

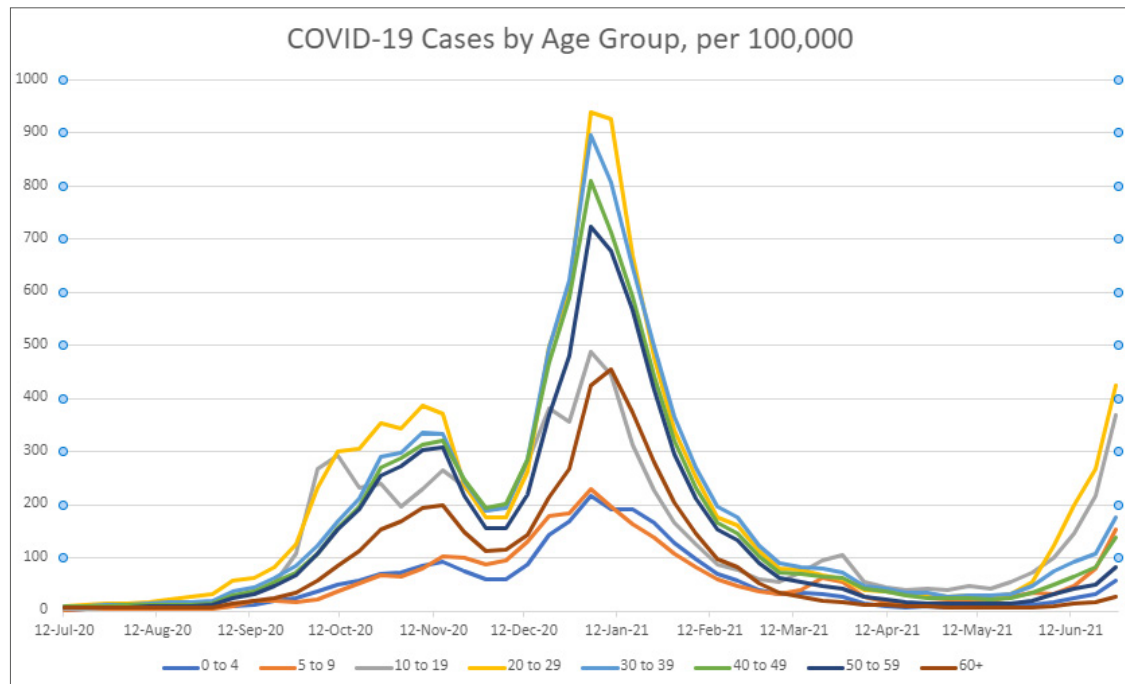
## Why the BMA believes targeted measures and support are needed beyond 19 July

The below sets out the data and rationale underpinning the BMA's call on the Westminster Government to ensure that targeted measures and support to control the spread of COVID-19 remain in place beyond 19 July, when all coronavirus restrictions are due to be removed.

### **The link between cases and hospitalisations has been substantially weakened, but rapidly rising cases remain a cause for concern and many people remain unprotected**

