



COVID-19

UK Political Analysis

By Tim Hames, Senior Adviser | 23rd December 2020



Mutant Menace. A huge new difficulty in dealing with the virus crisis.

The speed of events in this crisis never ceases to astonish. As late as Friday morning, the core team of ministers and officials dealing with COVID-19 were aware that they might need to tighten policy to contain the virus outbreak, but thought that such a decision could await the end of the Christmas break and might be relatively incremental in character. A day later, they found themselves placing a vast swathe of the population under a new Tier Four regime, which essentially duplicates the November lockdown in England, curtailling Christmas in that part of the country and cutting festivities back severely elsewhere, as a response to a new mutated form of the virus which appeared to explain the surge in virus cases in London, the South East and the East of England. The UK, having proudly announced that it was leading the world in terms of both regulatory approval and then the deployment of a vaccine, found itself with an unwanted new first.

This is a setback of a potentially seismic order. Ministers and officials simply cannot know how damaging the arrival of the new strain of the virus will prove to be, or how quickly scientists can start to provide answers which would allow policy to be recast in order to best manage what was already an immense prospective challenge, namely minimising the number of new infection cases while maximising the speed of the vaccination drive.

Almost every plan that had been drawn up in every department which is affected by the virus crisis will have to be looked at again. Cancelling Christmas looks minor in this light.

EXECUTIVE SUMMARY

- The emergence of this new strain of the virus may be an even more devastating blow to the strategy of seeking to marginalise COVID-19 than it might appear.
- Ministers and officials now find themselves with a set of “known unknowns” including the exact extent to which this strain is more easily transmitted than its predecessor, the proportion of all COVID-19 cases that can be expected to take this form where the mutation is now embedded, the age profile of those who are likely to become infected, the size of its foothold outside of London, the South East and the East of England and whether this is really a strain that is almost uniquely prevalent in the UK or has just been identified earlier here.
- It is highly likely that more regions of the UK will move to Tier Four status very quickly and it may well be that the whole of England has to do so.
- It is also entirely possible that Tier Four restrictions alone will not be considered enough and that a de facto Tier Four Plus or even Tier Five will need to occur which would be much closer to the March lockdown than the November one.
- The mutated virus, if it becomes the norm, has the capacity to complicate and delay the vaccination programme as in the short-term key NHS staff needed to oversee the vaccination process itself, but whose own vaccination is not yet complete, are at more risk of falling sick with the virus or needing to self-isolate because of contact with others who have acquired the virus and, after that, the need to adjust the vaccination procedure to limit the number of contacts that those called for vaccination might encounter and the risk that more of those invited to be vaccinated will have to defer due to the virus or self-isolation.
- The best-case scenario, therefore, is for severe disruption for a 4-6 week period. The worst-case could involve four to six months of continued tight restrictions. The implications of this for the level of damage to the overall economy, the public finances and ultimate post-pandemic unemployment are considerable. Much will depend on whether the virus itself remutates in a more benign way,

whether new means can be found to contain it and whether the speed of mass vaccination can be increased from the already rather ambitious targets set out.

The “known unknowns”.

Although the existence of a deviant strain of the virus had been detected in Kent in September, most of what is now believed to be true about this mutation has only become clear in the past few days, with the Government feeling compelled to change course again after a briefing for senior ministers on Friday afternoon. There are, though, still a series of very important features of the virus strain that are currently the subject of estimation and speculation rather than certainty.

At least five of these current “known unknowns” are of considerable significance.

The first of these is exactly how many more transmissions are likely through this strain rather than the conventional COVID-19. The central proposition is about 50% to 70% which would have a substantial impact on the reproduction number in areas where the new version of the virus was now the norm. There are other suggestions which are notably higher and lower. It may be some time before it can be determined with more precision what the actual position is and that will be seminal for deciding the extent of restrictions needed to suppress the virus.

The second is whether it is inevitable that in areas where the new strain is the dominant example of the virus that it heads towards 100% of all cases, or if it reaches a natural plateau short of that point. This too is crucial to policy-making.

The third is whether the age profile of those likely to acquire this strain of the virus is different to that which was associated with the original coronavirus. It has been asserted that children are more likely to acquire this new strain of the virus and transmit it even though they remain overwhelmingly asymptomatic. If this is the case, then the implications for whether schools re-open are sizeable.

