Guidance

COVID-19 Response: Autumn and Winter Plan 2021

Updated 14 September 2021

Contents

This publication is available at https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021/covid-19-response-autumn-and-winter-plan-2021

Introduction

Steadily, over the course of this year, the whole United Kingdom (UK) has seen life return closer to normal. Between March and July this year, the Government's roadmap for England reopened the economy and lifted restrictions in four steps. Scotland, Wales and Northern Ireland have also emerged from lockdown on similar timetables. The country is learning to live with COVID-19, and the main line of defence is now vaccination rather than lockdown. The Test, Trace and Isolate system is reducing the number of positive cases mixing in the community. Rules and regulations have mostly been replaced with advice and guidance on the practical steps people can take to help manage the risks to themselves and others.

The spread of the more transmissible Delta variant in the spring drove rapid growth in COVID-19 cases in England, leading to a peak of 43,910 cases (7 day average) on 16 July.[footnote 1] Though incidence subsequently declined sharply to a low of 23,002 cases (7 day average) by the end of July, cases have since been gently rising, and are significantly higher than at this point last year. [footnote 2] The return of students to schools and universities and workers to workplaces after the summer holidays is likely to put further upward pressure on case numbers. The latest data from Scotland suggests that, in addition to increased infections following the lifting of most restrictions, there has also been an impact from the return to schools and workplaces.[footnote 3]

Data continues to show that the link between cases, hospitalisations, and deaths has weakened significantly since the start of the pandemic.[footnote 4] In England, the number of deaths and hospital admissions due to COVID-19 has remained relatively stable over the last month, and although hospital admissions and deaths sadly increased at the beginning of the summer, they have remained far below the levels in either of the previous waves.[footnote 5]

This has been thanks to the success of the UK's vaccine programme. As of 9 September, more than 92 million doses of the vaccine have been given across the UK.[footnote 6] The vaccines are highly effective against the Delta variant, providing around 95% protection against severe disease. [footnote 7] Latest Public Health England (PHE) estimates suggest that 143,600 hospitalisations (up to 22 August), 112,300 deaths and 24,702,000 infections had been prevented as a result of the vaccination programme, up to 27 August 2021.[footnote 8]

The public's continued willingness to get vaccinated, to test and self-isolate if they have symptoms, and to follow behaviours and actions that mitigate all methods of transmission has played a key role in lifting restrictions. Although rules vary slightly in England, Scotland, Wales and Northern Ireland, the UK is now managing COVID-19 without most of the restrictions on lives and livelihoods that have had heavy economic, social, and health impacts. The reopening of closed settings, and the removal of social distancing and all gathering limits, has helped people to reconnect with their friends and family, while supporting jobs and the country's economic recovery. In the second quarter of 2021, Gross Domestic Product (GDP) grew by 4.8%,[footnote 9] leaving the level of GDP in June nearly 4 percentage points higher than the Office for Budget Responsibility had forecast in March.[footnote 10]

Over autumn and winter, the Government will aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure.

The Government plans to achieve this by:

- a. Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- b. Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- c. Supporting the NHS and social care: managing pressures and recovering services.
- d. Advising people on how to protect themselves and others: clear guidance and communications.
- e. Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

This is the Government's Plan A – a comprehensive approach designed to steer the country through autumn and winter 2021-22. However, the last 18 months have shown the pandemic can change course rapidly and unexpectedly and it remains hard to predict with certainty what will happen. There are a number of variables including: levels of vaccination; the extent to which immunity wanes over time; how quickly, and how widely social contact returns to pre-pandemic levels as schools return and offices reopen; and whether a new variant emerges which fundamentally changes the Government's assessment of the risks.

In addition, winter is always a challenging time for the NHS. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). It is a realistic possibility that the impact of flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of flu over winter 2020-21.[footnote 11] There is considerable uncertainty over how these pressures will interact with the impact of COVID-19.

The Government will remain vigilant and monitor the data closely, taking action to support and protect the NHS when necessary. In preparation, the Government has taken the responsible step of undertaking contingency planning in case Plan A is not sufficient to keep the virus at manageable levels. So that the public and businesses know what to expect, this document outlines a Plan B in England which would only be enacted if the data suggests further measures are necessary to protect the NHS. The Government remains committed to doing whatever it takes to prevent the NHS from being overwhelmed.

Building our defences through pharmaceutical interventions

Vaccines

The high level of vaccine protection has allowed the country to live with COVID-19 without stringent restrictions on society, the economy, and people's day-to-day lives. Going further on vaccination will help ensure this remains the case. The Government has secured sufficient supplies to support further vaccination across the whole UK. It will provide the Devolved Administrations with vaccine supplies to deploy to the people of Scotland, Wales, and Northern Ireland. The Government has three priorities for the COVID-19 vaccination programme in England for the autumn and winter:

- a. Maximising uptake of the vaccine among those that are eligible but have not yet taken up the offer.
- b. Offering booster doses to individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1-9).

- c. Offering a first dose of vaccine to 12-15 year olds.

First, the Government will continue to make vaccines easily available to everybody to maximise uptake among those that are eligible but have not yet taken up the offer. In England, 11.3% people aged 16 and older – over 5.5 million – remain unvaccinated and this heightens the risk of rising hospitalisations, particularly when prevalence is high.[footnote 12] Take up so far varies by ethnicity, age, and deprivation, with some groups recording lower rates of vaccine uptake. The Government and clinical advisors recommend that everybody accepts the offer of vaccination as a way of maximising protection for themselves, the people around them, and society as a whole.

