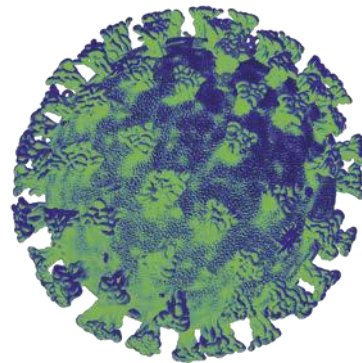
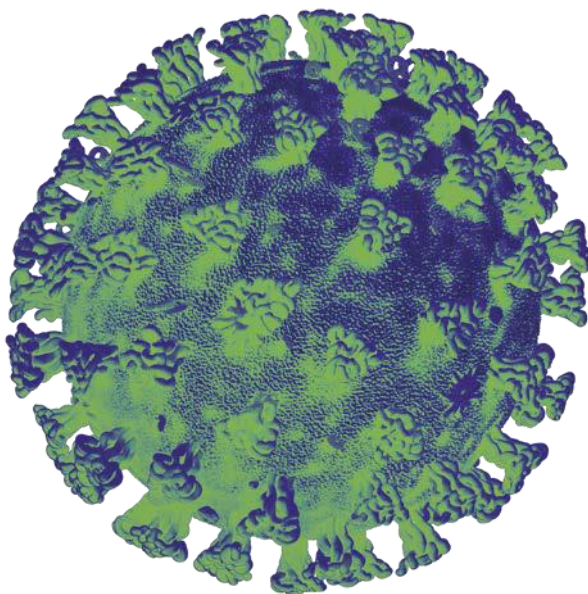


Technical Advisory Group

Advice for 31st March Restriction Review

31 March 2021



TAG Advice: 31st March 2021 Restriction Review

1. This report provides advice on the proposed relaxations considered as part of the 1st April review, covering: education (remaining school years returning to the classroom, possible full return to face to face teaching in Further Education (FE) and possible blended learning but with more access to face to face teaching and access to services such as laboratories and libraries in Higher Education; HE); reopening remaining non-essential retail; and reopening all close contact services. The advice considers the impact of lifting these restrictions in totality. It also notes the potential considerations around easing the restriction on household mixing during the period of Ramadan and Eid al-Fitr celebrations in May, alongside other celebrations including the Easter period.

Situation summary

2. The most current situational summary for Wales (26 March) can be found [here](#).
3. SAGE 84 (25 March)¹ estimates for the Reproduction number (R_t) in the UK to be between 0.7 and 0.9. Estimates for England, Scotland, and Northern Ireland are between 0.8 and 1.0, and for Wales between 0.7 and 0.9. This estimate is lagging by about two to three weeks and is composite of several academic models that measure cases, hospitalisations and deaths (see point 11).
4. The most recent Public Health Wales R_t estimate, a leading estimate as it uses case data, shows R_t to be about 1². This means that on average one infectious person infects one more person.
5. A leading estimate of R_t called CoMix, uses contact patterns derived from behavioural surveys to describe the state of the epidemic. The most recent estimate (24 March) shows R_t to be above 1 in the UK. The driver for the increase is likely to be the return to school and subsequent infection of children aged 5-17³. There is lower confidence in this estimate due to smaller sample sizes.
6. As reported by the COVID-19 infection survey, for the week 14 to 20 March 2021, an average of 0.22% of the community population in Wales had COVID-19 (95% credible interval: 0.13% to 0.34%). This equates to approximately 1 person in every 450 (95% credible interval: 1 in 780 to 1 in 290), or 6,700 people during this time (95% credible interval: 3,900 to 10,400).

