Covid-19: Five steps to escape the cycle of lockdowns

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Lockdown was the false debate of 2020. Nobody wants lockdown, neither the John Snows nor the Great Barringtons. But lockdown is the end game, the last resort before we are overwhelmed by a virus that has escaped the pandemic policy. Once that happens, lockdown is a tool to control viral transmission, reduce pressure on health services, and save lives. The real debate then is not about whether to lock down but how soon, how strictly, and for how long. On those metrics, the UK fared badly in the two previous lockdowns, locking down too late and opening up too soon, without putting measures in place to keep the virus in check. The question now is how to break the cycle of covid-19 lockdowns.

The answers go back to pandemic policy, as Christina Pagel explains.2 Her five step plan is to rapidly roll out vaccination, maintain strict restrictions until cases are back to low levels, build effective local testing and contact tracing capabilities, introduce strong border controls, and work internationally to ensure rapid vaccination and transmission monitoring. Global suppression, as she and others argue, will reduce new variants; and true escape from the virus is possible only if all countries achieve it.

These were, essentially, the same requirements as during the first lockdown, but, beyond a focus on vaccine development and mass testing, the rest have been ignored or poorly implemented. Indeed, mass testing is hotly debated and much misunderstood.3 If lateral flow tests have a role, the most appropriate is as part of a “test to protect” strategy: a red light that tells patient facing staff, for example, that they are infectious and need to self-isolate.4 High false negative rates mean that the current tests cannot give a green light in the “test to release” or “test to enable” approaches the government seems eager to employ.

The UK is bedevilled by lockdowns that disproportionately affect the most disadvantaged groups in society—the very same people the virus seeks out—and that erode trust.5 It’s a fair question whether the sudden interest in inequalities will endure beyond the pandemic.6 It may even already be on the wane. It’s also fair to worry about a world in which treatments, vaccines, health services, and financial support are inequitably distributed, making the task of global suppression more difficult.8-10

Vaccination will also be expected to reduce the toll of long covid, whose definition and management are best found through rigorous research. Research on treatments and vaccines, in particular, was the success of the pandemic in 2020. To become a legacy for future generations, secondary and primary care must support greater recruitment into clinical trials.13 If lockdown is a societal ill, better research is the only basis for its prevention and cure.

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1 Ham C. The UK’s poor record on covid-19 is a failure of policy learning. BMJ 2021;372:n284. doi: 10.1136/bmj.n284 pmid: 33526426
6 Salisbury H. Helen Salisbury: Trust me, I’m the family doctor. BMJ 2021;372:n293. doi: 10.1136/bmj.n293 pmid: 33531334

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