In addition to the protection they provide, there are other benefits of being fully vaccinated:

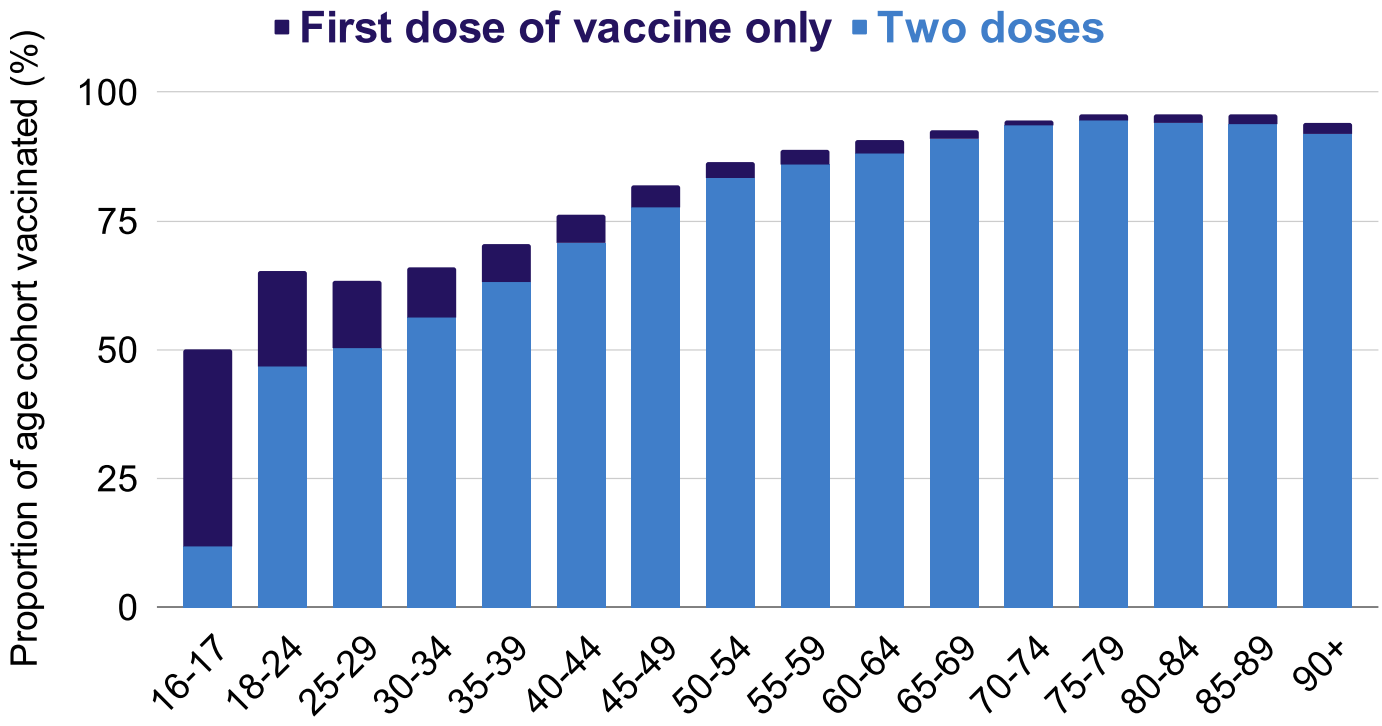
- a. On 16 August, the Government amended the rules that were in place to ensure that people who are fully vaccinated do not need to self-isolate after being in contact with somebody who tests positive for COVID-19.
- b. Since 19 July, those fully vaccinated through the UK vaccine programme, or participating in a UK vaccine clinical trial, have not needed to quarantine on returning to the UK from any country not on the red list.
- c. Over 60 countries around the world now recognise the NHS COVID Pass covering vaccines administered in the UK. That number is growing, allowing vaccinated UK citizens to benefit from any vaccine-enabled freedoms in these countries.

The Government will continue to support those communities with lower rates of COVID-19 vaccine uptake. An additional £23.3 million for a network of 'Community Vaccine Champions' will be provided to local authorities and voluntary and community sector organisations to ensure that access to the vaccine is as easy as possible.

Building on lessons learned through Phases 1 and 2 of the vaccine rollout, the Government is also working closely with the NHS to make it as easy as possible to get a vaccine, including through 'grab a jab' pop-up vaccine sites across the country with an easy to use walk-in site finder on the NHS website. The Government has also been partnering with transport providers such as Uber and FREENOW to ensure access to vaccine sites is easier than ever before.

Figure 1: The percentage of people who have received a vaccination for COVID-19 in England by age cohort[footnote 13]

The percentage of people who have received a vaccination for COVID-19 in England



This chart shows the percentage of people who have received a vaccination for COVID-19 in England for different age categories, split between first doses and second doses. Over 75% of people over the age of 45 have had two doses. For ages 18-44, between 65% and 76% have had their first dose, and between 46% and 71% have had their second. 50% of 16-17 year olds have had their first dose and 11.9% have had their second.

Second, the NHS will offer booster doses to individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (Joint Committee on Vaccination and Immunisation (JCVI) priority groups 1-9).[footnote 14]

As is common with many other vaccines, there is early evidence that the levels of protection offered by COVID-19 vaccines reduce over time, particularly in older individuals who are at greater risk from the virus. The JCVI has consequently advised that those in priority groups 1-9 should be offered a COVID-19 booster, no earlier than 6 months after completion of their primary course. A booster shot of a COVID-19 vaccine will ensure protection is maintained at a high level throughout the winter months in adults who are more vulnerable to severe COVID-19 and strengthen the vaccine wall of defence. The NHS is preparing to start offering booster doses next week, the week commencing 20 September.

Separately to the booster programme, the NHS is already offering a third vaccine dose to people aged 12 and over with severely weakened immune systems as part of their primary schedule, as recommended by the JCVI.[footnote 15] They will be contacted either by their hospital consultant or GP if eligible.

Third, following advice from the JCVI and UK Chief Medical Officers, the NHS will offer those 12-15 year olds not covered by previous advice with a first dose of the Pfizer vaccine. The NHS, working with school immunisation teams, will offer a first dose of vaccine to 12-15 year olds from next week, the week commencing 20 September. The Government will consult the Royal Colleges and other professional groups on how best to present the risk-benefit decisions about vaccination in a way that is accessible to children and young people as well as their parents.

The Government is also taking steps to ensure that the UK has the best protection available from vaccines beyond this autumn and winter. It is possible that further doses of the COVID-19 vaccine may be offered in the future to reinforce protection. Subject to advice, this may include annual vaccination programmes – as is the case with the flu vaccination – for those who need additional protection. Reformulated vaccines to target new variants of the virus and new ways of administering vaccines could play a role in future vaccination programmes. The UK Vaccine Taskforce has already procured vaccines to run further booster programmes in autumn 2022 if necessary, and will continue to look to future deployment needs.

