HM Government

COVID-Status Certification Review: Report

July 2021

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Contents

FINDINGS FROM THE REVIEW

1. This document sets out the conclusions of the Government's COVID-status certification review which was announced in February 2021's COVID-19 Response – Spring 2021 publication and led by the Chancellor of the Duchy of Lancaster. An update was published in the Roadmap Reviews Update of 5 April.

2. Certification is already a feature of international travel, with some countries requiring proof of vaccination status as a condition of travel. Individuals are able to demonstrate their vaccination status through the NHS COVID Pass for travel feature on the NHS app or through a letter.

3. The COVID-status certification review has explored whether and how COVID-status certification might be used to reopen our economy, reduce restrictions on social contact and improve safety.

4. **Having considered a wide range of evidence as part of the review, the Government has concluded that it will not mandate the use of COVID-status certification as a condition of entry for visitors to any setting at the present time.**

5. While there would be a public health benefit, it was judged that the burden – particularly on those who have not yet been offered a full course of vaccination and would therefore require repeated testing, and possibly on organisations – would be disproportionate to the public health benefit at this stage of the pandemic.

6. The review recognises the concerns expressed over certification. However, it is possible that certification could provide a means of keeping events going and businesses open if the country is facing a difficult situation in autumn or winter. Therefore, the Government will keep the wider application of certification under consideration. The Events Research Programme is trialling the use of certification in large events, and the Government will continue to assess the findings from the programme.

7. The Government believes that to ban certification in domestic settings would, in most cases, be an unjustified intrusion on how organisations choose to make their premises safe. Essential settings should not use certification, but others can decide to use it at their own discretion in compliance with legal obligations.

8. It is therefore right that the Government provides a means of demonstrating COVID status and, from step 4, the Government will make the NHS COVID Pass, accessed via the NHS app, available so that individuals can prove their status. This functionality has already been available for trials through the Events Research Programme. COVID status will be achieved by completion of a full vaccine course, a recent negative test, or proof of natural immunity. There will be a small number of exemptions for those

participating in vaccine trials and for those for whom vaccination and testing are not appropriate.

9. The review has been informed by evidence gathered from in-depth interviews and roundtables held with academics and specialists from relevant fields, from the experience of other countries who have introduced or are introducing their own systems of COVID-status certification, and by a public call for evidence. We would like to thank all those who have contributed to the review.

Public Health Considerations

10. Throughout the review, we have consulted with a wide range of clinicians and independent scientific advisory groups on the effectiveness of certification as a tool to manage the spread of COVID, including the standards for acquiring COVID status. Alongside this document, several SAGE papers are being published which relate to COVID-status certification.

11. SAGE 87[1] described a hierarchy of risk reductions. These are: 1) isolate those that are infectious from the rest of the population; otherwise, 2) reduce the likelihood that they enter higher-risk settings or situations; otherwise, 3) attempt to decrease the transmission risk from an infectious person in any given environment. Certification would act at levels 1 and 2 of the above by leading more infectious individuals to isolate than would otherwise be the case and reducing the number of infectious individuals that enter settings that require certification.

12. Although certification can be used to indicate that a person is at a lower risk of carrying and transmitting the virus to others, it should not be treated as proof that an individual is 'COVID free'. While vaccines and natural immunity provide good protection against symptomatic infection, vaccines are not perfect at protecting against infection or subsequent transmission, and test results are not 100 per cent accurate. As a result, certification would not necessarily reduce the number of infected people entering a venue to zero.

13. In addition to the direct public health impacts of certification, certification could also have an impact on people's behaviours in both positive and negative ways. Behavioural scientists saw advantages to certification in encouraging behaviours around vaccination uptake and regular testing. On the other hand, there were some concerns that the introduction of certification could cause an increase in risky behaviours due to a perceived sense of safety. Depending on the way in which the certificate is acquired, there could be incentives for people to expose themselves to infection in order to gain proof of natural immunity; this risk would decline as vaccination rollout continues. On balance, behavioural scientists took a positive view of the likely health impacts of certification.

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[1] SAGE (April 2021) - Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (NPIs)

Ethics & Equalities Considerations

14. Ethical, moral and equality considerations of certification have been explored through extensive engagement with ethicists, academics and a range of specialists and representatives including from faith, race and disabilities groups.