¹ <https://www.gov.uk/government/collections/sage-meetings-march-2021>

² <https://academic.oup.com/aje/article/178/9/1505/89262>

³ <https://cmmid.github.io/topics/covid19/reports/comix/Comix%20Weekly%20Report%2051.pdf>

Wales

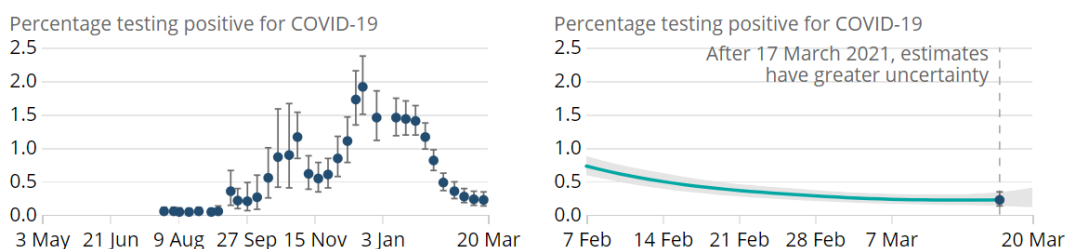


Figure 1. Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyypilot/26march2021#percentage-of-those-testing-positive-compatible-with-the-uk-variant>

7. A gradual improvement across a range of indicators has been observed, decreasing from high levels in January. However, current data does not yet fully reflect the impact of changes made on 15 March, which is too recent to have shown a full effect in the trends we can analyse. **(High Confidence)**.
8. The vaccination programme is beginning to reduce harms from hospitalisation and deaths. This means that the relationship between cases and COVID-19 harms is not the same as it was (a phenomenon called “uncoupling”). This means we are seeing a decrease in COVID-19 hospitalisations and deaths because the most vulnerable populations are vaccinated, whereas case rates are showing a plateau **(High Confidence)**.
9. Since the impact of previous relaxations cannot be reliably estimated, it follows that it is not possible to robustly quantify the further increase in risk that would be associated with additional easements **(High Confidence)**.
10. Further relaxations that lead to more population level mixing are likely to lead to more cases and exponential growth **(High Confidence)**.
11. The decrease in cases since January is predominantly driven by population control measures **(High Confidence)**. As control measures are eased and people mix, infection rates will increase **(High Confidence)**. As more people are vaccinated the dependency on population control measures to reduce harms related to COVID-19 decreases over time.
12. There is less confidence in calculating the relationship with cases, hospitalisations and deaths as relaxations and the vaccination programme continues (approx. 1.3M first dose, 0.4M second dose as of 26 March). The proportion of cases that lead to severe illnesses and deaths should continue to decrease **(High Confidence)**. However, a large proportion of the population remains susceptible to infection even though the majority of those most vulnerable to serious infections have now been vaccinated.
13. While uncertainty remains around level of impact, the likely burden of Long Covid and post-Covid conditions is also important when considering the lifting of restrictions. This is important in terms of the health, social and economic well-being of the population (including those in younger age groups who are less likely to have been vaccinated) as well as the future challenges likely to be faced by health and social care services.

Future relaxations

14. To reduce the risk of uncontrolled epidemic growth, easements that are associated with lower risk activities (e.g. outdoor activities) should be prioritised over higher transmission risk activities (e.g. indoor activities). Activities where a higher transmission risk can be mitigated using the hierarchy of risk control (either through regulations or guidance), enforcement and risk communication should be prioritised over activities where mitigations may be less modifiable (extended households). As well as the potential for epidemic growth, other policy considerations for relaxations are clearly important (e.g. economic and education) and should be considered together.
15. Though the airborne risk of COVID-19 transmission is much lower outdoors than inside, the risk of infection via larger droplets remains high if people engage in prolonged, face-to-face close contact with others. Therefore, maintaining 2 metre distancing outdoors is still advisable. Outdoor surfaces may also still become contaminated with the virus, so it is also important to be mindful of what shared objects (e.g. playground surfaces and gate handles) are touched, and to maintain regular hand washing.

Travel and variants

16. Importation of infection, particularly new variants, remains a considerable risk **(High Confidence)**⁴. Co-infection, where an individual is infected by more than one variant of the virus, leading to new recombinant variants is more likely when prevalence is higher. Keeping cases low has the benefit of more effective local public health intelligence and control, which is particularly important for suppressing the introduction of new variants.
17. Genomics analysis indicates that importation of infections to Wales from England and other parts of the UK and the wider world, could have played a key role in seeding. Analysis showed that early on in the pandemic, a high proportion of cases could be linked to imports, with the number decreasing considerably following lockdown.⁵
18. COG-UK and PHE analysis of border measures introduced between June and September 2020 shows that whilst measures including quarantine did not prevent importation and onwards transmission, they did reduce it by reducing the number of contacts of returning travellers from countries not on the travel corridor list **(High Confidence)**.⁶
19. Using border measures would likely delay importation of variants not currently widespread in the UK **(Medium/High Confidence)**. This may be valuable to