Antivirals and therapeutics

Advances in antivirals and therapeutics will continue to provide additional tools to manage COVID-19. Several treatments are already available through the NHS for patients with COVID-19, including dexamethasone and tocilizumab which reduce morbidity and mortality.

The Medicines and Healthcare products Regulatory Agency (MHRA) has recently approved casirivimab and imdevimab as the first monoclonal antibody combination product indicated for use in the prevention and treatment of acute COVID-19 infection for the UK in some individuals.[footnote 16] The Government is now working with the NHS and expert clinicians to ensure this treatment can be rolled out to NHS patients as soon as possible.

In April, the Prime Minister launched the Antivirals Taskforce. The aim of the Taskforce is to identify treatments for UK patients who have been exposed to COVID-19 to stop the infection spreading and speed up recovery time. The Taskforce is leading the search for new antivirals, which disrupt how the virus replicates in the body and can reduce the number of patients who are hospitalised, and potentially help to break chains of transmission when administered responsibly.

The Government will continue to work with the life sciences sector to ensure that effective therapeutics, including antivirals, complement the vaccination programme to enable the long-term management of COVID-19 and its clinical impacts. The Government and NHS will set out more details on the availability and administration of further treatments in due course.

Identifying and isolating positive cases to limit transmission

The Test, Trace, and Isolate system remains critical to the Government's plan for managing the virus over the autumn and winter. It helps to find positive cases and make sure they and their unvaccinated contacts self-isolate, breaking chains of transmission. This helps reduce pressure on the NHS, as well as enabling individuals to manage their own risk and the risk to others. Testing is also crucial to enable genomic sequencing that can identify potentially dangerous variants.

The Government will continue to expect everyone with COVID-19 symptoms to self-isolate and take a polymerase chain reaction (PCR) test. The legal requirement to self-isolate for 10 days if an individual tests positive for COVID-19 will remain in place in order to prevent those who are infected from mixing in the community and passing on the virus.

Over autumn and winter PCR testing for those with COVID-19 symptoms will continue to be available free of charge. The Government has developed one of the largest per capita testing capabilities in the world. The recent opening of the Rosalind Franklin Megalab brings total capacity to over 700,000 PCR tests daily across the four nations.[footnote 17] The Government plans to scale sequencing capacity from 39,000 tests per week currently to over 150,000 by March 2022 to establish greater levels of surveillance for disease monitoring and variant tracking. This is critical to inform effective prevention measures for breaking chains of transmission.

Since the asymptomatic testing programme began, it has found over 700,000 cases and, today, lateral flow devices (LFD) identify around a quarter of all cases reported daily.[footnote 18] Delivering this programme has included providing Scotland with 150 million LFDs, Wales with 75 million and Northern Ireland 50 million. Regular asymptomatic testing will continue to help find cases and break the chains of transmission. It will be particularly focused on those who are not fully vaccinated, those in education, and those in higher-risk settings such as the NHS, social care, and prisons. Community testing will continue to support local authorities to focus on disproportionately-impacted and other high-risk groups.

Testing in education settings has played an important role in identifying positive cases since the start of this year, helping reduce the spread by removing infected individuals from the classroom or lecture hall. In secondary schools, further education and higher education, the Government expects that testing for students will continue for the rest of this term. This will be a valuable tool in minimising the overall disruption to education, and is particularly helpful for this cohort, given its current lower level of vaccine-based protection.

Rapid asymptomatic testing is an important tool to help reduce the spread of the virus, while supporting people to manage their own risk and the risks to others. The Government will therefore continue to provide the public with access to free lateral flow tests in the coming months. People may wish to use regular rapid testing to help manage periods of risk such as after close contact with others in a higher risk environment, or before spending prolonged time with a more vulnerable person. At a later stage, as the Government's response to the virus changes, universal free provision of LFDs will end, and individuals and businesses using the tests will bear the cost. The Government will engage widely on the form of this model as it is developed, recognising that rapid testing could continue to have an important, ongoing role to play in future.

Contact tracing will continue through the autumn and winter. This means NHS Test and Trace will continue to check with all positive cases whether they need support to self- isolate, find out who they may have passed the virus onto and alert those contacts, and ask all contacts to take a PCR test as soon as possible to help identify positive cases. Since 16 August, in England, under 18s and those who are fully vaccinated no longer need to self-isolate if they are identified as a contact. With over 80% of over 16s having received two vaccine doses,[footnote 19] the majority of adults and all children are no longer required to self-isolate. If they are identified as a contact, they are advised to take a PCR test and only need to self-isolate if positive. Where contacts are over 18 and not fully vaccinated, they will, as now, be legally required to self-isolate unless they are taking part in an approved daily contact testing scheme.

In addition, the Government will continue to encourage the use of the NHS COVID-19 app. The app is a key health protection tool, preventing as many as 2,000 cases a day in July.[footnote 20] It helps users by informing them if they have been exposed to COVID-19, either through direct contact with a positive case or following a check-in to a venue where there has been an outbreak, and advising on actions they can take to protect others. Since 16 August, the App has advised potential contacts who are vaccinated to take a PCR test rather than isolate.

As well as maintaining the current legal requirements for positive cases and unvaccinated contacts to self-isolate, the Government will continue to offer practical and financial support to those who are eligible and require assistance to self-isolate. The Government will review the future of these regulations as well as this support by the end of March 2022.

Supporting the NHS and social care

Throughout the pandemic the Government has provided health and care services with the additional funding they need to respond to the unique challenges they have faced, making £63 billion available in 2020-21. The Government will continue to support the NHS to meet the challenges it faces in the coming months and years. This includes committing funding to help the NHS to reduce the elective backlog.

The Government announced on 6 September that there will be an additional £5.4 billion cash injection to the NHS in England to support the COVID-19 response over the next 6 months. This includes £1 billion to help tackle backlogs in elective procedures caused by COVID-19 and the delivery of routine surgery and treatments for patients. The additional funding brings the Government's total investment in health services for COVID-19 for 2021-22 to over £34 billion so far, with £2 billion in total for the NHS to tackle the elective backlog.

