproduction number to less than 1.
3. It was agreed that the addition of both general social distancing and school closures to case isolation, household isolation and social distancing of vulnerable groups would be likely to control the epidemic when kept in place for a long period. SPI-M-O agreed that this strategy should be followed as soon as practical, at least in the first instance.
4. It was agreed that a policy of alternating between periods of more and less strict social distancing measures could plausibly be effective at keeping the number of critical care cases within capacity. These would need to be in place for at least most of a year. Under such a policy, at least half of the year would be spent under the stricter social distancing measures.
5. The triggers for measures to be enacted and lifted could be set at a level of UK nations and regions. The duration of control periods would be less important than the extent to which contacts are reduced. There would be a 2-3 week delay between measures being put into place and their impact being felt in ICU.