⁴ <https://www.nejm.org/doi/full/10.1056/NEJMc2100362>

⁵ <https://gov.wales/sars-cov-2-genomic-insights-cover-statement-html#section-53055>

⁶ <https://www.gov.uk/government/collections/sage-meetings-march-2021>

allow more time for the risk to be understood and measures taken to mitigate those risks (e.g., vaccine updates).⁷

20. Border measures are likely to result in a greater delay in the introduction of new variants. The more people who are exempt from border measures, the higher the risk of undetected importation of a new variant. Although some of those exempted will be covered by a different testing regime, positive results may not go on to be sequenced, and data may not feed into the public health system.⁷
21. Prevalence of COVID-19, and of some variants of concern including B.1.351 (first detected in South Africa), remains high in some parts of Europe and elsewhere. Evidence from clinical trials suggests a modest decrease in vaccine efficacy against B.1.351 infection. The effect may be larger for some vaccines **(low confidence)**.⁷
22. Though B.1.351 may not be increasing in prevalence in places where it is competing with B.1.1.7 (first detected in the UK) or other variants, its selective advantage may be greater in a vaccinated population where it may have an advantage of some immunological evasion **(low confidence)**.⁷
23. As with any variants, transmission of B.1.351 would be faster when there are fewer other non-pharmaceutical interventions in place **(High Confidence)**. Further significant importation of this variant as the vaccination programme is underway and as measures are eased would be a concern.⁷

Close contact services

24. The Environmental Modelling Group (EMG) of SAGE recently published an analysis of risk by occupation and workplace (February 2021)⁸. The overall secondary attack rate, calculated among named close contacts of people with COVID-19 in NHS Test and Trace from 01 August to 31 December 2020, was 9.4%. Although highest among household contacts (10.3%), transmission events to contacts within workplace settings was also observed, representing 4.2% of named contacts. It was notable that close contact services (such as hairdressing) had lower secondary attack rates; this may relate to more rigorous use of personal protective equipment by staff as well as mandatory face coverings for customers in this sector. The value of these mitigations should continue to be reinforced.
25. TAG have previously offered advice on opening of steam rooms⁹ **(Risk: High, Confidence: Medium)**.

Steam rooms represent a high risk because they are enclosed environments within which the temperature is not high enough to inactivate the virus. Areas such as toilet facilities that may be used alongside steam rooms also represent a risk¹⁰. For comparison, the roadmap laid out by the UK

⁷ <https://www.gov.uk/government/collections/sage-meetings-march-2021>

⁸ <https://www.gov.uk/government/publications/emg-COVID-19-risk-by-occupation-and-workplace-11-february-2021>

⁹ <https://gov.wales/sites/default/files/publications/2020-12/technical-advisory-group-swimming-pools-hot-tubs-saunas-and-steam-rooms-and-risk-from-COVID-19.pdf>

¹⁰ <https://gov.wales/technical-advisory-group-sars-cov-2-transmission-risk-public-toilets>

Government for England has said that both saunas and steam rooms will not open before Step 3 (17 May)¹¹ which is after indoor gyms are allowed to open.

Higher Education (HE)/Further Education (FE)