The UK Health Security Agency is continuously reviewing COVID-19 specific Infection Prevention and Control (IPC) and related social distancing measures which could safely be eased to support the ability of the NHS to manage activity levels. Higher levels of vaccination among staff in the NHS help protect staff and patients and reduce the need for additional specific IPC measures which have been introduced as a result of the pandemic. The Government has also launched a consultation on protecting vulnerable patients by making COVID-19 and flu vaccinations a condition of deployment for frontline health and wider social care staff in England.[footnote 21]

Long COVID

Long COVID is described by The National Institute for Clinical Excellence (NICE) as "signs or symptoms that develop during or after an infection consistent with COVID-19 that continue for more than 12 weeks and are not explained by an alternative diagnosis. It includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome".[footnote 22] The Government is also investing £50 million specifically in long COVID research to better understand the causes and potential treatments.

To support those with long COVID, the NHS continues to expand its long COVID services including assessment clinics, paediatric hubs and an enhanced service for general practice.[footnote 23]

Clinically Extremely Vulnerable guidance and shielding advice

At the start of the pandemic, on the advice of clinicians, the Government made the difficult decision to advise millions of people, who were then identified as Clinically Extremely Vulnerable (CEV), to shield in order to protect themselves from the virus.

This helped keep the most vulnerable safe whilst more was learned about the risks of COVID-19, and COVID-19 vaccines were developed and deployed. Clinicians continued to assess the clinical risks of patients and add to this group, as well as to provide advice.

Since then, the understanding of the risks to this group has changed as more has been learnt about the virus, and as the most vulnerable have been prioritised for vaccination. Due to falling prevalence of COVID-19, shielding advice was paused on 1 April 2021 and, since 19 July 2021, people who were previously identified as CEV have been advised to follow the same guidance and behaviours as the rest of the adult population. The proven effectiveness of the vaccine rollout across the entire population has reduced the risk of serious illness from COVID-19. This also applies to CEV individuals, the majority of whom will be well-protected by the vaccine. Third doses have been offered for those with severely weakened immune systems and to maintain protection, the former CEV group will be prioritised for a booster (see Vaccines section above for more information).

The Government will continue to assess the situation and the risks posed by COVID-19 and, based on clinical advice, will respond accordingly to keep the most vulnerable safe. Individuals should consider advice from their health professional on whether additional precautions are right for them.

Adult Social Care

Care home staff provide a critical role in supporting the health and wellbeing of some of the most clinically vulnerable to the effects of COVID-19 in society, and have maintained their dedication and professionalism through highly challenging conditions.

The Government continues to provide guidance to care homes on enhanced IPC measures, outbreak management, and testing regimes for COVID-19. Essential care givers are able to visit care homes to attend to their loved ones' essential care needs and for companionship in most circumstances, including if the care home is experiencing an outbreak. There are now no caps in place on the number of visitors an individual can receive.

The Government's focus has been ensuring that the social care sector has the resources it needs to respond to the pandemic. On 27 June 2021, the Government announced a further £251 million of adult social care COVID-19 support through an extension of the Infection Control and Testing Fund.[footnote 24] This means that throughout the pandemic, the Government has made available over £2 billion in specific funding for adult social care.[footnote 25]

Since the start of the pandemic, the Government has committed over £6 billion to local authorities through non-ring fenced grants to tackle the impact of COVID-19 on their services, including adult social care.[footnote 26]

To further protect individuals susceptible to COVID-19, from 11 November it will be a condition of deployment for anyone working or volunteering in Care Quality Commission-regulated care homes providing accommodation for persons who require nursing and personal care to be fully vaccinated.

Getting a vaccine for influenza (flu)

The Government recommends as many people as possible receive a vaccination against flu this autumn and winter. This could help to reduce overall pressure on the NHS and is especially important this year given the possibility of a substantial resurgence in flu. The NHS has begun to roll out the annual campaign for the flu vaccination from August 2021. A free flu vaccination will still be available for all previously eligible groups:

- a. Primary school children.
- b. 65 year olds and over.
- c. Vulnerable groups.
- d. Pregnant women.

The Government has also extended eligibility for a free flu vaccination this year to include:

- a. Secondary school children.
- b. 50-64 year olds.

As with the COVID-19 vaccine, flu vaccines are available from a range of different providers, including GPs, community pharmacies, and health centres. This ensures that access is as easy as possible for all, including vulnerable groups. The NHS has learned a number of lessons from the successful COVID-19 vaccination programme on reaching out to previously vaccine hesitant groups. The NHS is implementing these lessons in the flu vaccine programme this year in order to drive uptake higher than ever before.

For those not eligible for a free flu vaccine, some employers offer these vaccinations through workplaces, and vaccinations are available for a small fee from pharmacies. Many of the behaviours that help reduce the chance of catching COVID-19 will also reduce the risk of catching flu, such as washing your hands regularly and trying to stay at home if you are feeling unwell.

Advising people on how to protect themselves and others

On 19 July, rules on social contact were replaced with advice to the public on the ways in which they could protect themselves and others. Since the risks from COVID-19 have not disappeared, the Government will continue to provide guidance on the behaviours and actions that reduce transmission and manage the risks. The guidance will be based on the latest scientific and epidemiological evidence.

Safer behaviours and actions that reduce the spread of COVID-19

It remains important for everyone, including those who are fully vaccinated, to follow behaviours and actions that reduce transmission and help to keep people safe. Following the recommended actions will also help limit the spread of seasonal illnesses, including flu.

The evidence suggests COVID-19 is spread in the following ways: airborne transmission, close contact via droplets, and via surfaces.[footnote 27] Developing evidence indicates that airborne transmission is a very significant way that the virus circulates.[footnote 28] The behaviours and actions recommended by the Government in guidance aim to mitigate all methods of transmission.

The risk of catching or passing on COVID-19 can be higher in certain places and when doing certain activities. In general, the risk of catching or passing on COVID-19 is higher in crowded spaces (where there are more people who might be infectious) and in enclosed indoor spaces (where there is limited fresh air). Some activities, such as singing, dancing, and exercising can also increase the risk of transmission of COVID-19 as people are doing activities which generate more particles as they breathe. The risk is greatest where these factors overlap.[footnote 29] Although the Government does not want to legally restrict any of these activities, it can inform people of the risks and offer advice on how to mitigate them.

The best way to protect yourself and others from COVID-19 is to get fully vaccinated. People that are fully vaccinated should continue to follow behaviours and actions set out in the guidance on how to help limit the spread of COVID-19.

