The covid-19 pandemic three years on

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Now that it is over three years since the first cases of covid-19 were detected in the UK and infection control measures implemented, what broad comments can we make about the UK’s ongoing response to the pandemic?

The UK is certainly in a better place now than it was in the first year of the pandemic; a period when many people became seriously unwell, resulting in significant pressures on the NHS and a very large number of deaths. One positive step is the creation of the UK Health Security Agency. This begins to address the weaknesses that arose in England’s health protection functions following the abolition of the Health Protection Agency in 2013 and is recognition that the UK needed a government organisation that was focused on health protection. However, the devolved nature of the UK means that some responsibilities for health protection lie with the UK government, while others lie with the national assemblies in Wales, Scotland, and Northern Ireland. This does create scope for a fragmented response to the still-ongoing covid-19 pandemic (and future outbreaks of other infectious diseases); as well as the possibility of political tensions between the UK governments and the national assemblies in the devolved nations as we saw at times during the previous three years.

The UK government now views the worst of the pandemic as being over. The UK was among the first countries to start a vaccination programme against covid-19. Vaccination combined with immunity from prior infection has reduced the severity of illness from covid-19 in the UK with deaths and hospital admissions both now at a much lower level than they were in January 2021. The UK is now highly reliant on vaccination to suppress the impact of covid-19 on our society and its impact on the NHS. Maintaining this protection will probably require regular booster vaccinations for the most vulnerable groups in society, such as the elderly, the immunocompromised, and those with significant long term medical problems. Conversely, routine covid-19 vaccination for people under 50 years of age is likely to stop other than for those who are in a high clinical risk group or who are carers.

Take-up of the first two doses of covid-19 vaccination was very high thanks to the positive attitude to vaccination in the UK population and the rapid mobilisation by the NHS of sites for delivering vaccines. However, the most recent booster campaign carried out in the autumn and winter of 2022-23 saw a much lower uptake of vaccination. Addressing vaccine hesitancy, tackling disinformation, and improving confidence in vaccines will remain key aims for the NHS, health professionals and public health agencies in the UK. The risk of a further wave of serious illness from covid-19 remains, either from declining population immunity or from the emergence of a new variant of SARS-CoV-2 that can bypass pre-existing immunity and cause more serious illness than currently circulating variants. Regular vaccination of the most vulnerable groups will help mitigate these risks, as will covid-19 treatments for the groups at highest of serious illness.

One area that the UK excelled during the pandemic was in the use of data to monitor the epidemiology of covid-19 and the effectiveness of vaccines. The UK also set up a range of research studies that informed the pandemic response not just in the UK, but globally as well. However, much of this data collection and analysis infrastructure is now being dismantled. This will make the UK much more reliant on conventional methods of measuring the impact of a disease as opposed to using data from the new systems—such as the coronavirus (COVID-19) Infection Survey—established over the last three years. It is essential the information systems we have in place continue to provide the data needed to monitor covid-19 trends and rapidly identify any resurgence in covid-19.

The UK has spent considerable sums on managing the pandemic and mitigating its impact on the NHS and the economy. As we move forward into the next phase of pandemic, interventions to manage covid-19 will need to be evaluated through the usual routes used by the NHS; with slower adoption of interventions than we saw earlier in the pandemic—as shown, for example, by NICE refusing to endorse the use of Evusheld. Future pandemic planning will also need to consider the impact of interventions on children. Much of the focus earlier in the pandemic was on protecting older people. But the pandemic also had important impacts on the physical and mental health of children as well as on their educational and social development in the UK and elsewhere. The management of people with post covid-19 syndromes (long covid) also remains challenging with demand far outstripping the supply of services for diagnosis and management.

The NHS in the UK faces many challenges and investment in interventions for managing covid-19 will need to be compared to interventions for managing other health priorities—such as urgent care, general practice, mental health and cancer—to ensure that maximum population benefit is obtained. For example, vaccine booster programmes for covid-19 will need to examine the incremental cost-effectiveness of vaccination in different population groups to identify priority groups for vaccination rather than vaccination being made available to all adults. The era of issuing “blank cheques” for tackling covid-19 is now over and investment for interventions for covid-19 will need...
to compete with investment in other public health and healthcare services.

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