England's plan B COVID restrictions are lifting, but are some measures here to stay?

January 26 2022, by Andrew Lee

Credit: Pixabay/CC0 Public Domain

Roughly a month and a half after their introduction, England's plan B winter COVID measures are being rolled back. From January 27, people will no longer be advised to work from home or required to wear face

masks in indoor public venues, and NHS COVID passes will no longer be needed for entry into venues and events.

This follows the removal, a week earlier, of the requirement for school staff and pupils to wear face masks in classrooms. The justification given for all of these changes is the high coverage of the vaccine booster program and the decline in cases.

While many will welcome these policy changes, they seem premature. The latest figures from the Office for National Statistics suggest that nearly 3 million people in England (around one person in 20) had COVID in the week ending January 15. Cases may be declining, but they are still incredibly high.

The number of people with COVID in hospital remains high too, at around 19,000. Although this is only half of the peak seen in the alpha wave last year, it comes at a time when the NHS is under considerable winter pressure. And COVID deaths, having risen following the spike in cases, have plateaued at around 260 a day. Admittedly, they've leveled off at a much lower point than in previous waves—but we're yet to see them start properly falling.

The data also suggests that there are really two ongoing epidemics—a declining one in older age groups, and a growing epidemic in primary school children, who are mostly unvaccinated. It's estimated a million children were off school because of COVID last week.

Are we there yet?

Altogether, this suggests we're easing measures at a point when the omicron wave is nowhere near over. At some point in time it will be right to remove many of the current public health measures—but the key question is the timing. There's a tricky balance to find between the social

and economic pressures to lift restrictions and the infection risks of doing so.

The longer restrictions are in place, the greater the economic damage. There are also social impacts, such as reductions in personal wellbeing. But lift too soon and the current decline in infections may stall, if not reverse. A resurgent wave of infections could follow.

But if control measures are sustained for longer, hospitalisations and deaths can be pushed down further. If the priority is to reduce infections and the burden on the health system, a phased lifting of measures from here on would be preferable.

Beyond just health outcomes, infection rates are also critical as they translate into wider disruptions due to the need for people to self-isolate. This affects all sectors of society and may compromise the ability of some businesses to keep going. The UK government has already shortened the length of self-isolation to reduce disruption, but at the cost of a greater risk of allowing people who may still be infectious to return to work.

For a government and a public that are weary after two years of pandemic, there will be a strong desire to lift restrictions and return to normality as soon as possible. Indeed, the UK government has expressed its intention to end pandemic restrictions by March 2022 when the existing regulations are due to expire.

But announcing changes to pandemic restrictions well in advance carries a risk that the public may get ahead of themselves and think the danger has passed. It hasn't. This could in turn lead to reductions in public adherence to current measures. Policy intentions can't wish away a pandemic. Some measures are still needed—and it may be prudent to retain some of these public health measures in the future.

What should be kept

Above all else, the advice to infected individuals to self-isolate should continue. This is a key measure that helps to limit the spread of infection. Pre-pandemic, a culture of presenteeism at work may have been the norm. This, however, needs to be reconsidered in view of the infection risk it poses. There's no rational justification for allowing an infectious person back into a workplace or education setting where they will infect others.

Secondly, awareness of the importance of good ventilation for preventing the spread of airborne infections such as COVID has really come to the fore. It's a practice that should be kept up. This will help reduce not just the spread of other respiratory infections but also other ailments caused by poor quality air and air pollution.

Evidence of the value of face masks in preventing the spread of infection has also been growing. At the very least, masks should continue to be worn at times when infection levels in the community are high, especially in high-risk crowded indoor settings, and as an added precaution to protect clinically vulnerable people.

In all likelihood there will be an ongoing need for future rounds of vaccinations, particularly for the clinically vulnerable, including the elderly. The durability and long-term efficacy of immune protection from vaccines is not fully known—we can't be sure how long protection will last and how well they will protect against different variants that are likely to emerge in the future. Vaccines may have to be adapted, just like the seasonal flu vaccines, to better fit the circulating variants that pose a threat. For many, their most recent booster probably won't be their last.

Finally, while the UK may be past the peak of the omicron wave, the rest of the world remains in a perilous state. As the director-general of the

World Health Organization, Tedros Adhanom Ghebreyesus, warned recently, "it is dangerous to assume that omicron will be the last variant or that we are in the endgame. On the contrary, globally the conditions are ideal for more variants to emerge."

As such, it is unrealistic—and unwise—to expect a return to a world that is like January 2020 with no measures at all.

Provided by The Conversation