The fourth is that while there are examples of the new strain almost everywhere in the mainland UK, it is not at all evident what level of new case infections the mutated virus must reach in order to become the dominant version of the virus

in any particular locality and hence whether repressive measures introduced now and the isolation of Tier Four areas from the rest of the country will have the desired effect, or if it is too late because the new strain is all but unstoppable. Again, it may take time before this can be modelled to the desired accuracy and ministers and officials will find themselves taking incredibly important decisions as to what restrictions to impose on the basis of partial information.

Finally, it cannot be known at this stage – although clues should emerge soon – whether this new strain is virtually unique to the UK, demanding that the whole country engages in a form of self-isolation with the rest of the world, or whether it has simply been detected here first and will be seen elsewhere very shortly. If it turns out that the UK is highly disproportionately affected by the new strain then that will have obvious disadvantageous consequences for the economy.

More Tier Four?

An extension of the areas under Tier Four is all but certain. The issue is how large an expansion and whether a Lockdown III across the whole of England can be averted. This depends on the assessment made of the known unknowns set out above and whether Tier Four rules where they recently have been introduced have come early enough and are strong enough to limit and slow the spread of the new virus to those parts of the country where it presently is not dominant.

If ministers are fortunate and absolutely determined to stick to the principle of operating through regional tiers, then they might be able to limit the expansion of Tier Four to those parts of southern England (a section of Surrey, Sussex and the east of Essex) currently in Tier Two, but where the risk of transmission from adjacent Tier Four areas is manifestly at its highest. Such an approach would, nevertheless, require draconian restrictions on travel in order to be credible.

It seems, alas, more plausible that either in steps or one sudden leap that England finds itself in what to all intents and purposes is a Lockdown III. Unless the next stage of data discovery is much more reassuring about the new strain and its development than would appear on the surface to be the case, there is likely to be strong advice from the leadership of the scientific community that

the precautionary choice of policy would be to move to more restrictions across the board in an attempt to prevent the new strain swiftly becoming the typical formulation of the virus everywhere in England (or at least slow that outcome so it does not establish itself during the Winter months). It would be very hard for ministers to disregard counsel of that kind. The public words of Matt Hancock suggest that he has already resigned himself to this fate and is attempting to prepare colleagues and the country for it. Were England to take this route then the pressure on the rest of the UK broadly to follow suit would be considerable.

More than Tier Four?

The real debate within Whitehall now is if Tier Four, whether it is still applied regionally or uniformly in England, will be enough if the data suggests that the new strain of the virus is capable of surging even faster and further left to its own devices. Depending on the exact nature of the evidence, there may well be calls for what could be described as a Tier Four Plus (a far firmer “stay at home” message more akin to Lockdown I than Lockdown II, largely abandoning the return of university students next month and at least partial changes within, at a minimum, a significant minority of secondary schools towards online learning).

There are those who fear that a Tier Five may be unavoidable. This would come if [a] there was overwhelming evidence that the new strain was likely to become dominant very soon everywhere and [b] if it seemed that children below the age of ten were much more likely to transit the virus than at the start of the virus and [c] the NHS reached a situation where it was about to be overwhelmed. In this, perhaps alarmist, situation there would be little choice but to revert to a “stay at home” message that was at least as forceful as that of Lockdown I (even conceivably in the most severely affected areas supplemented by French-style mandatory permits for travel and curfews) while, again possibly in the places where the issues were most intense rather than automatically nationally, the viability of keeping primary schools open during the Winter would be rethought.

Any notion of Tier Four Plus or Tier Five is desperately disturbing. It might not come to pass either because it emerges that the transmission advantage of the

new strain of the virus is at the lower end of estimates, or that containing it does not require the most dramatic restrictions to be imposed, or helpful remutation of the virus is detected. But measures beyond Tier Four cannot be discounted. The decisive argument for them would be if it was judged that they were needed to ensure that the disruption to the mass vaccination campaign was minimised.

Vaccination and the mutated virus.

Vaccination should fundamentally suppress the virus even if it cannot eliminate it entirely and it becomes like influenza, something that society has to manage. There is considerable confidence that the mutated form of the virus will not be able to resist the vaccines that it is likely to encounter, even if over time (like influenza) vaccines have to be adapted somewhat to meet different strains. As long as this remains valid there is every reason for optimism entering 2021.

In the next few weeks and months, however, if the new mutated form of the virus becomes the norm, it has the capacity to complicate the mass vaccination campaign, even if newer, additional versions of the vaccine enter the equation, and disrupt the timetable for the effort that had been scheduled.