26. Previously published SPI-B advice (13 January 2021) considered the risk of increased transmission related to a return to campus for spring term¹². This advice noted interaction in highly-connected environments makes students in HE susceptible to higher rates of transmission (**High Confidence**) and that large scale randomised testing, contact tracing and quarantine underpin successful infection control strategies in the event of campus outbreaks (**Medium/High Confidence**). Additional work is recommended to understand the costs, feasibility and acceptability of universal, asymptomatic testing in universities, including more diverse student and staff populations. Testing and protective behaviour uptake among those who need to be on campus must be underpinned by tailored support packages and clear communications.
27. Looking beyond the spring term, it is suggested university returns could feasibly be one of the last restrictions to be removed, with non-returns likely to create fewer harms (**Low Confidence**). This is based on evidence of lectures and exams being delivered successfully online, although work with training providers (and other practice related training courses) will likely be required to assess how competencies are evidenced, especially when these can't be evaluated in person due to closures etc.
28. Previous advice from the SAGE Task and Finish Group on HE/FE¹³ highlighted a number of key considerations common to both HE and FE. For FE in particular, there is an increased amount of contact associated with work-based placements and learning sites. Long-distance learning is not feasible for many courses which rely on practical training and hands-on learning (e.g. with medicine and physiotherapy degrees), or for those with learning disabilities. For these situations, both HE and FE settings will need to consider the appropriate balance of online and in-person interaction. This advice also highlighted that transmission risk may be exacerbated by younger adults being more likely to be asymptomatic or to have milder illness than older adults and therefore being less likely to self-isolate.
29. Previous advice from SPI-B¹⁴ and TAG¹⁵ also provides guidance on steps to increase adherence to preventative behaviours among young people, echoing the importance of co-produced communications and practical support.

¹¹ <https://www.gov.uk/government/publications/reopening-businesses-and-venues-in-england/reopening-businesses-and-venues>

¹² <https://www.gov.uk/government/publications/spi-b-return-to-campus-for-spring-term-risk-of-increased-transmission-from-student-migration-13-january-2021>

¹³ <https://www.gov.uk/government/collections/sage-meetings-september-2020>

¹⁴ <https://www.gov.uk/government/publications/spi-b-increasing-adherence-to-COVID-19-preventative-behaviours-among-young-people-22-october-2020>

¹⁵ <https://gov.wales/technical-advisory-group-behavioural-insights-contact-tracing-systems-and-young-people>

Remaining school years returning to the classroom

30. A summary of school-related data for England, Scotland and Wales is provided at Annex 1. In England where schools returned on 8 March there is evidence of an increase in case rates among those aged under 16. In Wales, Public Health Wales data shows there has been an increase in case rates among the under 10s since the phased return of schools, while rates have remained at a stable level over this period for 10-19 year olds. Modelled estimates from the ONS infection survey (week ending 20 March)¹⁶ have not found an increase in the younger age groups in Wales.
31. TAG issued advice last month (5 February) on considerations for changing the operation of schools to allow more face-to-face learning¹⁷. This advice still stands i.e. the issues requiring consideration alongside each step of the phased return are: when there might be headroom and the criteria used to determine this; how much headroom will be necessary; and models of operation and additional non-pharmaceutical interventions (NPIs) or mitigations.
32. Reinforcing the importance of adaptations to the school environment and operating procedures to minimise transmission when the remaining group of learners return, recent work has summarised the multi-layered nature of mitigations necessary¹⁸. These include physical distancing measures (travel and classroom), protecting students and staff (hand/surface hygiene, vaccination, testing and use of waste water monitoring), ventilation and face coverings and support for children and families. Mitigating inequalities and harms caused by disruption is essential as evidence is accumulating that these harms are substantial.¹⁹

Non-essential retail

33. Previous SAGE advice (21 September 2020) suggested non-essential retail has a low impact on transmission (**low-moderate confidence**) relative to other settings, although it was noted closure may improve consistency of policies if other interaction is restricted²⁰. Assessment of any individual sector also needs to be considered in parallel with the stated intention of prioritising school re-opening.
34. While regulations²¹ have been strengthened to minimise transmission risk in retail settings, there remains much that can be done to minimise the risk of transmission. A recent (unpublished) PHE briefing from their Behavioural Science and Insights Unit²² suggests maintaining transmission reduction behaviours, notably face coverings for customers and staff, keeping 2 metre

¹⁶ <https://gov.wales/coronavirus-covid-19-infection-survey-14-20-march-2021-html>

¹⁷ <https://gov.wales/technical-advisory-group-considerations-changing-operation-schools-allow-more-face-face-learning>

¹⁸ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00622-X/fulltext#sec1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00622-X/fulltext#sec1)

