

Module 2, Week 3 Evidential Hearings Summary

Professor Woolhouse - Professor of infectious disease epidemiology

- On 21st January there was an email from Farrar: “So many asymptomatic, very mild infectious individuals who can transmit”.
- 31st January - Emailed again saying there was evidence of asymptomatic transmission and that we could be completely overwhelmed within 2 to 3 months.
- If there was asymptomatic transmission that meant it could not be contained in the same way SARS was contained.
- They said they were in complete agreement with the World Health Organisation's pandemic report on preparedness which concluded that globally, not enough was done. There was a lack of urgency.
- The minutes of SAGE meetings did not communicate the seriousness and urgency of the situation. They knew Jeremy Farrar and Neil Ferguson were concerned, but the minutes did not reflect that. SAGE put too much focus on the consensus view and too little on minority views.
- They think it is fair to describe lockdown not as a public health policy but as a failure of public health policy; lockdown is what you do when you have failed to control the epidemic in other, more sustainable ways.
- The argument is not that if you don't support lockdown, you are happy for more people to die. There was a whole raft of other interventions that could have achieved the same. Lockdown is always the last resort and it's what you do when everything else has failed.

Professor Anthony Costello - Professor of global health and sustainable development and a founder member of Independent SAGE

- On 12th March, the UK announced it was stopping all community testing. The Government explanation was a lack of tests and a decision to focus on hospitals. WHO put out a statement saying that switching from containment to mitigation is both wrong and dangerous. The Professor needed to be convinced that in those six weeks of inaction, because of the strategy saying this was pandemic flu, that the Government could not have generated sufficient tests to cover the hotspot areas that we had at that time. That's the key to suppression.
- They disagreed with most of what was said at the March 12th press conference, so they Tweeted about it. They were then asked to write articles laying out their concerns about the idea of letting a very serious new virus spread across a population. Independent SAGE was set up specifically to educate and answer questions from the public about the pandemic.
- SAGE seemed to accept they couldn't suppress it, so they were effectively allowing things to spread. If we had followed the South Korean plan, the Professor thinks we could have stopped upwards of 150k deaths.

Professor Andrew Hayward - Professor in epidemiology and public health

- Epidemiology was originally devised as the study of epidemics, of which a pandemic is a major example. It concerns understanding how diseases spread through populations, what causes people to get diseases, by looking at patterns of diseases in populations compared to different exposures, lifestyle exposures or exposures to infections.

On 11th May and 7th June – Vivaldi care home study or testing.

- Identified the importance of staff in transmission in care homes.
- Homes where there was greater use of agency staff had higher risk of outbreaks, so they inferred the staff were carrying infection from one home to another.
- Those Homes where people were not paid sick pay also had higher rates of infection.
- This was significant in persuading the Government to release central funds to support care workers.
- Early interventions are important. The Professor spoke out publicly about this in November 2020, as they thought it was important for the public and the politicians to understand. Number 10 could have saved thousands of lives. Even short delays can make major differences to the eventual number of hospitalisations and deaths.

Professor Steven Riley - Professor of infectious disease dynamics at Imperial College London

- They don't believe SAGE took sufficient account of international experiences. Lockdown should have been actively considered by SAGE from 23rd Jan 2020, when Wuhan locked down to try to contain the virus. Their point wasn't that lockdown would have been right for them to do then, but that they should have been actively considering it because the country with most experience of the virus had decided to try it.
- The Professor became increasingly frustrated in February that we were not considering more stringent measures. The UK was planning to move from a containment strategy to mitigation. So, on 1st March 2020 they published a report "The Potential Benefits of Ongoing Containment." They concluded that a rapid wave could result in 464,000 deaths but a successful policy of immediate suppression could reduce deaths to 148,000. They were calling for school closures, work from home and other measures. Professor Neil Ferguson was of the view that there was no appetite for draconian measures.
- On Friday 13th, Imperial College put out Report 9, which by then agreed with Professor Riley, and concluded that suppression was the only viable option.
- The Professor's view is that lockdown should have been introduced by 9 March. Once they had laboratory confirmed deaths with no travel history, no obvious connections to out of country social connections, we had evidence that our epidemic would be rapidly progressing.
- Around 16th March, everyone did seem to start changing their behaviour. Had they achieved the social distancing earlier the peak height would have been lower and the areas under the curve would have potentially been a bit less.

