



Cite this as: *BMJ* 2022;378:o1793
<http://dx.doi.org/10.1136/bmj.o1793>
 Published: 19 July 2022

A seven point plan to suppress covid infections and reduce disruptions

Independent SAGE

It is now a year since the Westminster Government removed remaining covid protections on so-called “Freedom Day,” 19 July 2021. Since then, the emphasis has been on “personal responsibility” and “living with covid” However, in their actions (or, rather, inactions), the government has ignored the published scientific advice from their own advisory group, SPI-B.¹ This stresses that people can keep themselves safe only when they are given clear information about what the risks are, how to identify them, and how to mitigate them. Moreover, SPI-B underline that people must be given the opportunities, resources and support to act on this information. On the contrary, the government has repeatedly sent out messages implying that “it’s all over” and that there is “no cause for concern.” They have also removed support for even the most basic measures—such as free testing to determine whether one is infected or comprehensive support to allow those who are infectious to stay at home. In so doing, they have rendered their own policy ineffective.

The result has been predictable. Levels of infection and hospital admission have remained consistently high over the past year. The issue is not merely that there have been multiple peaks associated with waves of new covid variants, but that even the troughs of the waves in the past 12 months have been much higher than before. While vaccination and anti-viral medications have reduced the levels of severe illness and death, most people with covid still become unwell, causing massive disruption to their lives (and the lives of those around them), to the health service, and to the economy through staff shortages. Finally, long covid is likely to have a severe long term impact on both individuals and the economy.²

Various groups are being particularly hard hit. Disadvantaged communities are rendered even more disadvantaged with each wave through a combination of higher exposure, poorer pre-existing health, and lower levels of vaccination. Clinically vulnerable people and their families are limited in their ability to participate in public life because of the risks they face if infected, an ever present threat during continued periods of high prevalence.

We can do better. We need measures to suppress infection and reduce disruption. The measures that are required to suppress transmission are far less draconian than in the past because most of the population has some degree of immunity. What is more, many of these measures offer benefits beyond the immediate threat posed by the pandemic. As well as reducing the risks associated with covid, they will protect and promote health and wellbeing in the longer term, with consequent benefits to productivity and the economy.

They are:

1. Clear and consistent messaging concerning covid risk and risk mitigation, reinforced by public statements by those in positions of authority³;
2. Increased efforts to promote vaccine uptake, among all age groups,⁴ and with particular emphasis on groups among whom uptake has been low, in particular ethnic minority communities.⁵ This should be coupled with a clear long term plan to address waning immunity and immune escape by new variants⁶;
3. Installing and/or upgrading ventilation/air filtration in all public buildings, with schools an urgent priority over the summer holidays⁷;
4. Provision of free lateral flow tests to enable everyone to follow existing public health guidelines⁸;
5. Financial and other support for all workers to self-isolate if infected⁹;
6. Systematic promotion of the use of FFP2/FFP3 masks in indoor public spaces and public transport when infection rates are high¹⁰;
7. Increased support for the equitable global provision of vaccines and anti-virals.¹¹

If implemented, these measures will make it possible for people to make informed decisions that will reduce the risk of illness to them, their families, and the communities in which they live and work. By reducing infections they will also reduce the disruption to the lives of individuals and society.

