

When should the UK lift its lockdown?

By any reasonable measure, the UK has been one of the countries hardest hit by the COVID-19 pandemic. As of Feb 15, 2021, there have been more than 117 000 deaths and more than 4 million confirmed infections. The country is in the dark depths of a third national lockdown, which began on Jan 4, 2021, after a new SARS-CoV-2 variant (B.1.1.7, also known as the UK or Kent variant) caused infections to soar nationwide.

However, some good news has finally arrived. As of Feb 15, the UK has vaccinated more than 15 million people, mostly in vulnerable people aged 70 years and older, as well as health and social care workers. Lockdown, and now the rapid vaccine roll out, have combined to lower the daily death count and the number of patients hospitalised with COVID-19. The UK has now rapidly moved into vaccinating its next priority groups, with plans to vaccinate all adults 50 years and older by April. This would protect people who, prior to vaccination, represented 99% of the deaths and 80% of COVID-related hospitalisations.

UK Prime Minister Boris Johnson is due to announce his government's plan to exit lockdown on Feb 22, 2021. It is widely anticipated that he will confirm the return of primary schools on March 8, with secondary schools returning that same date or perhaps 1 week later. In an interview on BBC News, shown on Feb 13, he said: "Our children's education is the number one priority. Then working forwards to getting non-essential retail open as well, then in due course, when we can cautiously and prudently do so, of course we want to be opening hospitality as well. We don't want to be forced into any kind of retreat...I'm optimistic, I won't hide it from you, but we have to be cautious."

In a study published in *Anaesthesia* by Tim Cook of Royal United Hospitals Bath NHS Foundation Trust, Bath, UK, and John Roberts, of the COVID-19

Actuaries Response Group, showed that vaccinating of priority groups 1–7 (everyone aged 60 years and older and those 16 years and older with pre-existing conditions) will reduce deaths due to COVID-19 by 96%, hospital admissions by more than 80%, and intensive care unit (ICU) admissions by 65%. As these numbers become ever more evident to a lockdown-weary public, continuing the lockdown will be increasingly difficult to justify.

The COVID Recovery Group is a group of 70 Members of Parliament (MPs) in Johnson's Conservative Party who want restrictions lifted quickly, since lockdowns "have caused immense social and health damage and have a huge impact on people's livelihoods". On Feb 14, 2021, this group, led by MPs Mark Harper and Steve Baker, wrote to Johnson saying that the "tremendous pace" of vaccination makes it harder to justify COVID restrictions. They argued that once all people aged 50 years and older and those 16 years and older with pre-existing conditions have been vaccinated "there is no justification for any legislative restrictions to remain". They said that "The vaccine gives us immunity from COVID, but it must also give us permanent immunity from COVID-related lockdowns and restrictions." On this same day, Harper appeared on BBC News saying that the dates the COVID Recovery Group wants restrictions relaxed are not arbitrary but in fact tied to the government's own projections of the vaccination programme. He added the government itself has said that the vaccines currently approved can prevent disease and death from all currently circulating variants. With regard to the numbers of infections, he said that the government itself has said it will not use this measure alone as a reason to introduce restrictions, "because vaccination breaks the link between the number of infections and hospitalisations and deaths".

Should Johnson not announce near-immediate relief on at least some lockdown restrictions, there is a risk that people will break restrictions anyway. Now that almost all people aged 70 years and older have had a vaccine in the UK, people might be willing to take more risks now that they know the most vulnerable have been protected by vaccination. Adherence to this latest lockdown has overall been very good, but with the tacit understanding that this will be the last lockdown needed, and that it will not proceed for more than a few months. Johnson has previously promised, at the start of the vaccination roll out, that Easter weekend (April 4, 2021) would look "very different".

Scientists have a wide range of views when it comes to lifting lockdown. Professor Neil Greenberg, a Consultant Occupational and Forensic Psychiatrist and Professor of Defence Mental Health at the Institute of Psychiatry, King's College London, London, UK, says that due to data collection delays, it is not yet clear how this latest lockdown has affected the UK's mental health. However, previous lockdowns have been linked to a rise in reported symptoms of depression and anxiety. "We know that social contact is important to many people's mental health, as is the opportunity to undertake meaningful activities", says Greenberg. "From a public health viewpoint, it is essential that the community's mental health needs are considered when determining the right time to ease restrictions. However, in the longer term, it would not be helpful for people's mental health to have to endure further sustained lockdowns, so it's vital that short-term distress or mental health difficulties are not given undue weight in the difficult judgement the government have in deciding when and how to ease lockdown."