Professor Neil Ferguson - Mathematical Epidemiologist at Imperial College

- SAGE provided a consensus view. That is what was asked for. In other cases, they have been asked to provide a series of options and provide a view on the best one. They were not asked to do this for the pandemic. They were asked relatively narrow questions about the likely impact of particular interventions.
- The minutes of the meetings are not actually minutes, they provide a consensus position. Some of the meetings did get heated and the range of debate is not reflected in the consensus minutes. NERVTAG minutes are much more informative.
- The Professor agrees that little thought had been given to containment. They were more sceptical about the measures adopted in China would be as successful as they turned out to be.
- They felt the contain phase never had any chance of preventing the infection entering the country. They came to that view as soon as they heard about the measures that were being implemented. Because of limited testing capability, limited border controls were implemented, which were only ever going to prevent a small fraction of infected people coming into the country.
- The first estimate of how many would die was 12th February. That was highly uncertain. The more refined estimate was the first week in March. They were frustrated it took so long.
- 5th March SAGE Meeting: Debate re moving from containment.
- The Professor said that there was no evidence that banning large gatherings would reduce transmission. If one person is infected, they will infect the people around them so won't be greater than if they go to the pub. So, 100 people in a pub would be more dangerous than a football match.
- Friday 13th, they said to Professor Edmunds and Jeremy Farrar - "I think Chris Whitty thinks it won't be as bad as our estimates". They did not say that directly to Chris Whitty but did point out what support there was for the estimates that they were coming up with.
- There was a catastrophic 2nd wave - The number of deaths doubled those in the 1st wave. The policy of acting as late as possible, to prevent NHS overwhelm, had a significant impact on the number of deaths.

Professor James Rubin – Psychology and Emerging Health Risks

- A member of SPI-B&C (Independent Scientific Pandemic - Behaviour & Communications) for Swine Flu. That became SPI-B for Covid-19 as we were told that Communications was for Government. They were also asked to work on SAGE and NERVTAG.
- How people perceive novel health risks and how that perception affects their behaviour.
- They were looking, for example, at self-isolation, what governs whether somebody is able to adhere to self-isolation or not. They are not able to predict what percentage of the population will adhere to the rules, they are able to advise on what will influence people to adhere or what will make them less likely to and make a recommendation based on that.

- One thing they raised time and again was the importance of coproducing guidance with the sections of society that would be affected by it, as they might have other solutions or issues that we hadn't thought it.
- Early on there was secrecy in that SAGE was not publishing its papers. Once that was reversed there were ongoing difficulties with transparency. The frustration was around the timeliness of publication – there were sometimes very lengthy delays. So, if an issue was still being considered by policy makers, that paper would not be published. Where they cited things in their papers e.g., other reports that had been stamped “official sensitive” there was a question as to whether SPI-B could release a paper that reports that data.
- Professor Rubin was always of the mind that their papers would cite anything they wanted to and they wouldn't hold back in referring to data that they were aware of, because their primary audience was Sir Patrick and Sir Chris and they needed to know what they were aware of. That did result in delays of months and in one case years.
- Publication was important for many reasons. Peer review is very important – they need to know if they have got something wrong and there were occasions when there were blogs in response which they would read and that was very helpful. Their papers were not just helpful to Government, they were helpful to others given that it was a global pandemic
- Steve Reicher commented to the Guardian re the censorship and said: “The greatest asset we have in this crisis is the trust and adherence of the public. You want trust? You need to be open with people. This isn't open. It is reminiscent of Stalinist Russia.”
- **Issue of ‘Behavioural Fatigue’** - This was raised by Chris Whitty when there was pressure mounting to move from mitigation to suppression. Mr Whitty justified the delay in imposing NPIs to as close to the peak as possible based on “behavioural fatigue” i.e. that people would stop complying if it went on too long. His comments were not based on advice from them. Professor Rubin didn't know his source for that. They raised it in SAGE the following day as they didn't think this was a valid reason to delay the lockdown.
- **Fear as a Method** - There was a debate about using fear to promote compliance. Professor Rubin argued against that and has provided 14 papers that said it was an ineffective and inappropriate thing to do.
- Risk perception is not the same as fear. Fear can be an outcome of the risk perception where you have a high level of risk perception and don't think there is anything you can do to protect yourself. Where you can take steps to protect yourself there, won't necessarily be fear.

Professor Lucy Yardley- Member of SPI-B and was a co-Chair for a time

- Professor Yardley specialises in support for positive behaviour change in relation to health.
- She is a behaviour change specialist, so her question was: How can we support people to do a certain thing, and how will the context of the support they have and the circumstances they're in and the messaging and so on influence that?

