



¹ William Harvey Research Institute, Queen Mary University of London, London, UK

² Department of Psychiatry, University of Cambridge, Cambridge

Cite this as: *BMJ* 2022;377:o1096
<http://dx.doi.org/10.1136/bmj.o1096>
 Published: 29 April 2022

The government wants us to learn to live with covid-19, but where is the learning?

Deepti Gurdasani,¹ Hisham Ziauddeen²

On 21 February 2022, Boris Johnson, the UK prime minister presented his government's latest strategy for living with covid-19 to the House of Commons. He stated that the high level of population immunity, the success of the vaccination programme, and the availability of antivirals meant that "restrictions" were no longer required, as the link between cases and severe disease had been "substantially weakened."¹

With this change in policy, the legal mandate for self-isolation for people infected with covid, and what little financial support had been available to support people to self-isolate was removed. Contact tracing also ended, which meant the only way that cases could be identified was through symptomatic individuals coming forward for testing (if they qualified based on the very restrictive eligible symptoms list). On 1 April, despite the prime minister's assurances that everyone would have access to a test, free testing was removed for most people, except for "high-risk settings" and those on the limited list of eligibility for antivirals.

Just six weeks after the prime minister's February statement, the UK found itself in yet another pandemic wave, with the highest prevalence of SARS-CoV-2 to date.² This was partly related to the spread of the BA.2 omicron subvariant, thought to be 30-40% more transmissible than BA.1.³ This wave saw hospital admissions with covid-19 reach similar levels to the first omicron wave peak just weeks earlier, and deaths involving covid-19 also increased significantly.⁴ While less than half of hospital admissions had covid-19 as the primary cause, there was a considerable increase in these, and likely a significant contribution of nosocomial infections to hospital admissions.⁵

The impact of the pandemic on the NHS has been cumulative and devastating over the past two years. Even as our former health secretary Matt Hancock has declared the pandemic over, the NHS remains under extremely high pressure.^{6,7} Waits for A&E during the omicron wave have hit levels that have never been seen before in the history of the NHS.⁸ Several NHS trusts put out warnings of dangerous delays at hospitals, with some ambulance services declaring critical incidents.⁹ The President of Royal College of Emergency Medicine sounded a warning about an escalating crisis where for the first time in its history the NHS could no longer stick to its "contract" with the nation to reach seriously ill patients in a timely way.⁹ This is a patient safety issue. We know that routine care has been compromised for years, but the fact that the NHS is now unable to provide timely emergency care should worry us all. The causes of this are complex and many

predate the pandemic, some by several years. The chronic underfunding of the NHS, the increase in early voluntary retirement, staff shortages related to government's poor workforce planning, the hostile environment and Brexit, had all hugely affected the NHS long before the pandemic started. However, over the last two years, the failure to adequately and promptly control the spread of covid-19 during the pandemic or to support staff—for example with adequate personal protective equipment (PPE) and pay—the demand of dealing with successive waves of the pandemic and the resulting worsening backlog of routine clinical care, and the impact of both acute covid and long covid on NHS staff, have all contributed to high levels of burnout, staff absence, staff taking early retirement, and staff leaving the NHS.¹⁰ And an ongoing, uncontrolled pandemic will continue to further deplete healthcare capacity. Despite this, calls for action by NHS leaders to alleviate the deteriorating situation have been rejected by government.¹¹

Meanwhile, government policies that have failed to prevent widespread infection of the population have led to consistent rises in the prevalence of long covid in all age groups. We currently have an estimated 1.7 million people living with long covid for 28 days or more, with 784 000 of these having had persistent symptoms now for more than a year.¹⁰ Over the past year we have learned that SARS-CoV-2 increases the risk of neurocognitive disease, psychiatric illness, diabetes, cardiovascular disease, stroke even one year after infection, among those with "mild" acute infection. We have learned that even people with mild disease can suffer from neurodegeneration 4-5 months down the line.¹² It is hard to think of another infectious disease that has resulted in such a toll to public health. This is not the flu. Despite this, long covid was not mentioned in the prime minister's February statement. The government's approach to long covid and the attendant risks and costs have been to ignore it. Even as they invest in long covid research and set up clinics to treat this, there has been no attempt to prevent this via suppression.

The impact of, and the government's wilful neglect of, covid-19 in children has been staggering. The relative increases in long covid have, unsurprisingly, been the greatest in children, increasing fourfold since July 2021.¹³ 149 000 children are estimated to have long covid (28 day definition) of whom 31 000 have now had symptoms for more than a year.¹³ The rhetoric still remains that children are not impacted, and mitigations and vaccination for children have never been the priority. 21% of our population still remain unvaccinated, with the vast majority being children, among whom we are seeing the impacts of

unmitigated spread with high levels of hospital admissions and long covid.

Ironically the “return to normal” policies have resulted in mass disruption, as transmission levels have surged massively with the drop of mitigations, contact tracing, and now free testing. There have been drops in school attendance and increases in staff sickness in education, healthcare, social care, transportation, and business, that have led to huge disruptions in various aspects of life that were deemed vital to restore in the rush to the return to normal.¹⁴⁻¹⁶ Once again this was entirely predictable and once again raises an important question about the government’s learning to live with covid-19 strategy, namely, where is the learning?