The behaviours encouraged to prevent the spread include:

- a. Let fresh air in if you meet indoors. Meeting outdoors is safer. Meeting outdoors vastly reduces the risk of airborne transmission. However, it is not always possible, particularly through the winter. If you are indoors, being in a room with fresh air (and, for example, opening your windows regularly for 10 minutes or a small amount continuously) can still reduce the airborne risk from COVID-19 substantially compared to spaces with no fresh air. [footnote 30] Some evidence suggests that under specific conditions high levels of ventilation could reduce airborne transmission risk by up to 70%.[footnote 31]
- b. Wear a face covering in crowded and enclosed settings where you come into contact with people you do not normally meet.
- c. Get tested, and self-isolate if required. Anyone with symptoms of COVID-19 should self-isolate and take a free PCR test as soon as possible. Anyone who tests positive must self-isolate. Anyone who is notified they are a close contact of someone who has tested positive should also take a free PCR test as soon as possible and self-isolate if required. The data on symptoms associated with COVID-19 is continuously being gathered and kept under review.
- d. Try to stay at home if you are feeling unwell.
- f. Wash your hands with soap and water or use hand sanitiser regularly throughout the day.
- e. Download and use the NHS COVID-19 app to know if you've been exposed to the virus.

Figure 2: Safer Behaviours and Actions

Infographic showing safer behaviours and actions.

In order, these are: get vaccinated; let fresh air in if you meet indoors, meeting outdoors is safer; wear a face covering in crowded and enclosed settings where you come into contact with people you do not normally meet; get tested, and self-isolate if required; try to stay at home if you are feeling unwell; wash your hands; and download and use the NHS COVID-19 app.

Businesses

To support businesses through the autumn and winter period, the Government will continue to provide up-to-date Working Safely guidance on how employers can reduce the risks in their workplace. Businesses should consider this guidance in preparing their health and safety risk assessments, and put in place suitable mitigations.

In line with government guidance at step 4, an increasing number of workers have gradually returned, or are preparing to return, to offices and workplaces. As workers return to the workplace, employers should follow the Working Safely guidance.

By law, businesses must not ask or allow employees to come to work if they are required to self-isolate.

In addition, businesses are encouraged to:

- a. Ask employees to stay at home if they are feeling unwell.

- b. Ensure there is an adequate supply of fresh air to indoor spaces. Businesses should identify any poorly ventilated spaces, for example by using a CO_2 monitor, and take steps to improve fresh air flow in these areas.
- c. Provide hand sanitiser to enable staff and customers to clean their hands more frequently, and clean surfaces which people touch regularly.
- d. Display an NHS QR code poster for customers to check in using the NHS COVID-19 app, so they are alerted if there's an outbreak and can take action to protect others.
- e. Consider using the NHS COVID Pass.

Using the NHS COVID Pass

The Government has been working with organisations to encourage the voluntary use of certification and the NHS COVID Pass.

Over 200 events and venues have already used certification and the NHS COVID Pass as a condition of entry, including matches in the Premier League, festivals such as the Reading and Leeds Festivals and All Points East, some nightclubs, and the BBC Proms.

ONS data shows that 11% of people have already been asked to show proof of vaccination or a recent negative test to enter an event or venue.[footnote 32] At present, the NHS COVID Pass certifies individuals based on vaccination, testing or natural immunity status.[footnote 33] Settings using voluntary certification can also ask individuals, including those 11 and over, to demonstrate their testing status through messages or emails from Test and Trace. Organisations can easily and securely check someone's NHS COVID Pass using the NHS Verifier App, which can be downloaded from the Apple App Store or Google Play, or carry out visual checks using the shimmering effect on the NHS COVID Pass screen which demonstrates that it is an active app and not a screenshot.

Ventilation

Due to the importance of fresh air in limiting the spread of COVID-19, the Government will set out in guidance the practical steps everyone can take to maximise fresh air in order to reduce the risk of airborne transmission, taking into account the colder months when more activities take place indoors.

The Government will support improved ventilation in key settings by:

- a. Providing further advice and support to businesses to help them check their ventilation levels and introduce Carbon Dioxide (CO_2) monitoring where appropriate.
- b. Conducting further scientific research to assess ventilation levels in a range of business settings.
- c. Investing £25 million in c.300,000 CO_2 monitors for schools.
- d. Improving the management of ventilation across the public sector estate alongside bespoke guidance to maximise the effectiveness of existing mechanical and natural ventilation. This has included deploying CO_2 monitors in courts as well as targeted rollouts and trials of these monitors in other settings.

- e. Continuing to support and promote pilots of how to limit transmission through ventilation or air purification, such as the trials of high-efficiency particulate absorbing filters and ultraviolet-C air cleaners in 30 Bradford schools, as well as working with stakeholders such as the Rail Delivery Group and Rail Safety and Standards Board to trial the use of upgraded air filtration devices on passenger rail stock.

Pursuing an international approach: helping vaccinate the world and managing risks at the border

Managing risks at the border

Since the start of the pandemic, the Government has put in place measures at the border to address the risk of importing the virus. The strength of these measures has varied according to the latest assessment of the risks of importation. Since May this year, the framework established under the second Global Travel Taskforce has set the path for a progressive and sustained return to international travel. The number of daily international and domestic flights has increased by 59% since step 4 compared to step 3 levels. However, this still only represents 53% of 2019 average levels.[footnote 34]

The Traffic Light System has sought to balance a greater degree of travel with limiting the risk to the UK from Variants of Concern. More recently the rules have been relaxed for many fully vaccinated travellers, reflecting the progress of vaccination campaigns at home and abroad.

The Government continues to work with the travel industry and private testing providers to further reduce testing costs and improve the speed and quality of testing performance, while ensuring travel is as safe as possible. More than 80 companies have had misleading prices corrected on the Government's website and, in addition, over 50 forms have been removed. From 21 September private providers will be liable for criminal offences and penalties if they do not meet standards set out in legislation. This action will help ensure consumers can trust the testing providers listed on GOV. UK and only the most reliable companies are available.

The Government will shortly set out a revised framework for international travel, in advance of the next formal checkpoint review, with a deadline of 1 October.