- One of the things that they were immediately aware of was that the policies for self-isolation did not include any sort of financial support. So if you were depending on an income, that makes it a very, very difficult self-isolate. There was strong push back from the government that they didn't want to provide financial support.
- Subsequently, in September of 2020, some measures were introduced in relation to grants for those on Universal Credit. They didn't consider it adequate and we continued to push throughout the pandemic for better financial support. In November they provided another report that said motivation to self-isolate was high amongst all groups but the ability to isolate was lowest amongst the poorest sections of the population.

Sir Peter Horby – Professor of Emerging Infectious Diseases and Global Health

- “Follow the Science”: Not popular phrase. Science is rarely black and white, there are different interpretations. It also assumes that there is a direct relationship between science advice and the policy decision but there were other factors influencing policy decisions. They also didn't get feedback on why their advice wasn't followed.

Professor Catherine Noakes – Environmental Engineering for Buildings

- They were asked a particular question about the application of triethylene glycol. That came in an email from No 10 and they copied in an external business who said they had information about it. They said they would be willing to share information if Professor Noakes' team signed an NDA. Ms Noakes said no because they needed to focus on peer reviewed scientific evidence and information from reputable laboratories, rather than a company that was trying to sell products.
- Triethylene glycol was never really going to be considered as a viable option. The idea of putting a chemical into the air to try it means that you are just creating a new contaminant.
- Professor Noakes didn't think there was a good reason not to take precautions against airborne. Yes, the evidence was weak, but it was weak for all methods. The precautionary approach would have meant that ventilation matters and people should have been made more aware.
- In Autumn 2020, Professor Noakes was still concerned that not enough was being done about airborne transmission. The guidance all still focused on droplets and surfaces and didn't touch on airborne so she emailed Patrick Vallance and Chris Whitty as the information they had gathered wasn't feeding into the guidance. Chris Whitty sent the emails on PHE and they changed the information on their website and they worked with the professor on a form of words. The NTHS on the other hand, nothing changed. Professor Noakes raised it again in February 2021 and then June 2021. Weeks after that, their web pages were finally changed.
- They were not asked to consider EOTHO (Eat Out to Help Out). Had they been asked they would have shared their concerns. It was not a well-designed approach.

- Mass Gatherings: It is true that you would only infect the people immediately around you. But people travel to them all together on coaches, perhaps stay overnight, visits pubs and restaurants so it's the activities that go along side it. Weddings were associated with high transmission because lots of people mingle together.

Professor John Edmunds – Department of infectious Disease Epidemiology

- Need Precautionary Principles to be applied. It's how you deal with epidemics. Their surveillance systems will never pick up every case and will always be delayed so it will always be more widely spread than you think it is.
- There is a difference between closing borders and border restrictions. They have never shut the borders completely, but border restrictions were unlikely to do anything.
- By mid February it was clear that a major pandemic was coming that would involve hundreds of thousands in hospital and deaths, NHS being overwhelmed and a whole society impact. Professor Edmunds regrets that they didn't look at working from home then. It would have had an impact on the economy but they could have made it clear that anyone with any symptoms should stay home. It wouldn't have stopped it but might have slowed it.
- The Government couldn't and shouldn't have only followed the science because that was just one part of the pandemic. Professor Edmunds could see why they were doing it; they were doing it so they could hide behind them when difficult decisions were being made. It's what they do, it's convenient.
- In regards to lifting lockdown, if you just stop circulation for a while (by going into lockdown) and then stop doing it (lift lockdown) of course the virus will come back. There won't be much immunity in the population so when the epidemic comes back (and it surely would) it would increase at more or less the same rate. Clearly they were right as it did come right back. It came back slower than anticipated because they hadn't thought the behaviours would change that much. Everyone expected the pubs would be packed when they reopened and they weren't.
- However, if you mitigate rather than completely suppress you get a degree of herd immunity. But because they had not mitigated, the NHS situation became urgent so action had to be taken and full lockdown was required.
- **August – launch of EAT OUT TO HELP OUT (EOTHO)** - That scheme made Professor Edmunds angry and he is still angry about it. It was one thing taking your foot off the brake, which is what they'd been doing by easing the restrictions, but to put your foot on the accelerator seemed to him to be perverse. And to spend public money to do that when 40,000 people had just died. This was a scheme to encourage people to take an epidemiological risk.

Professor Carl Heneghan – Evidence based Medicine

- The professor was against whole population measures.
- On 4th October the Great Barrington Declaration (GBD) was published.

- "As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing Covid-19 policies and recommend an approach we call focused protection."
- Professor Heneghan did not sign the declaration. He agreed with the broad aims of the declaration but there were some things that needed to be looked at in more detail and it would have taken him weeks to do that.