The BMJ

Cite this as: *BMJ* 2020;371:m4242<http://dx.doi.org/10.1136/bmj.m4242>

Published: 30 October 2020

NEWS ANALYSIS

Covid-19: UK government must “get its act together” as modelling suggests 85 000 deaths in second wave, experts say

Elisabeth Mahase

The second covid-19 wave could last until April and see 85 000 people die from the virus in the UK, making it more deadly than the first wave, a modelling study has found.

Across the UK more than 60 000 covid-19 related deaths have so far been registered,¹ and since 10 October daily deaths have once again exceeded 100.² Many experts are now calling for a second lockdown.

Second wave predictions

The Scientific Advisory Group for Emergencies (SAGE) produced a now-leaked report outlining the second wave worst case scenario for the government on 30 July. The document, published by the *Spectator*,³ said that there could be 85 000 deaths across the UK between 1 July 2020 and 31 March 2021, with daily deaths exceeding 500 for at least 90 days. The modelling paper also predicted 356 000 cases requiring admission to hospital and that the peak weeks will begin in early January 2021 and continue “past the end of the scenario on 31 March 2021.”

The study made several assumptions, including that mortality in patients in hospital with covid-19 and treated with dexamethasone is reduced by 17% (based on Recovery study data) and that any acquired immunity is maintained over the course of the scenario.

SAGE said that 77 000 of the 85 000 direct covid-19 deaths would be in England, 2600 in Scotland, 4400 in Wales, and 1900 in Northern Ireland. But the group also noted that these numbers do not include “additional covid-19 deaths that could occur due to lack of NHS capacity or other excess deaths.”

What is the current picture?

The REACT-1 study, which is measuring the levels of infection across England using swabs from a representative sample, has reported in a preprint that between 16 and 25 October the overall prevalence was 1.28% or 128 infected people per 10 000.⁴ The samples were taken from over 85 000 volunteers (863 of which were positive), and the findings indicate that the virus was doubling every nine days. The overall R number had increased from 1.16 in the previous round (18 September to 5 October) to 1.6.

The preprint paper found that prevalence was highest in the North West (2.3%) and Yorkshire and the Humber (2.7%). Prevalence had increased across all age groups compared with the previous round, but the largest rise was seen in those aged 55-64 (1.2%) and an increasing trend was also seen in primary and secondary school aged children. Despite this,

prevalence remained the highest in 18-24 year olds at 2.2%.

Igor Rudan, joint director of the Centre for Global Health and WHO Collaborating Centre at the University of Edinburgh, said, “This study should be considered very accurate and reliable scientific evidence that shows that a very large second wave of covid-19 pandemic is under way. It will inevitably lead to a very large number of infections, severe episodes, and deaths in the coming weeks and months.

“Efforts will be required to reduce the national reproduction number below 1.0 again. The measures that were in place over the past two months across most of Europe were clearly insufficient to prevent the new large growth of infected cases and fast spread of the virus.”

Another national lockdown?

SAGE recommended a national two week circuit breaker over the October school half term to reduce transmission,⁵ but the advice was ignored by the government. Mike Tildesley, a researcher from the University of Warwick and member of the Scientific Pandemic Influenza Group on Modelling, told the BBC *Today* programme on 29 October that if the country continued on its current path, tougher restrictions would be required throughout the country by Christmas.

“R is greater than one everywhere, and if we don’t take urgent action, we’re most likely to see that as we’re approaching the festive period, we’re probably going to be at least in tier 2 pretty much everywhere in the country,” he said. “So really we need to move away from these regional firefighting techniques to try to move to something more national.”

Gary Marlowe, chair of the BMA’s London regional council, said that local health services were “already buckling under the pressure,” with some areas seeing a steep rise in the number of patients needing intensive care and NHS staff exhausted. Addressing the prospect of London, which has an estimated R of 2.86, moving into tier 3 restrictions, he said “stemming the rise of infection rates through a circuit breaker or temporary lockdown is a necessary step,” but that a plan to keep the infection rate low once restrictions are lifted is crucial as people “cannot live in a neverending tier 3.”

He added, “After months of empty promises and confusion, we also urgently need the government to get its act together and finally deliver a fit-for-purpose test, trace, and isolate system and vastly improved

public health messaging to help everyone, from all our communities, mitigate against the risks and prevent the spread of covid.”

Labour Party shadow health secretary Jonathan Ashworth has called on Prime Minister Boris Johnson to “update the nation and outline what steps he will now take to get control of the virus and save lives.”

“The virus is growing nationwide. This will inevitably lead to more loss of life, more serious harm, immense pressure on the NHS, and a slow, damaging drag on the economy,” he said. “Boris Johnson should have used the school half term to implement a time-limited circuit breaker to push infections down, fix Test and Trace and save lives. People will be alarmed and worried and looking for reassurance from ministers. Businesses are fearful that a delay in taking decisive national action will create further, deeper uncertainty for the economy.”

Actions across Europe

Other European countries that are experiencing a second wave have already announced new lockdown measures. In France a four week lockdown began on 29 October, with people told to stay at home and only leave to exercise (one hour a day), seek medical care, or buy essential goods. In a televised address, President Emmanuel Macron said that he hoped this would reduce new infections from around 40 000 a day to 5 000 a day.⁶

Meanwhile, Germany and Belgium have so far resisted full national lockdowns. German Chancellor Angela Merkel has introduced new four week restrictions to limit household mixing to two households with no more than 10 people and has closed bars, pubs, restaurants (except for takeaways), gyms, cinemas, and theatres.

Belgium—which has one of the world’s worst covid-19 mortality per capita and has seen more than 160 000 new cases since the beginning of September—has closed bars and restaurants, imposed a curfew from midnight to 5 am, and limited groups to no more than four people.⁷

1 Mahase E. Covid-19: UK deaths near 60 000 as leaders call for realism about what NHS can handle. *BMJ* 2020;371:m4169. <https://www.bmj.com/content/371/bmj.m4169>. doi: 10.1136/bmj.m4169 pmid: 33115715

2 Gov.uk. Coronavirus in the UK. <https://coronavirus.data.gov.uk>

3 SAGE. Covid in winter 2020, a worst-case scenario. *Spectator* 2020 October 29. <https://www.spectator.co.uk/article/classified-covid-in-winter-2020-a-worst-case-scenario>

4 Riley S, Ainslie KEC, Eales O, et al. High prevalence of SARS-CoV-2 swab positivity and increasing R number in England during October 2020: REACT-1 round 6 interim report [Preprint]. 2020. https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/RE-ACT1_r6_interim_preprint.pdf

5 Mahase E. Covid-19: Experts recommend two week circuit break to reduce transmission in the UK. *BMJ* 2020;371:m4038. doi: 10.1136/bmj.m4038 pmid: 33067176

6 Coronavirus: France and Germany have announced second national lockdowns. *Sky* 2020 Oct 28. <https://news.sky.com/story/coronavirus-germany-to-enter-four-week-lockdown-from-november-chancellor-merkel-confirms-12117056>

7 Looi MK. Covid-19: Is a second wave hitting Europe? *BMJ* 2020;371:m4113. doi: 10.1136/bmj.m4113 pmid: 33115704

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.