- Infections continue to rise exponentially among un/under-vaccinated segments of the population, particularly young people (see figure 1). Although the proportion of cases that go on to require treatment in hospital remains relatively low, daily COVID-related hospital admissions in England have nonetheless risen [56% in the week](#) up to 29 June. We have previously highlighted, and discuss in greater detail below, that even a modest increase in hospitalisations could significantly impact NHS services, derailing urgent efforts to tackle the backlog of non-COVID patients, and causing further delays to those already waiting many months and in some cases years for treatment. Minimising infections in the community – including those which do not require hospital care – until we reach the point at which vaccinations are able to significantly contain spread of the virus within society, is important to help prevent serious and avoidable long-term harms. To achieve this, some targeted measures, such as mask wearing in settings where adequate ventilation and distancing are not possible, will need to remain in place beyond 19 July.
- There is increasing evidence that a significant number of people who have had COVID-19, including those who initially experience only mild symptoms and do not require hospitalisation, go on to experience persistent symptoms. One [study](#) found that 1 in 10 people with 'mild' acute infections still had at least one moderate to severe symptom that they perceived as having a negative impact on their work, social or home life, eight months after initial infection. Other [studies](#) suggest rates of enduring symptoms may be even higher (over 50%) among young people with mild infections. Data from the [REACT-2 study](#) estimated that there are over 2 million people in England suffering with symptoms lasting at least 12 weeks.
- There is a risk that high levels of circulation of the virus, coupled with increasing numbers of partially vaccinated people within the population, will create pressure that favours the emergence of more vaccine-resistant variants. Taking measures now to ensure this is not the case will protect the UK from undoing the hard work and sacrifices made over the last year and a half.
- Maintaining low transmission is also vital for local public health protection units, which are already struggling to effectively contain outbreaks, with the Delta variant now widespread across the country.
- Achieving and maintaining low transmission within the community will also support a sustainable economic and social recovery, ensuring that the need to self-isolate does not unduly impact employers, businesses and educational settings at a crucial point in their reopening. Reducing spread of the virus in society is the best way to reduce the impact of isolation, which remains an important element of the test, trace, isolate and support approach.



**Figure 1 – COVID-19 cases by age group**

### Vaccines are highly effective, but a significant portion of the population remains at risk

- Full vaccination is highly effective at preventing symptomatic infection with the Delta variant, two weeks after the second jab. However, the effectiveness of a single dose is substantially reduced (33% protection against the Delta variant – a 17% reduction compared to the Alpha variant) according to [PHE data](#). First doses provide a higher degree of protection against severe outcomes, including hospitalisation and death, 21 days after vaccination, according to [analysis](#) of real-world hospital data. However, the extent to which vaccines protect against persistent symptoms, which can arise after even mild infection and present a significant and increasing problem, remains unknown.
- Vaccines are currently available to book for all adults over 18, and the Government’s stated ambition is to vaccinate all adults with their first dose and two-thirds of adults with their second dose by 19 July. Even if this is target achieved, it will leave a significant portion of the population at risk of infection, as not all of those vaccinated will have had sufficient time to develop immunity.
- Despite being able to book their vaccines, many young adults are still awaiting or just receiving their first vaccination. The immune response takes approximately three weeks to develop after the first dose and offers limited protection against infection with the Delta variant. High levels of immunity to infection are only achieved approximately two weeks after the second dose. It will be weeks to months before there has been sufficiently widespread uptake of two doses of vaccine, with high levels of immunity among these age groups. This means that the worrying trend in infections, particularly among young people, is likely to continue for some time.

### The health burden of COVID-19 remains a concern for the NHS and for population health

- The decision to delay the removal of all legal restrictions from 21 June to 19 July has allowed vital time to gain a clearer understanding of how vaccines have altered the relationship between cases, hospitalisations and deaths. It is now clear that there has been as significant weakening of this relationship, and the [7-day rolling average for hospitalisations](#) is below the level seen at the beginning of the second wave. However, hospitalisations are growing by a notable proportion, and there are [283 people on ventilation](#) – more than double the number one month ago.
- As case numbers – [up 74% in England](#) in the 7 days up to 2 July, compared to the previous 7-day period – continue to rise exponentially, a modest proportion of those infected will go on to require hospital care

and a smaller proportion of these will sadly die. However, even a small proportion of a large and rising number of infections requiring hospitalisation has the potential to create significant challenges for a health system currently under immense pressure, destabilising services and their recovery, especially as we move toward winter.

