

## **Forty-third SAGE meeting on Covid-19, 23rd June 2020**

### **Held via Zoom**

#### **Summary**

1. Releasing a significant number of measures in combination presents a material risk of accelerating transmission and the impacts will need to be carefully monitored.
2. Reintroduction of measures will need to be considered at a local level in response to outbreaks.
3. There will be trade-offs to be made when considering what measures need to be retained or reintroduced, and equity will be an important consideration in making these trade-offs given the varying impacts on different sections of society.
4. SAGE recommends co-creation of public guidance to engage communities and deliver effective communications.

#### **Situation update**

5. Hospital case numbers continue to decline; the rate of decrease continues to slow.
6. Latest ONS data show a flattening trend for infection prevalence and incidence.
7. SPI-M and NHS discussions on recording of Covid-19 re-admissions are continuing but the latest data from NHS suggest that the figure is less than 5% of total.

#### **Cabinet Office commission**

8. SAGE endorsed papers from SPI-M and SPI-B on potential changes to measures, subject to minor updates.
9. Releasing a significant number of measures in combination presents a material risk of accelerating transmission and the impacts will need to be carefully monitored. An increase in local outbreaks is highly likely. Modelling indicates that, in the absence of enhanced levels of immunity provided by vaccination, contact tracing and COVID-secure measures are unlikely to be sufficiently effective to allow a return to 'pre-COVID' normality without increasing infections rates.
10. As previously advised measures should be considered in combination, and cannot meaningfully be assessed individually. There will be trade-offs to be made when considering what measures need to be retained or reintroduced, and equity will be an important consideration in making these trade-offs given the varying impacts on different sections of society.
11. It will take some time (one month or more) for the impact of changes to measures on transmission to become apparent, due to both the lag in people's response, and the lag in measurement of key indicators such as hospital admissions. Some people's responses will also occur ahead of changes being introduced, and the overall effect is one of gradual change in levels of contact (this is true both when imposing and releasing measures).
12. Reintroduction of measures will need to be considered at a local level in response to outbreaks. Data from contact tracing and outbreak investigations will be essential in informing any decisions. The PHE outbreak report will be valuable, and this should be integrated with the work of the JBC.
13. Some behavioural data can give a more timely indication of changes than epidemiological data and a behavioural situation report would be valuable in bringing together different sources of data to support monitoring. The CoMix behavioural contact survey is one source of such data; early indications from the most recent CoMix data suggest an increase in contacts and consequently in R, possibly bringing it close to 1.
14. As measures are reversed, behavioural responses will not necessarily mirror those observed as measures were imposed, as a result of the different psychological context (which may include altered levels of trust, fear and anger).
15. There are still large numbers of people without a basic understanding of some elements of COVID-19, including awareness of symptoms (cough or fever only recognised by 65% of people). It will be important to deliver effective communications both on these

elements and on more complex issues such as network effects, in order to effectively convey risk and explain the rationale for measures. SAGE recommends co-creation of guidance to engage communities and deliver effective communications.

16. There may be a need to change measures at the end of the summer in order to be able to keep R below 1 whilst proceeding with the planned reopening of schools. Planning for safe full reopening should take place now and should take account of the health benefits of reopening schools as well as the educational benefits.
17. There are different risks over the summer period, from different patterns of behaviour and as people move around the country, which may link networks and place additional pressure on areas where there is an influx of people, such as rural and coastal areas.
18. The 'ready reckoners' in the endorsed SPI-M paper provide a useful way to consider the risks associated with changes in different scenarios. It will be important to measure the extent to which sectors are COVID-Secure in order to be able to understand the likely impact on R of any changes. Further work is needed to understand how COVID security can be measured.

### **ALL ACTIONS FROM THIS AGENDA ITEM ARE CAPTURED IN THE LIST BELOW**

#### **Future meetings**

19. A small number of SAGE participants will meet on 25th June to review R and growth rate estimates.

#### **List of actions**

**SAGE secretariat** to ensure SPI-M ready reckoner is seen and understood by Cabinet Office and DHSC policy officials

**SAGE secretariat** to circulate responses to Questions 1-3 of Cabinet Office Stage 3 commission to all SAGE participants by 24 June

**PHE** to provide weekly sitrep summarising outbreaks of Covid-19 and link this with JBC by 2 July

**SPI-B chair** to brief Alex Aiken and other comms and policy leads on behavioural considerations and communications around reinstating distancing measures by 2 July

**C-19 secretariat** to develop weekly sitrep combining polling and behavioural data by 2 July

**John Edmunds** to circulate most recent CoMix data to SAGE participants by 25 June

**Cath Noakes, Andrew Curran, Graham Medley and James Rubin** to identify how 'Covid security' (i.e. effectiveness of risk mitigation measures in reducing transmission for a given contact) can be measured by 2 July

**DfE** advised to work with subgroups to consider how schools can re-open safely (by July 9<sup>th</sup>)

**Lucy Yardley** to produce annex on high contact situations and linking networks to paper 'Reducing transmission in high connectivity occupations' by 2 July

#### **Attendees**

**Scientific Experts (36):** Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (dCMO), Jenny Harries (dCMO), Angela McLean (CSA MoD), John Aston (CSA HO), Andrew Curran (CSA HSE), Charlotte Watts (CSA DfID), Carole Mundell (CSA FCO), Robin

Grimes (CSA Nuclear), Osama Rahman (CSA DfE), Andrew Morris (Scottish Covid-19 Advisory Group), Steve Powis (NHS), Mark Wilcox (NHS), Sharon Peacock (PHE), [REDACTED] Yvonne Doyle (PHE), Paul Cosford (JBC), [REDACTED] Peter Horby (Oxford), Graham Medley (LSHTM), John Edmunds (LSHTM), James Rubin (KCL), Lucy Yardley (Bristol/Southampton), Michael Parker (Oxford), Wendy Barclay (Imperial), Calum Semple (Liverpool), Cath Noakes (Leeds), Ian Boyd (St Andrews), Venki Ramakrishnan (Royal Society), Mark Walport (UKRI), Sheila Rowan (CSA Scotland), Nicola Steedman (dCMO Scotland), Jim McMenamin (Health Protection Scotland), Rob Orford (Health CSA Wales), Ian Young (CMO Northern Ireland).

**Observers (9):** Ben Warner (No.10), [REDACTED]  
[REDACTED] Vanessa MacDougall (HMT), [REDACTED]  
[REDACTED]

**Secretariat (all GO-Science) (18):** Stuart Wainwright, Kavitha Kishen, Simon Whitfield, [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Total: 63**