Helping vaccinate the world

Alongside G7 partners, the UK remains committed to accelerating equitable access to COVID-19 vaccinations, therapeutics, and diagnostics to save lives across the world. Increased access to vaccines globally will also help to protect the UK by reducing the risk of Variants of Concern emerging. The UK remains one of the biggest donors to the Access to COVID-19 Tools Accelerator (ACT-A) and to date the UK has donated $1.135 billion.[footnote 35] ACT-A's COVID-19 Vaccines Global Access (COVAX) facility has so far shipped over 243 million doses to 139 participants.[footnote 36] In addition the UK has so far donated 10.3 million vaccination doses, either bilaterally or through COVAX, and aims to share a total of 30 million by the end of this year, and 100 million by June 2022. The Government is also supporting efforts to develop more resilient global supply chains for vaccines, including by supporting the continued efforts of the COVAX Supply Chain & Manufacturing Task Force to tackle supply challenges and promote not-for-profit global production.

The UK continues to engage bilaterally with key international partners and to take a leading role in multilateral discussions on the global response to the pandemic. The UK has led the G7 Presidency during a challenging year, engaging with key international partners across a wide range of COVID-19 international issues. The UK will continue to lead, through and beyond 2021, on delivering on the commitments and ambitions set out by G7 leaders at the Summit in Carbis Bay in June for supporting global recovery, including by reopening international travel.[footnote 37]

The UK will continue to push for greater scientific leadership and innovation, working closely with others including the World Health Organization, to develop the The Global Pandemic Radar and increase international pathogen genomic sequencing capability through the new Centre for Pandemic Preparedness. These are global public goods which will keep citizens everywhere safe.

Contingency planning

The Government's objective is to avoid a rise in COVID-19 hospitalisations that would put unsustainable pressure on the NHS. The Government will monitor all the relevant data on a regular basis to ensure it can act if there is a substantial likelihood of this happening.

It is possible that Plan A is not sufficient to prevent unsustainable pressure on the NHS and that further measures are required. This is not the Government's preferred outcome but it is a plausible outcome and one that must be prepared for. The high levels of protection in the population against COVID-19 should mean that very stringent restrictions are not needed over autumn and winter to reduce the rate of transmission of COVID-19, reduce growth in hospitalisations and prevent unsustainable pressure on the NHS. However, there remains significant uncertainty.

The Government has taken the best scientific advice from the Scientific Advisory Group for Emergencies (SAGE). The Scientific Pandemic Influenza group on Modelling (SPI-M) has reflected on their modelling of step 4 of the roadmap. Despite unexpected falls in cases in mid-July 2021, these scenarios can still be used to consider the future autumn and winter trajectory, likely with a delay in timing of peaks until later in the year, and possibly with broader, longer peaks than those originally estimated.[footnote 38] As made clear in the Government's roadmap, further hospitalisations and deaths are expected because neither coverage nor effectiveness of the vaccine can ever be 100%.

SAGE and SPI-M modellers now deem the most pessimistic scenarios in the step 4 modelling to be unlikely, except in the case of a new dangerous Variant of Concern or significant waning immunity. However, there remains considerable uncertainty and scenarios which place the NHS under extreme and unsustainable pressure remain plausible. As a result, the Government must continue to monitor the data and prepare contingencies.

The Government monitors and considers a wide range of COVID-19 health data including cases, immunity, the ratio of cases to hospitalisations, the proportion of admissions due to infections, the rate of growth in cases and hospital admissions in over 65s, vaccine efficacy, and the global distribution and characteristics of Variants of Concern. In assessing the risk to the NHS, the key metrics include hospital occupancy for COVID-19 and non-COVID-19 patients, intensive care unit (ICU) capacity, admissions in vaccinated individuals, and the rate of growth of admissions. The Government also tracks the economic and societal impacts of the virus, to ensure that any response takes into account those wider effects.

Plan B

If the data suggests the NHS is likely to come under unsustainable pressure, the Government has prepared a Plan B for England. The Government hopes not to have to implement Plan B, but given the uncertainty, it is setting out details now so that the public and businesses know what to expect if further measures become necessary.

Given the high levels of protection in the adult population against COVID-19 by vaccination, relatively small changes in policy and behaviour could have a big impact on reducing (or increasing) transmission, bending the epidemic curve and relieving pressure on the NHS. Thanks to the success of the vaccination programme, it should be possible to handle a further resurgence with less damaging measures than the lockdowns and economic and social restrictions deployed in the past. The Government would provide prior notice as far as possible to the public and Parliament ahead of implementing any necessary changes in a Plan B scenario.

The Government's Plan B prioritises measures which can help control transmission of the virus while seeking to minimise economic and social impacts. This includes:

- a. Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously.
- b. Introducing mandatory vaccine-only COVID-status certification in certain settings.
- c. Legally mandating face coverings in certain settings.

The Government would also consider asking people once again to work from home if they can, for a limited period. The Government recognises this causes more disruption and has greater immediate costs to the economy and some businesses than the other Plan B interventions, so a final decision would be made based on the data at the time.

Communications

Communications have been effective at highlighting key messages and supporting the public to follow safer behaviours. In a Plan B scenario, the Government would issue clear guidance and communications to the public and businesses, setting out the steps that they should take to manage the increased risks of the virus.

Communications – supporting evidence

At step 4, the Government shifted its approach from one of legal requirements and restrictions towards one focused around personal responsibility and voluntarily following safer behaviours. Though there has been a slight decline in the observance of key protective behaviours post step 4, the majority still continue to adhere to the guidance. Of those surveyed, 89% still self-report to wearing face coverings outside the house, and 84% claim to engage in regular handwashing. [footnote 39] Adult, mean daily contacts have not increased rapidly since step 4, and remain much lower than pre-pandemic levels (3.0 in late August 2021 vs 10.8 pre-pandemic).[footnote 40] [footnote 41] Children's social contact decreased over the summer holidays [footnote 42] but is likely to increase rapidly in September. The public's continued engagement with these protective measures has helped reduce transmission.

Mandatory Vaccine-only COVID-status Certification

On 19 July, the Prime Minister served notice that, by the end of September, the Government was planning to make full vaccination a condition of entry to nightclubs and other venues where large crowds gather.