The element of learning has been conspicuously absent from the government’s pandemic response strategy over the last two years, with similar rhetoric and policy decisions being repeated despite previous failures and in contradiction to the growing body of evidence on SARS-CoV-2. The persistent short term focus on economic growth has eroded public health and human capital—both key components of a healthy economy. The government’s strategy is grounded in denial, normalisation of disability and death, ableism, and overreliance on vaccines and therapies. Only 60% of our population is currently boosted with covid-19 vaccination, and even this protection wanes over time. The promise of antivirals has failed to fully materialise as many clinically vulnerable people struggle to get access to them.¹⁷ And basic public health principles of primary prevention of an airborne disease have been forgotten. Ventilation, high-grade masks (even in healthcare, where nosocomial infection is rife) are some of the most overlooked and effective tools to contain pandemic spread. These mitigations have had hugely positive impacts through the pandemic, not only with covid-19, but other airborne illnesses as well. Flu was almost eliminated for long periods, and we saw a huge reduction in deaths from acute respiratory disease such that even as covid-19 deaths remained high, excess deaths were reduced in 2022.¹⁸ Testing and isolation are vital, particularly in school environments where many children remain asymptomatic, but transmit covid-19 to the community. Ending isolation of those with infection, and disease surveillance will only worsen spread, while removing our ability to detect and respond.

Rather than burying its head in the sand and claiming victory over a pandemic that’s far from over, our government must take steps to protect the public from a rapidly adapting virus that causes severe long term multi-system disease. If the plan is to learn to live with covid-19, then we need to properly learn how to live with and manage it, not merely accept that a lot of people will suffer in our attempts to return to “normal.”

Competing interests: none declared.

Provenance and peer review: commissioned, not peer reviewed.

- 1 PM statement on living with COVID: 21 February 2022. <https://www.gov.uk/government/speeches/pm-statement-on-living-with-covid-21-february-2022>
- 2 Coronavirus (COVID-19) Infection Survey, UK: 8 April 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyypilot/8april2022>
- 3 UK Health Security Agency. SARS-CoV-2 variants of concern and variants under investigation in England. Technical briefing 39. March 2022. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1063424/Tech-Briefing-39-25March2022_FINAL.pdf
- 4 Office for National Statistics. Deaths registered weekly in England and Wales, provisional. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>
- 5 COVID-19 Hospital Activity. <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/>

- 6 Covid-19 pandemic is over, Matt Hancock tells LBC. <https://www.lbc.co.uk/radio/presenters/tom-swarbrick/matt-hancock-says-covid-19-pandemic-is-over/>
- 7 Financial Times. Number of vacant NHS hospital beds falls to lowest level since start of pandemic. <https://www.ft.com/content/60b6e023-08b3-4c5f-a6e6-d4fa66b24f97>
- 8 A&E Attendances and Emergency Admissions. March 2022 Statistical Commentary. <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2022/04/Statistical-commentary-March-2022-jf8.pdf>
- 9 Mahase E. Covid-19: Hospital and ambulance services struggle with huge demand and staff illness. *BMJ* 2022;377:o950. doi: 10.1136/bmj.o950. pmid: 35410942
- 10 Office for National Statistics. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 7 April 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/7april2022>
- 11 NHS leaders and staff risk being abandoned by the government unless new ‘living with Covid’ plan is delivered. <https://www.nhsconfed.org/news/nhs-leaders-and-staff-risk-being-abandoned-government-unless-new-living-covid-plan-delivered>
- 12 Douaud G, Lee S, Alfaro-Almagro F, et al. SARS-CoV-2 is associated with changes in brain structure in UK Biobank. *Nature* 2022;604:697-707. doi: 10.1038/s41586-022-04569-5. pmid: 35255491
- 13 Office for National Statistics. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk>
- 14 Attendance in education and early years settings during the coronavirus (COVID-19) pandemic. <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>
- 15 Adult social care monthly statistics, England: April 2022. <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-april-2022/adult-social-care-monthly-statistics-england-april-2022>
- 16 The Guardian. As Britain learns to live with Covid, it faces a new pandemic of disruption. <https://www.theguardian.com/world/2022/apr/09/as-britain-learns-to-live-with-covid-it-faces-a-new-pandemic-of-disruption>
- 17 The Guardian. Cancer patients seriously ill after struggle to access Covid drugs in England. <https://www.theguardian.com/society/2022/apr/05/covid-patients-seriously-ill-after-struggling-to-access-antivirals-in-england>
- 18 Excess mortality in England. <https://app.powerbi.com/view?r=eyJrIjoieYmUwNmFhMjYtNGZlYS00NDk2LWFIMTA0OTg0OGNhNmFINGM0liwidCI6ImVINGUxNDk5LThMzUtNGlyZS1hZDQ3LVtmM2NmOWRlODY2NiIsImMiOiJ9>