Paula Solloway / JohnBirdsall / Social Science Photo Library / Science Photo Library

Lancet Respir Med 2021

Published Online
February 19, 2021
[https://doi.org/10.1016/S2213-2600\(21\)00106-5](https://doi.org/10.1016/S2213-2600(21)00106-5)

For the BBC interview with Boris Johnson see <https://www.bbc.com/news/uk-56054637>

For the study by Cook & Roberts see *Anaesthesia* 2021; published online Feb 11. <https://doi.org/10.1111/anae.15442>

For the BBC interview with Mark Harper see <https://www.bbc.co.uk/news/topics/cj5prv6zdgqt/mark-harper>

For the report from Julian Savulescu see *MedRxiv* 2020; published online Nov 18. DOI:10.1101/2020.08.25.20182162 (preprint)
For the **Offline Comment** see *Lancet* 2021; 397: 565

Should Johnson's lockdown exit plan appear to extend restrictions unnecessarily in the public's view, Greenberg is clear there could be consequences. He says: "Evidence says that in order for a population to comply with lockdown, they have to see lockdown as being a proportionate response to the nation's difficulties. So if the death rate and hospitalisation rate is low but restrictions remain high, then compliance is likely to reduce considerably."

Andrew Pollard, Professor of Paediatric Infection and Immunity at the University of Oxford, Oxford, UK, a lead investigator of the Oxford-AstraZeneca vaccine trial, praised the superhuman effort of the UK National Health Service (NHS) and volunteers managing to vaccinate 15 million people, but added "there is still a long way to go to make sure all those at the greatest risk are vaccinated. We need to keep going and protect everyone by vaccination, and not forget that we have a moral responsibility to those in other countries who are vulnerable to help them in this time of crisis, and that it makes sense for our own health security".

Pollard believes that the emerging evidence is encouraging that vaccines developed so far can stop all currently known variants from causing serious illness and death, but cautions "we must continue to monitor [the situation] as we don't have a complete understanding of the mechanisms of immunity needed for protection". He adds: "If we can stop serious disease with vaccines, we can learn to live with the virus even though it causes colds in most people and rarely severe disease. There are two possible scenarios with the variants: the current vaccines do most of the heavy lifting in preventing lower respiratory tract infections and we learn how best to manage the infrequent cases of severe disease; or the virus keeps changing and still causes severe disease and we have to regularly update vaccines, as we do with the influenza, to keep us all safe."

Referring to the study by Cook and Roberts, Professor Julian Savulescu (Director of the Oxford Uehiro Centre for Practical Ethics; Uehiro Professor of Practical Ethics, University of Oxford, Oxford, UK) says that because the pressure on ICUs and hospitalisations in the UK won't lift for some time, we will likely have to wait for certain elements of lockdown to be lifted. But once the public understand all these indicators are plummeting, the pressure to lift restrictions will be intense. He says: "There have always been very significant non-COVID health-related costs, not to mention livelihoods and lives that have been destroyed. Some relevant consideration of these is necessary. But the effect of vaccination is not yet clear as we are still in lockdown and there are the new variants." Savulescu adds: "It is quite likely that people who don't believe restrictions are warranted won't obey them." He highlights that since some senior government officials and scientific advisors directly involved in COVID-related policy decisions did not follow the restrictions, it is understandable that some people might follow their example.

Based on a pre-print modelling study carried out with colleagues, Savulescu has written about the justifiability of selective lockdown of older people (>50 years) as a way of managing the pandemic, saying this could have substantially reduced population transmission in 6 months. "I believe that young people (younger than 50 years) could freely mix, socialise, be educated, and work with a much lower likelihood of getting seriously ill, if the over-50s and elderly were protected throughout lockdown. Now, vaccination has arguably made that unnecessary by protecting those most likely to become seriously ill, to need hospitalisation, or die. Future lockdowns could just be restricted to those aged over 50 years, says Savulescu. "People aged 50 years and younger have done their time. In my view, the liberty restrictions of the young have been excessive and they

have borne a disproportionate burden for dealing with the pandemic. And they will be paying for it for a long time to come. It is questionable whether lockdown was ever justified in the under-50s. It is unquestionable that it is now unjustified in the under-50s."

In his most recent Offline Comment in *The Lancet*, Editor-in-Chief Dr Richard Horton discussed the issues around when to lift the lockdown in the UK, saying: "If the UK maintains its existing lockdown measures, community transmission could largely be halted towards the end of February. If suppression is stable for several weeks, one could envisage some easing of lockdown mandates by mid-March." Referring to the vaccination of 15 million of the most vulnerable people in the UK by Feb 15, Horton adds that: "Once vaccination has been translated into immunity (early March), the protection of the most vulnerable, temporally combined with very low levels of community transmission, will give compelling force to more libertarian voices who wish to see the earliest possible reopening of society. Israel's experience lends support to this view."

He reflects on the difficulties that politicians will face in the coming weeks, concluding: "Do we continue physical distancing, with persistent disruptions to schools, universities, workplaces, and leisure activities, until about three quarters of the population are immunised (achieving herd immunity), or do we agree that a finite number of deaths must be accepted if we are to return to relatively normal lives? Our society has normalised deaths from many diseases. Why should COVID-19 be any different? In England, deaths from influenza vary from several thousand to as many as 30 000 per year. The question politicians will have to answer is this: what number of COVID-19 deaths are they willing to accept? And will the public trust their answer?"

Tony Kirby