Acknowledgments: This plan was discussed and agreed by members of Independent SAGE. Deenan Pillay, Professor of Virology, UCL Pro-Vice-Provost International, University College London, former SAGE member; Martin McKee, Professor of European Public Health at the London School of Hygiene and Tropical Medicine; Susan Michie, Professor of Health Psychology and Director of the Centre for Behaviour Change at University College London, participant in SPI(B), SAGE sub-committee; Danny Altmann, Professor of Immunology, Imperial College London; Anthony Costello, Professor of Global Health and Sustainable Development, University College London; former Director at WHO; Karl Friston FRS, Professor of Imaging Neuroscience/Wellcome Principal Research Fellow, University College London; Steve Griffin, Associate Professor of Virology, University of Leeds; Zubaida Haque, Executive Director, The Equality Trust. Zubaida Haque is also a Commissioner on the Hamilton Commission; Aris Katzourakis, professor of Evolution and Genomics, University of Oxford; Tolullah Oni, Public Health Physician Scientist and urban epidemiologist, and a Clinical Senior Research fellow with the University of Cambridge's Global Public Health Research programme; Christina Pagel, Professor of Operational Research (branch of applied mathematics), Director of the Clinical Operational Research Unit and co-Director of the UCL CHIMERA hub, University College London; Stephen Reicher, Professor of Social Psychology at the University of St Andrews, participant in SPI(B), SAGE sub-committee; Helen Salisbury, General Practitioner and Senior Medical Education Fellow at the Department of Primary Care, Oxford University; Gabriel Scally, Visiting Professor of Public Health at the University of Bristol, Former President of Epidemiology and Public Health section, Royal Society of Medicine (2019-2021); Kit Yates, Senior Lecturer in the Department of Mathematical Sciences and co-director of the Centre for Mathematical Biology at the University of Bath; Sheena Cruickshank, Immunologist and Professor in Biomedical Sciences and Public Engagement at the University of Manchester; Trish Greenhalgh, Professor of Primary Care Health Sciences and Fellow of Green Templeton College at the University of Oxford; Binita Kane, Consultant Respiratory Physician, Honorary Senior Lecturer at University of Manchester School of Biomedical Sciences, Respiratory Programme Lead at Health Innovation Manchester; Duncan Robertson, Policy and Strategy Analytics academic at Loughborough University and and Fellow of St Catherine's College, Oxford.

Competing interests: none further declared.

- 1 SPI-B. SPI-B note on social and behavioural impacts of lifting restrictions, including testing and self-isolation, February 2022 London: DHSC; 2022 [Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054362/S1514_SPI-B_note_on_lifting_restrictions.pdf accessed 14th July 2022.
- 2 Crook H, Raza S, Nowell J, Young M, Edison P. Long covid-mechanisms, risk factors, and management[published Online First: 2021/07/28]. *BMJ* 2021;374. doi: 10.1136/bmj.n1648. pmid: 34312178
- 3 Independent SAGE. COVID “scores on the doors”: an approach to ventilation/fresh air information, communication, and certification 2021 [Available from: <https://www.independentsage.org/covid-scores-on-the-doors-an-approach-to-ventilation-fresh-air-information-communication-and-certification/> accessed 13th July 2022.
- 4 Independent SAGE. Independent Sage Statement on Child Vaccination in England – 3 March 2022 2022 [Available from: <https://www.independentsage.org/independent-sage-statement-on-child-vaccination-in-england-3-march-2022/> accessed 13th July 2022.
- 5 Independent SAGE. Disparities in the impact of COVID-19 in black and minority ethnic populations: review and recommendations 2020 [Available from: https://www.independentsage.org/disparities_bme_final_jul2020/ accessed 21st June 2021.
- 6 Goldberg Y, Mandel M, Bar-On YM, et al. Protection and Waning of Natural and Hybrid Immunity to SARS-CoV-2[published Online First: 2022/05/26]. *N Engl J Med* 2022;386-12. doi: 10.1056/NEJMoa2118946. pmid: 35613036
- 7 Ferrari S, Blázquez T, Cardelli R, Puglisi G, Suárez R, Mazzarella L. Ventilation strategies to reduce airborne transmission of viruses in classrooms: A systematic review of scientific literature[published Online First: 2022/07/13]. *Build Environ* 2022;222:109366. doi: 10.1016/j.buildenv.2022.109366. pmid: 35818484
- 8 Independent SAGE. Ending of free tests statement 2022 [Available from: <https://www.independentsage.org/ending-of-free-tests-statement/> accessed 17th July 2022.
- 9 Independent SAGE. Supported isolation: Why supported isolation is crucial to break community transmission 2021 [Available from: <https://www.independentsage.org/wp-content/uploads/2021/03/Supported-isolation-final-180321.pdf> accessed 21st June 2021.
- 10 Howard J, Huang A, Li Z, et al. An evidence review of face masks against COVID-19[published Online First: 2021/01/13]. *Proc Natl Acad Sci U S A* 2021;118:e2014564118. doi: 10.1073/pnas.2014564118. pmid: 33431650
- 11 Independent SAGE. How to achieve global vaccine rollout 2020 [Available from: <https://www.independentsage.org/how-to-achieve-global-vaccine-rollout/> accessed 21st June 2021.