15. Many ethicists saw a clear case for certification due to the potential to help safeguard the health and wellbeing of people and enable them to feel safer in accessing settings. Some issues were raised, including the potential for certification to exacerbate existing divisions and inequalities issues - for example in groups where there is vaccine hesitancy, groups for whom it could be difficult to access or administer tests, or groups who may face higher levels of digital exclusion.

16. The Government is clear that any use of certification must be as accessible and easy to use for all as possible.

Business Considerations

17. The Government consulted widely and heard a range of views from businesses and business representative organisations. Some businesses saw the potential for certification to have a positive impact if it gave customers the confidence to return to settings that had previously been considered high risk. It was also thought that certification could be valuable if it were used to enable venues to open at full, or increased, capacity.

18. Certification would, however, also impose a practical burden on businesses. It could also discourage people from attending venues - particularly for young people who may not have had the opportunity to have had both doses of the vaccine - and due to the additional burden of demonstrating status at the door. This was a particular concern for venues that depend on spontaneous trade.

19. Businesses told us that any certification scheme should prioritise a smooth user journey and ease of use for both venue operators and customers. This includes developing a system that is easy and quick to verify, with easily understood standards, and is interoperable with third party systems.

Call for Evidence

20. A call for evidence ran from 15 March to 29 March, and received 52,450 responses. Over 99 per cent of responses were from members of the public writing in a personal capacity. Most individuals who responded to the call for evidence expressed strong views against certification, largely based on an assumption that certification would be based only on vaccination status (so-called "vaccine passports"). A smaller number of members of the public wrote in support of the use of certification as a tool to help

reopen the economy and society safely. In contrast, public opinion polling showed support for "vaccine passports" in a range of settings[2].

21. Aside from these responses from members of the public, we received responses from representative bodies, government bodies, businesses, business representatives, sports bodies, and entertainment groups. Many of these responses were supportive of certification if it was a tool to help reopen safely, and encouraged the Government to be pragmatic about its design and application.

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2   Ipsos MORI, https://www.ipsos.com/ipsos-mori/en-uk/majority-britons-support-vaccine-passports-recognise-concerns-new-ipsos-mori-uk-knowledgepanel-poll, 31 March 2021
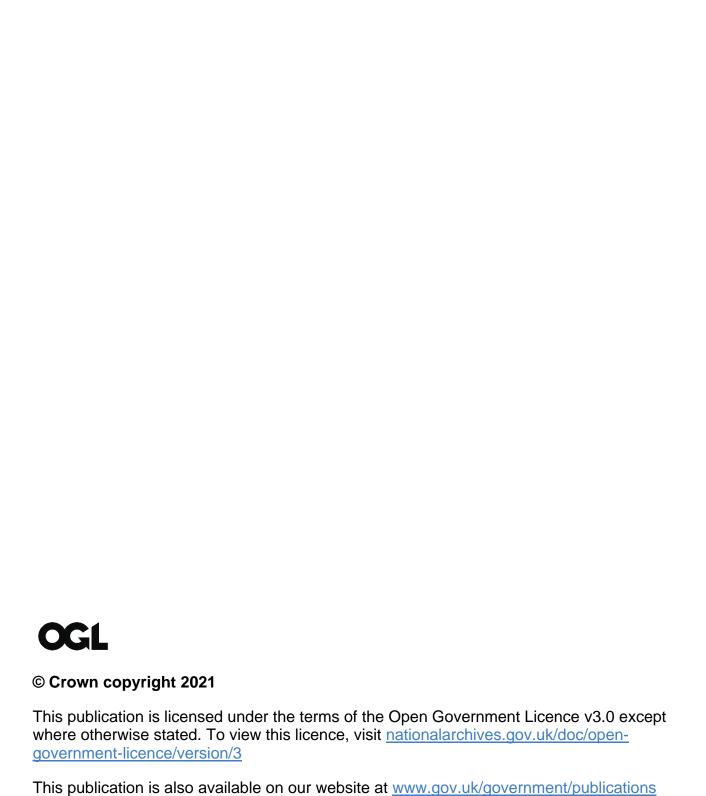
CONCLUSION

22. The review has concluded **that the Government will not mandate the use of COVID-status certification as a condition of entry for visitors to any setting at the present time.** While the review concluded that there would be a public health benefit, the impacts are judged to be disproportionate to the public health benefit at this stage of the pandemic. The Government will continue to keep this under review.