¹⁹ <https://www.ifs.org.uk/publications/15291>

²⁰ <https://www.gov.uk/government/publications/npis-table-17-september-2020>

²¹ <https://gov.wales/retailers-coronavirus-workplace-guidance-html>

²² Behavioural Science and Insights Unit (BSIU). Behavioural strategies to improve adherence to transmission reduction behaviours in retail settings. Briefing Note, 07.01.2021.

distance and hand washing/sanitising, as well as cleaning regimes. Evidence suggests breaches of social distancing are the most commonly reported problem, alongside lack of awareness of COVID-19 rules, poor signage/markings and not communicating public health guidelines to staff. The briefing's recommendations include making face coverings available at the entrance to retail premises, clear reminders for face coverings and social distancing to be placed at the store entrance, the re-introduction of 2 metre distance markers in store (and queues) and limits on customer numbers. Use of the 4E approach (engage, explain, encourage and only enforce when necessary) is suggested if staff need to intervene.

Canvassing in the context of COVID-19 restrictions

35. Building on the previous advice on the Senedd election available [here](#), TAC advises the following on canvassing:

- *Follow a set of guiding principles to keep campaigner numbers down to a level as is safe and practical as reasonably possible, to maintain 2m social distancing at all times, to wear face coverings at all times, to not enter any households, limit time talking as practically possible, to not participate if self-isolating or symptomatic and where possible to run meetings/planning remotely by phone or digital means.*
- *Given at the time of writing there are a high number of Covid positive people in Wales (with differing levels of prevalence in areas of Wales), canvassers should be made aware of the probability they will come into contact with a household that is Covid positive.*
- *It is also important that those who are being canvassed are also encouraged to wear a face covering, maintain 2m social distancing and indicate if they are self-isolating.*
- *If possible, look to switch to digital canvassing rather than physical canvassing i.e. ask if people being canvassed would prefer a phone call instead.*

36. In Scotland, the approach to canvassing includes suspension of canvassing in local areas if the infection rate is too high.²³ TAC would be supportive of a similar approach as it is based upon the infection rate which the WHO considers as evidence that the pandemic is sufficiently under control. Such metrics could be used alongside the Welsh Government's assessment of indicators and feedback from local Incident Management Teams. It is recommended that local areas where the infection rate is too high are considered on a case by case basis.

²³ <https://www.gov.scot/publications/coronavirus-covid-19-scottish-parliament-election-2021/>

General behavioural considerations underpinning this advice

37. Recent TAG advice remains relevant, notably the complex nature of transmission and recognising the potential for attitudes and behaviours to shift quickly. As the number of easements increase, there is also greater scope for ambiguity and the possibility of non-adherence. While adherence to protective behaviours remains high, concern has been expressed around adherence post-vaccination²⁴ and most recently, immediately post-vaccination²⁵, with implications for transmission.
38. Separate advice has been published [here](#) summarising behavioural considerations to inform the ongoing process of lifting (or re-introducing) restrictions, with advice on communications, enabling behaviours and risk literacy.
39. More specifically, SAGE has previously published detailed advice on celebrations and observances²⁶. This advice should be revisited given the forthcoming Easter period, and Ramadan and Eid al-Fitr taking place in May. The advice is clear that major celebrations represent a special or unique occasion for participants such that the required behavioural norms might be relaxed or suspended, with an associated increase in transmission (**High Confidence**). Increased transmission is likely to result from social mixing during celebrations, in larger numbers and beyond habitual networks (**High Confidence**). Despite this, differential treatments of specific celebrations/observances risks undermining legitimacy, diminishing perception of risk, and engendering resentment (**High Confidence**). Culturally appropriate mitigations will be of the utmost importance, including a period of self-isolation, in order to minimise risk.

²⁴ <https://www.gov.uk/government/publications/spi-b-possible-impact-of-the-COVID-19-vaccination-programme-on-adherence-to-rules-and-guidance-about-personal-protective-behaviours-aimed-at-preventi>