This is for three main reasons.

The first is that vaccination requires people to administer the vaccine. Most if not all of those who are involved in vaccination at the very frontline have had their first injection, but there are a few weeks left before they will have had the second injection, followed by another week before immunity is fully established.

In the short-term, therefore, there is the risk that the supply of those who are essential to vaccination happening at the fastest possible pace could be hit either because those people (at least in some parts of the country) are more likely to acquire the virus themselves before their vaccination procedure has run the full course, or because they have been instructed to self-isolate as a contact has or is suspected to have the virus. It only takes a comparatively small rise in enforced

absenteeism to have an impact on the efficiency of the vaccination drive. Between now and the end of January is the time of maximum exposure to this.

The second is that, presumably, additional measures will need to be taken to ensure that those who present themselves for vaccination at whatever is their designated centre are even less likely to come into contact with other people who are also arriving for vaccination yet may be infected but asymptomatic. Much more personal protective equipment for those involved in vaccination may be required than had been anticipated. All of this has the potential to frustrate the initial initiative to vaccinate the most vulnerable part of the population.

Finally, there is the dilemma about what to do if, due to higher transmission of the virus, individuals discover that they have acquired the virus between the two injections, or would normally be instructed to self-isolate because of a contact. Do you allow them to come out to be vaccinated in highly controlled conditions? Would it be possible to vaccinate them at home in a reasonably secure manner? Should the second injection be deferred until they have demonstrated that they are now clear of the virus, or did not have it in the first place, and if so how long can that delay be before the time elapsed is such that a new first jab is needed? These questions matter the most when considering the very vulnerable but they are not irrelevant when the campaign moves on to those at a lower risk level. There is the bitter ironic danger than the vaccination drive itself becomes an event which triggers higher levels of virus infection at exactly the time of year when the authorities would least like to see such an increase taking place.

It was always destined to be complex to keep the reproduction number below one while having the movement of people required for vaccination to work at the fastest possible rate. The whole idea of the system of regional tiers was to attempt to address that conundrum. If it is the case, and the number of known unknowns means that it certainly is an "if", the extent of virus transmission likely to occur unless severe suppression were introduced was well above an R number of 1, then, despite the massive inconvenience and sheer cost, a more draconian set of restrictions brought in across the whole country might be thought better than risking the integrity and the speed of vaccination. This may be compounded

by the concern that an unduly elongated vaccination effort would undermine the public's enthusiasm for it, and hence compliance with it, so vaccination did not reach the extent required for it to be of maximum effectiveness on the virus.

Conclusion.

This has probably not been the most enjoyable or upbeat set of words to read. It has not been a bundle of laughs to write either, I can assure you. It was not what one would have anticipated having to contemplate ten days ago before Matt Hancock first put the existence of a potentially significant virus mutation into the public domain in his statement in the House of Commons on December 14th. This has not been a message of Christmas cheer for the last FTI UK Political Analysis of 2020. Who knows where we will be when the first of 2021 arrives?

There are, it must be remembered, a range of possibilities here and some of them are far less disruptive and would last a considerably shorter period of time than others. To repeat the argument, a lot depends on how the known unknowns turn out, particularly the extent of additional transmission due to the mutation and whether it becomes not merely the dominant but almost exclusive strand of the virus, and if so whether that is true only regionally or nationally, whether a fresh mutation will occur which is far more benign in its impact and whether it might be possible, despite all the complications to the vaccination campaign that have been outlined, to throw more resources at it and allow a substantial increase from the two million people to be vaccinated per week that had been the semi-official target once the effort moved beyond the most vulnerable people.

This would allow for a comparatively short period (four to six weeks) of relatively modest additional restrictions (more Tier Four, but not more than Tier Four) to see through the first two months of the year with the seriously mass vaccination starting and ending at close to the timetable being thought of a week ago. This would still have an effect on society and especially the economy as it started to return to something akin to normal, but not at the very extreme end of the scale.

It would, though, be a mistake not to concede that more challenging conditions could exist and even that the UK might, for some surreal reason, be the only country which has to cope with what this strange mutation of the virus has to throw at us. In this deeply gloomy prognosis, then restrictions would last for months not weeks and would resemble that of the initial UK lockdown and not the comparatively liberal set of rules imposed in England during November. The very best Christmas present that we can collectively have this year, even if it only becomes clear in retrospect, is to avoid what is now a new worst-case scenario.

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