- [Pressures](#) are already building, especially in A&E, where attendances and admissions are essentially at pre-pandemic levels. The backlog continues to grow, despite increases in elective activity, and waiting lists remains at their highest ever levels, in spite of major improvements thanks to the efforts of dedicated NHS staff.
- The logistics of managing COVID-19 cases in A&E and other hospital departments reduces overall capacity, as infection control measures mean that fewer beds can be placed in a defined area. This impacts on the operational running of hospitals and use of estate.
- [RCEM](#) (The Royal College of Emergency Medicine) has previously warned of the impact of growing pressure on A&E, alongside any COVID-related admissions to hospitals, and has recently flagged increasing [concerns](#) about the ability to manage surges in demand over the winter months.
- A recent [NHS Providers survey](#) has revealed strong concern about the impact of future surges in COVID-19 cases and hospitalisations, particularly during winter pressures, although it also highlighted the disruptive potential of a further large surge of cases before the winter.
- The long-term impact of enduring symptoms and organ damage resulting from COVID-19, both on health services and on population health, also cannot be overlooked. The Government is already committing significant resources to setting up specialist treatment and rehab services for those suffering with 'Long COVID,' including [young people](#), and to improving diagnosis and management of these conditions in primary care. Given the uncertainty that still surrounds Long COVID, and its potential to create an enormous burden of potentially life-long disability – particularly among young people with their whole lives still ahead of them, who are the least likely to be fully vaccinated and the most exposed due to high levels of social mixing – measures to reduce the level of community infection will continue to be essential after 19 July.

## What targeted measures and support to control the spread of COVID-19 beyond 19 July is the BMA calling for?

On 11 June, the BMA called on the Westminster Government to [delay the easing of all remaining coronavirus restrictions](#), originally planned for 21 June. We argued that delaying the fourth stage of the Government's roadmap would allow us to gain a better understanding of the implications of rapidly rising cases of the Delta variant, and to properly debate what measures would be required to keep the virus at bay over the summer and beyond.

In light of the data on emerging trends presented in this document, and the widespread scientific consensus on [airborne transmission](#) of coronavirus over distances beyond two metres, we are therefore calling for the following measures to remain in place beyond 19 July:

- [Ongoing requirements to wear a mask in enclosed public spaces](#), such as public transport, shops, healthcare settings and in communal areas in educational settings, where adequate ventilation and distancing are often not possible. Masks provide an [effective form of source control](#), preventing spread of the virus from infected people who maybe asymptomatic or pre-symptomatic, as well as providing a level of protection to uninfected wearers.
- [Significantly improved public messaging and education](#), emphasising that while the virus continues to circulate, practising social distance and meeting outdoors or in well-ventilated spaces – and wearing masks when this is not possible – remains the best way to reduce risk of infection and keep yourself safe. Messaging should also encourage PCR testing for those who are symptomatic, and increase understanding that vaccination is essential for all those eligible but that it does not provide 100% protection.
- [Greater guidance and support for businesses and educational settings to create sustainable, COVID-secure environments](#), as well as enforcement of standards. We continue to urge caution on the approach to full capacity mass indoor events while community levels of infection remain high.
- [Emphasis on the importance of good ventilation](#), including setting legal standards. Financial and other support for businesses and educational settings must be made available to implement these requirements ahead of the autumn and winter period, when respiratory viruses spread more easily and buildings must be kept warm, limiting options for natural ventilation. Standards should be aligned to scientific guidance provided by the [European Centre for Disease Prevention and Control](#), the [Scientific Advisory Group on Emergencies](#) and the [Health and Safety Executive](#).
- [Improved support for those needing to self-isolate](#), so that no one is forced to make unacceptable choices between paying for essentials like food and housing, or risking further spread of the virus. Recent [FOI research](#) indicates that the majority of applications for self-isolation support payments continue to be refused, and that public awareness of the scheme is poor, while the BMA has [previously highlighted](#) the inadequacy of statutory sick pay for this purpose.
- [Additional financial and staff resources for local authority public health and health protection teams](#), to enable them to play a central role in testing and contact tracing, as well as having the capacity to deliver surge testing and other activities needed to rapidly bring local outbreaks under control.
- [Improved border controls](#), with separation of arrivals from “red list” countries and stricter monitoring of managed hotel quarantine, as well of those quarantining at home or testing themselves for COVID-19 infection after return from “amber list” countries.