²⁵ <https://www.bmj.com/content/372/bmj.n783>

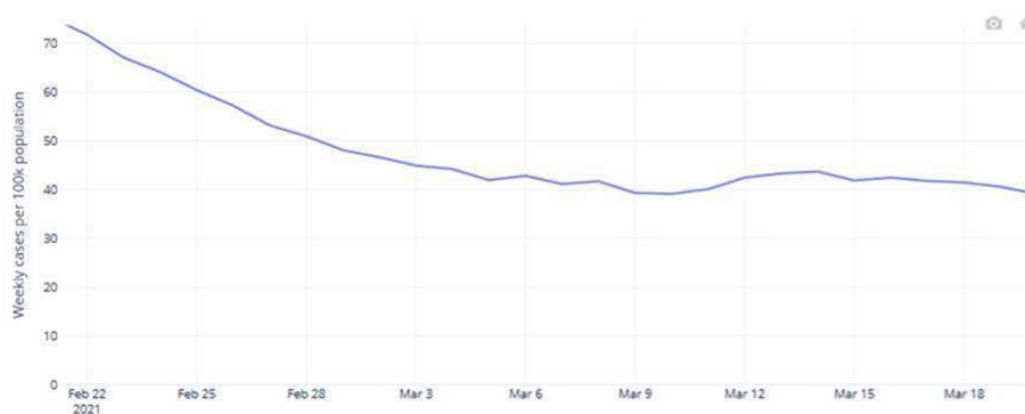
²⁶ <https://www.gov.uk/government/publications/spi-b-key-evidence-and-advice-on-celebrations-and-observances-during-COVID-19-5-november-2020> and <https://www.gov.uk/government/publications/spi-b-insights-on-celebrations-and-observances-during-COVID-19-29-october-2020>

Annex 1: Position of Schools across England, Scotland and Wales

In summary, there is evidence of an increase in case rates among school-aged children in parts of England and Scotland, while in Wales Public Health Wales Surveillance data shows there has been an increase in case rates among the under 10s since the phased return of schools, while rates have remained at a stable level over this period for 10-19 year olds. Modelled estimates from the ONS infection survey (week ending 20 March)²⁷ have not found an increase in the younger age groups in Wales.

In Wales, confirmed case rates overall have largely plateaued since early March:

Cases per 100k (PHW Data) (7 day rolling sum)



Among under 10's there has been a rise in confirmed case rates since the phased return to schools began; case rates among 10-19 year olds have remained at a similar level over this period:

Cases per 100k by age and local authority

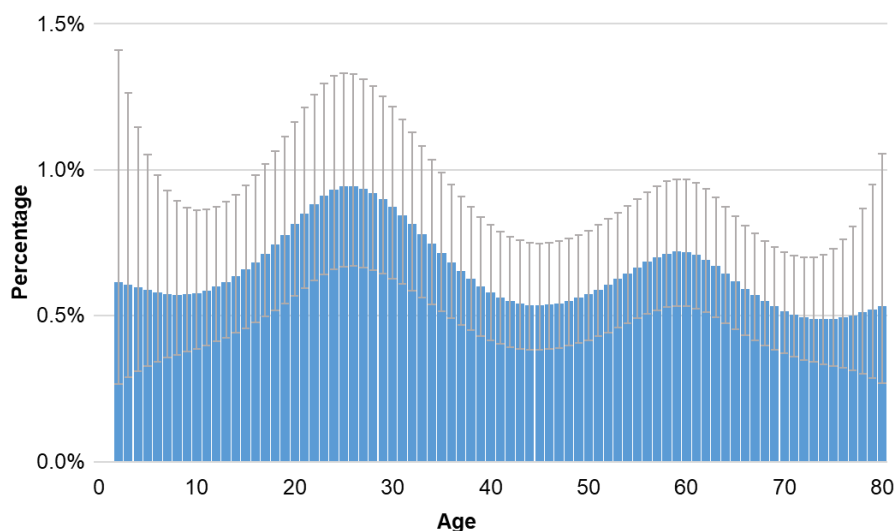


Source: Welsh Government internal dashboard, Data from [PHW Surveillance dashboard](#).