23. The Government will therefore not mandate certification for venues to reopen from step 4, and any decision to require COVID-status certification will be a discretionary choice for individual organisations to make. However, it is possible that certification could provide a means of keeping events going and businesses open if the country is facing a difficult situation in autumn or winter. Any future implementation would involve consultation and appropriate parliamentary scrutiny.

24. The NHS COVID Pass can provide a means to easily demonstrate COVID status. It is already in use for international travel, where individuals can use it to demonstrate their vaccination status in a manner consistent with emerging international standards. We will continue to facilitate this and incorporate test results into the NHS app for travel purposes.

25. The use of the NHS COVID Pass in domestic settings has been trialled through the Events Research Programme, which has provided vital insight into the deployment of a certification system in practice. The third phase of the Programme is continuing to trial the use of certification, including the NHS COVID Pass, in various settings to assess outcomes and the user experience.

26. From step 4, the Government will make the NHS COVID Pass available as a means for individuals to demonstrate COVID status and for organisations to check it, if organisations choose to use it. Guidance on the use of the NHS COVID Pass will be available on GOV.UK.

27. The NHS COVID Pass is available through three routes: on the NHS App (including a downloadable pdf), on the NHS.UK website through any web browser, and as a paper letter, which can be requested through the NHS.UK website or by ringing 119. This flexibility is an important part of the inclusiveness of the NHS COVID Pass, and events to date show individuals using the range of options, not just the NHS App.

28. To enable equitable access for those who do not have internet access, individuals should also be able to demonstrate vaccination (including clinical trial vaccination) or natural immunity status by phoning 119 to request standardised letters. We are also developing a solution for non-digital proof of testing, supplementing the existing telephone offer via 119, and for those exempt from certification on clinical grounds.

29. As well as these verifiable proofs, individuals will continue to receive text and email confirmation of test results in a standardised format. These proofs should all be accepted in order to ensure equal access for those who cannot use the app.

30. The NHS app is available to those who are resident in England with an NHS number. Welsh citizens can access their NHS COVID Pass via the NHS website by using their NHS login to access their vaccination information and download a PDF version of their COVID status. UK residents will also be able to prove their COVID status for domestic purposes using the other proofs listed above, or by requesting a copy of their vaccination status. The UK Government will continue to work closely with the Devolved Administrations on this matter.

31. There are some settings in which the Government does not believe certification is appropriate, even for voluntary use. Essential settings and those that have been able to stay open throughout the pandemic should not use certification.

32. The Government will continue to consider the use and the potential future application of certification, taking into consideration the findings of this review and of the Events Research Programme.

Clinical standards to acquire COVID-status certification

33. The NHS COVID Pass will display an individual's COVID status based on vaccination status (including clinical trial), test results, or proof of natural immunity. The Government is developing a means for individuals to demonstrate clinical exemption status.

34. Certification through the NHS COVID Pass will be acquired by:

    a. **Full vaccination:** 14 days after completing a full course of vaccination, whether that requires two doses or one dose (according to the MHRA authorised schedule);

    b. **Testing:** evidence of a negative PCR or lateral flow test taken with 48 hours of entry to a venue, with both on-site (where available) and at-home tests being accepted; and

    c. **Natural immunity:** proof of a positive PCR, lasting for 180 days from the date of the positive test and following completion of the self-isolation period.

35. There will also be a small number of exemptions, where if individuals meet one of the following criteria they will be able to demonstrate their exempt status:

    a. Those who have received a trial vaccine, including those who are blinded or may have a placebo, as part of a formally-approved COVID-19 vaccine trial in the UK; and

    b. Exceptional circumstances for individuals where a clinician recommends vaccine deferral or that vaccination is not appropriate and where testing is also not recommended on clinical grounds.

36. Given that vaccination is not recommended for those below 18, the Government recommends that children under 18 are exempt from having to demonstrate their COVID status. The Government believes that repeat testing of this group would be disproportionate for the purposes of gaining COVID status to visit settings.

37. The Government will continue to review these standards as required, for example in response to changes in the epidemiological situation or if new vaccines with different characteristics are approved.

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