The gap between the announcement and intended implementation has given people sufficient time to receive two doses of a vaccination. Since 19 July, over 1 million first doses, and over 6.1 million second doses, have been administered. This means that over 7.2 million doses have been administered to adults aged 18 and older in England,[footnote 43] considerably bolstering the level of immunity in the population. Of the 1 million new doses administered, over 600,000 were aged between 18 and 29.[footnote 44] At the same time, more than 200 events and venues have made voluntary use of certification and the NHS COVID Pass as a condition of entry. The impact of the use of the NHS COVID Pass is being further assessed through the findings of Phase II and Phase III of the Events Research Programme.

Taking into account the latest data on the state of the epidemic, mandatory vaccine-only certification will not be implemented from the end of September. It would, however, be part of the Government's Plan B if the data suggests action is required to prevent unsustainable pressure on the NHS. Mandating vaccine-only certification would be preferable to closing venues entirely or reimposing social distancing.

At present, the Government continues to encourage the voluntary use of the NHS COVID Pass, particularly in the types of settings listed below, as a tool to help manage risk and to help to prepare for mandatory introduction, if it is required. For now, the NHS COVID Pass will continue to certify individuals based on vaccination, testing or natural immunity status. If Plan B is implemented, at that point the NHS COVID Pass will change to display full vaccination only. Exemptions will continue to apply for those who cannot be vaccinated for medical reasons, for those on COVID vaccine clinical trials, and for under 18s.

Under Plan B, the Government expects to introduce mandatory vaccine certification in a limited number of settings, with specific characteristics. The Government hopes that it would not be necessary to mandate vaccine certification more widely than these settings, though this cannot be entirely ruled out.

If Plan B is implemented, it could be at short notice in response to concerning data. Therefore, in order to help businesses prepare their own contingency plans, the Government will shortly publish more detail about the proposed certification regime that would be introduced as part of Plan B. The Government would seek to give businesses at least one week's notice before mandatory vaccine certification came into force.

Mandatory Vaccine-only COVID-status Certification

Settings

Under Plan B, the Government expects that mandatory vaccine-only certification would be introduced for visitors to the following venues:

- All nightclubs;
- Indoor, crowded settings with 500 or more attendees where those attendees are likely to be in close proximity to people from other households, such as music venues or large receptions;

- Outdoor, crowded settings with 4,000 or more attendees where those attendees are likely to be in close proximity to people from other households, such as outdoor festivals; and
- Any settings with 10,000 or more attendees, such as large sports and music stadia.

There are some settings that will be exempt from requirements to use the NHS COVID Pass, including communal worship, wedding ceremonies, funerals and other commemorative events, protests and mass participation sporting events.

Supporting evidence

The COVID-Status Certification Review concluded that there would be a public health benefit from certification. Certification of immunity for certain uses has the potential to enable access to a wide range of activities in ways that could reduce transmission of the virus.

There is good evidence to suggest certification will have a beneficial impact on infection rates. Vaccines reduce the likelihood of someone becoming infected, and, therefore, vaccine certification reduces the risk of onward transmission if an infected person does enter a venue. Vaccination also reduces the chances of someone who is infected being hospitalised or dying.

PHE analysis of the Events Research Programme found that, while proof of full vaccination or a negative LFD test would not completely eliminate the possibility of an infectious individual attending an event, it should reduce the likelihood of someone transmitting highly infectious amounts of virus to a large number of individuals attending the event. The study concluded that promoting attendance by fully-vaccinated individuals at events will be important to mitigate risks. [footnote 45]

For venues, certification could allow settings that have experienced long periods of closure to remain open, compared to more stringent measures which may severely reduce capacity or cause them to close entirely.

Legally mandating face coverings in additional settings

Though there is no current legal requirement, the Government recommends that people continue to wear face coverings in crowded and enclosed spaces where you come into contact with people you don't normally meet, for example on public transport. This recommendation is in line with the findings from the Social Distancing report and has a low economic cost.[footnote 46] If Plan B is implemented, the Government will bring back the legal requirement to wear face coverings in some settings. The precise settings will be decided at the time.

Face coverings – supporting evidence

Face coverings have low economic costs and can be effective in reducing transmission in public and community settings, by reducing the emission of virus-carrying particles when worn by an infected person, and may also provide a small amount of protection to an uninfected wearer. [footnote 47] Currently 91% of public transport users report to have worn a face covering the last time they used public transport.[footnote 48] Use remains high but has gradually fallen since the start of step 4.[footnote 49]

SAGE estimates that widespread application of face coverings is likely to have a small but significant impact on transmission, as face coverings mitigate most transmission routes.[footnote 50] SAGE evidence also states that face coverings (if worn correctly and of suitable quality) are likely to be most effective (at least in the short to medium term)[footnote 51] in reducing transmission indoors where other measures, such as social distancing and ventilation, are not feasible or are inadequate.

Advice to work from home

SPI-M and SAGE have advised that high levels of homeworking have played a very important role in preventing sustained epidemic growth in recent months.[footnote 52] If the Government were to re-introduce this measure it would be seeking to reduce the transmission risk inside and outside of the workplace, including by reducing the number of people taking public transport and the number of face to face meetings and social activities, and thereby reducing community and household transmission.

Working from home – supporting evidence

SAGE has advised that working from home is one of the most effective measures available at reducing contacts, including associated transport and social interactions, which has a strong impact on transmission and R. The REACT survey[footnote 53] from Imperial College London showed that working from home reduced the chance of catching COVID-19. Those who were working from home were less likely to test positive for COVID-19 than those who left their homes to work in February. Analyses of risk by occupation consistently show a lower risk for those occupations with higher levels of working from home.[footnote 54]

However, the overall socio-economic effects of the Government's working from home guidance are complex and unevenly distributed. For example, working from home has reduced the frequency of commuting for many workers resulting in reduced consumption in direct office-related spending, indirect social consumption (such as in retail and hospitality) and transport use in city centres. However, some of this reduced consumption is displaced to surrounding areas where homeworkers live and therefore partly replaced by increased consumption of other goods and services closer to home.[footnote 55]

Overall impacts on productivity are uncertain and vary by sectors and workers. While there are positive impacts for some individuals, in terms of spending less time and money commuting, others will suffer owing to inadequate working conditions at home, particularly younger workers, and those living alone or with poorer mental health due to reduced interactions with colleagues. Some businesses have reported that productivity has either remained the same or increased, owing to benefits such as a happier workforce and reduced overheads (for example, in spending on office space). However, other businesses report that prescriptive working from home guidance poses challenges, such as hampering the exchange of ideas, stifling creativity and hindering collaboration. Working from home could make it harder for some businesses to carry out client engagement, and to train and onboard new and existing staff. These businesses argue that over time a reduction in these activities will likely pose challenges to the productivity of their workforces.