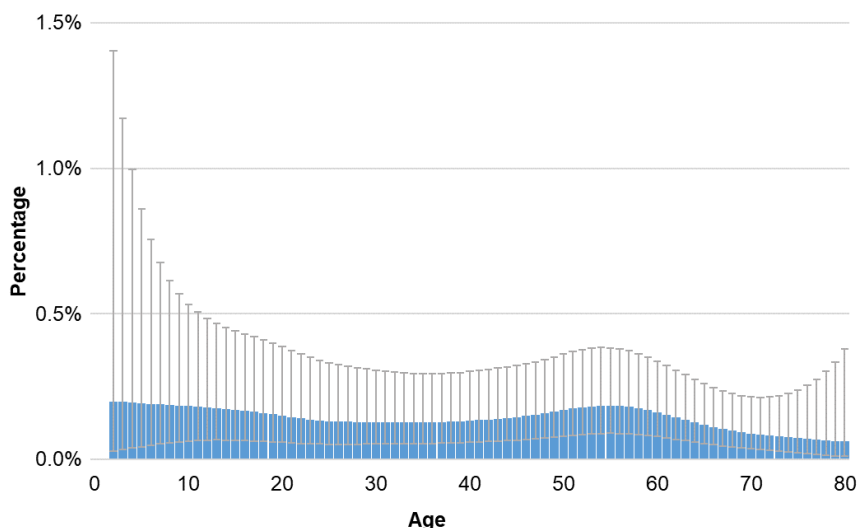
²⁷ <https://gov.wales/coronavirus-covid-19-infection-survey-14-20-march-2021-html>

Modelled estimates from the ONS infection survey (week ending 20 March)²⁸ have not found an increase in the younger age groups in Wales:

Estimates of the percentage of the population in Wales testing positive for COVID-19 by age on 9 February 2021



Estimates of the percentage of the population in Wales testing positive for COVID-19 by age on 17 March 2021

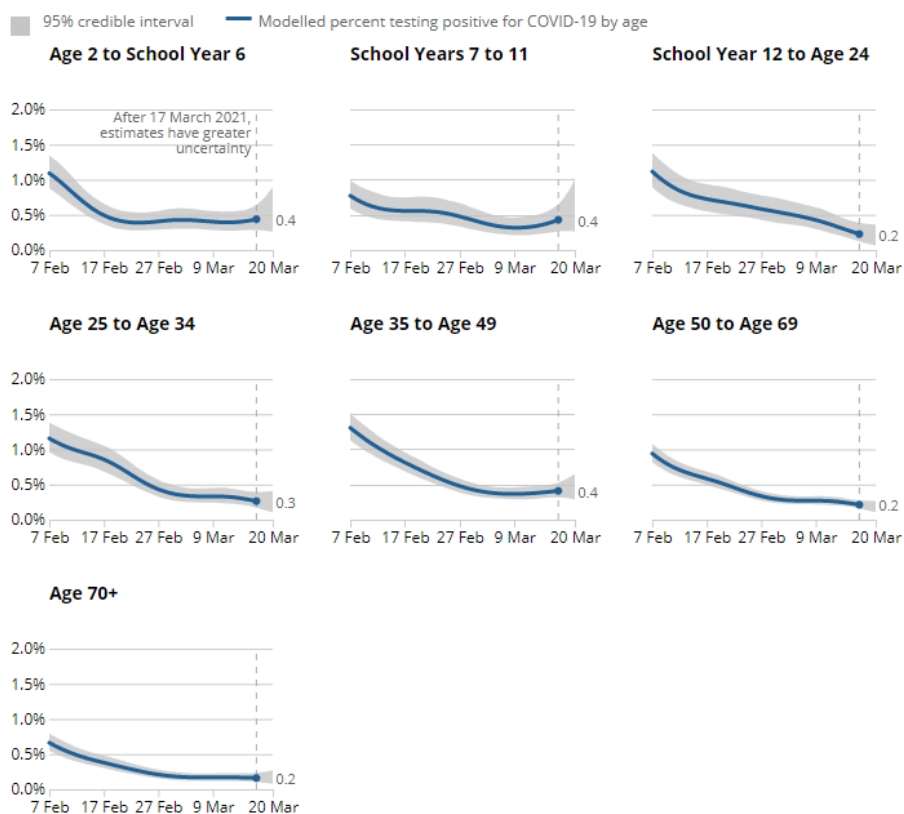


Data for England from the most recent ONS Community Infection Survey (week ending 20th March)²⁹ shows signs of an increase in those young people in school years 7 to 11:

²⁸ <https://gov.wales/coronavirus-covid-19-infection-survey-14-20-march-2021-html>

²⁹

Percentage testing positive in England by age groups in week ending 20 March 2021 since 7 February



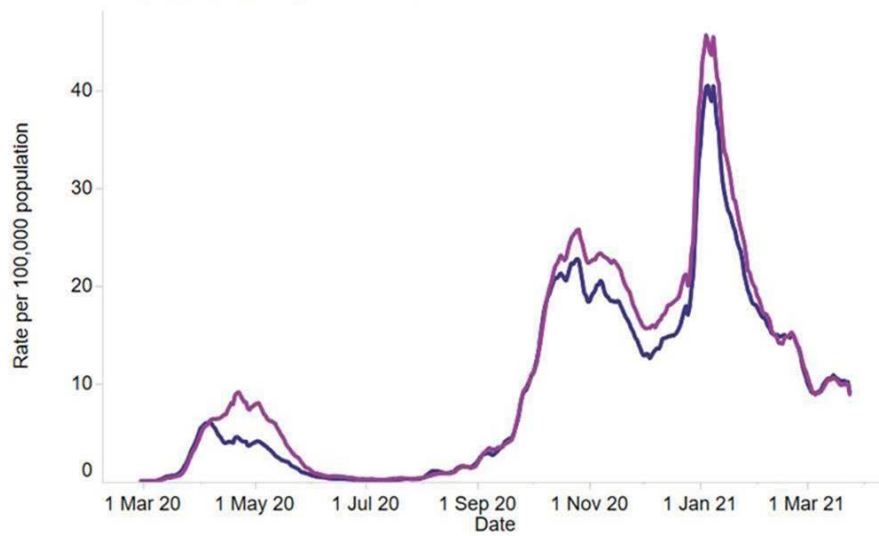
Source: [ONS, Coronavirus \(COVID-19\) Infection Survey](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/pilot/26march2021)

Scotland had a phased return to more face-to-face learning more similar to Wales and beginning on 22 February – Scotland presents its data differently (daily rates rather than a seven day rolling sum, and different age group splits). Overall confirmed case rates have remained at around 70 cases per week (10 cases per day) in Scotland in early March:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/pilot/26march2021>

Female Male

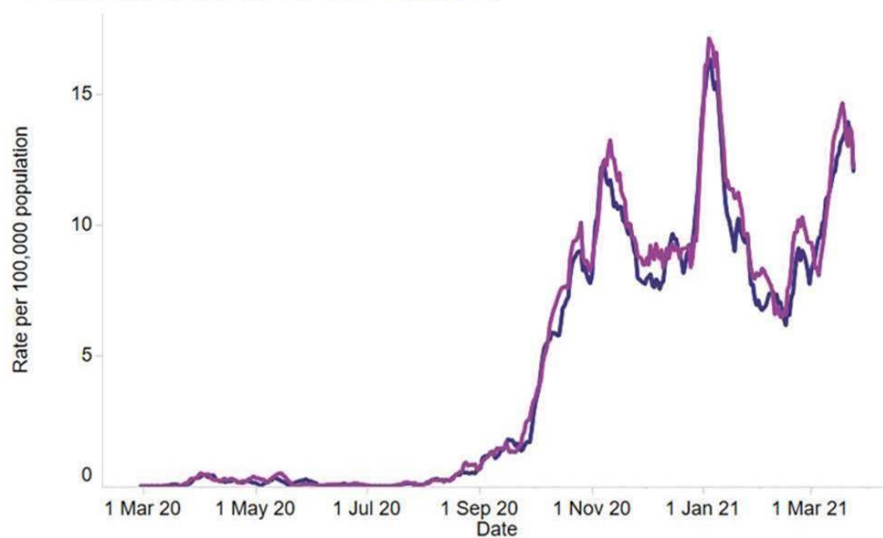
7 day moving average - Rate of positive cases per 100,000 population in Scotland; by age group and sex; Total



There have been rises in daily confirmed case rates among 0-14 year olds from mid-February in Scotland too:

Female Male

7 day moving average - Rate of positive cases per 100,000 population in Scotland; by age group and sex; 0 to 14



Source: [Public Health Scotland Dashboard](#)