While the Government expects that, with strong engagement from the public and businesses, these contingency measures should be sufficient to reverse a resurgence in autumn or winter, the nature of the virus means it is not possible to give guarantees. The Government remains

committed to taking whatever action is necessary to protect the NHS from being overwhelmed but more harmful economic and social restrictions would only be considered as a last resort.

Variants of Concern

New variants of the virus will continue to emerge both at home and abroad in the coming months and years. As was clear with the spread of the Alpha variant, and this summer with Delta, a variant has the potential to radically change the course of the epidemic. Over time, there may be variants which evade immune responses and weaken the protection given by vaccines, have increased transmissibility (as with Alpha and Delta), or alter the severity or the symptom profile of the virus.

To confront this risk, the Government has developed a range of tools to reduce the risk of variants emerging, stop and slow importation of the most dangerous variants, identify new variants and outbreaks, and ensure the Government is ready to respond if outbreaks occur.

Domestic sequencing capacity has been enhanced in 2021 and will continue to increase over the coming months, enabling a higher number of PCR positive cases to undergo whole genome sequencing, improving the detection of variants. In addition, wastewater testing and the use of new technology, such as genotype assay testing, have been expanded as an additional surveillance function to detect variants and outbreaks.

The Government's work to support and develop international surveillance capabilities and support for the rollout of vaccines globally will also protect the UK by helping to identify and reduce the risk of Variants of Concern.

Local management of the virus

Local authorities have always played a critical role in public health protection, emergency response and infectious disease control. COVID-19 has been no different, with local authorities leading the response in their communities. The Government will continue to support and work with local authorities and local areas directly to reduce the spread and minimise the impact of COVID-19.

This includes support for areas with enduring transmission. These are those parts of the country where the case rate has remained above the national or regional average for a prolonged period. Support includes targeted testing and programme support for public health activities such as vaccination.

The Government will also continue to provide access to:

- a. The COVID-19 Contain Framework which clarifies the national support and infrastructure available to local authorities.
- b. National support for an enhanced response in areas with particularly challenging disease situations. This support includes targeted surge testing, vaccination logistical support, logistics support, and national funding to enhance local communications efforts.
- c. The Education Contingency Framework, which provides guidance on the principles for managing local outbreaks of COVID-19 in all education and childcare settings. This framework sets clear thresholds for managing COVID-19 cases, when settings should

consider seeking public health advice, and provides advice on all types of measures that settings should prepare for in the event they are needed.

The COVID-19 Contain Framework will be updated at the beginning of October. This will provide an overview of the support local authorities can expect from regional and national teams, and will continue to refer to the responsibilities of Directors of Public Health, regional health protection teams, and the Government's Local Action Committee command structure.

Legislation and reviews

At step 4 of the roadmap, the vast majority of COVID-19 regulations were removed.

The Government has reviewed the remaining regulations and decided, subject to agreement from Parliament that it is necessary to extend the following regulations until 24 March 2022, at which point they will be reviewed:

- a. The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020, which impose legal requirements to self-isolate on positive cases and unvaccinated close contacts. Self-isolation will remain crucial in breaking chains of transmission throughout autumn and winter.
- b. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020, which enable local authorities to respond to serious and imminent public health threats.
- c. The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021, which impose testing and quarantine requirements on arrivals in England, will remain.

The Government formally reviews the Coronavirus Act 2020 every six months to ensure that Parliament has an opportunity to expire any temporary non-devolved provisions that are no longer necessary to manage COVID-19. As part of the third six-month review of the Act due in September 2021, the Government is committed to removing those legal provisions that are no longer necessary or proportionate. The Government intends to recommend to Parliament that the following temporary non-devolved provisions are expired:

- a. Section 23 (UK wide) enables changes to the timings of urgent warrants under the Investigatory Powers Act 2016.
- b. Section 37 (Schedule 16) (for England) gives Ministers the power to direct the temporary closure of educational institutions and providers.
- c. Section 51 (Schedule 21) (for England) allows restrictions to be imposed upon potentially infectious persons including detention, and screening for COVID-19.
- d. Section 52 (Schedule 22) (for England) enables Ministers to restrict or prohibit gatherings or events and to close and restrict access to premises during a public health response period.
- e. Section 56 (Schedule 26) (England and Wales) provides that appeals imposed under powers set out in Schedule 21 of the Coronavirus Act can be heard by telephone or video in civil proceedings in the Magistrates Court.
- f. Section 77 (UK wide) increases the rate of the basic element of Working Tax Credit.

- g. Section 78 (for England) is a power for local authorities to change how they meet in meetings held before 7 May 2021.

The Government also intends to expire parts of Section 38/Schedule 17 of the Act. Schedule 17 allows the Secretary of State to disapply or modify existing requirements in education and childcare legislation. Expiring parts of schedule 17 includes removing the ability to modify the duty on local authorities to secure the special educational needs provision in a child or young person's Education and Health Care plan.

The Government will consult with the Devolved Administrations in the normal way ahead of publishing the ninth edition of the Coronavirus Act report and subsequent parliamentary debate.

The Coronavirus Act is a critical part of the Government's response to the pandemic, as it continues to support the NHS in retaining emergency staff, enables Statutory Sick Pay to support self-isolation, as well as enabling remote participation in court proceedings among other necessary provisions.

The remaining temporary powers in the Coronavirus Act are due to expire at midnight on 24 March 2022. In the spring, the Government will review this legislation and the other remaining regulations and measures and decide whether any need to remain in place.

The Public Health (Control of Disease) Act 1984 gives emergency powers to be used in pandemics if they present significant harm to human health. This was used as the legal basis for national restrictions in England. No changes to the Public Health Act are planned.

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