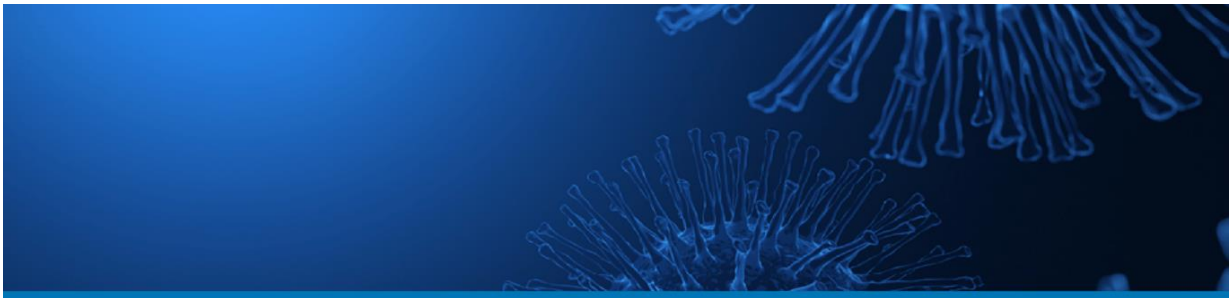

COVID-19
UK Political Analysis

By Tim Hames, Senior Adviser | 12th March 2021

Safe Bet? Any sort of Covid Status Certification plan is very complex.

What will be a lengthy process of lifting the latest lockdown in England has at least now started. Ministers and officials will be nervously waiting to see how large an impact on new case infections and the R number itself is triggered by the return of children to their schools. It is a racing certainty that there will be some adverse effect but the hope (and it is a reasonable one) is that the intense link between infections, hospital admissions and potential deaths will have been broken by the early stages of the vaccination campaign.

Even so, the process of easing restrictions, albeit in a phased fashion, will lead to a rise in cases at some point and despite mass vaccination an uptick in deaths is all but inevitable. This was set out starkly by Profssor Chris Whitty, Chief Medical Officer for England, in his evidence to a committee of MPs earlier this week. The issue is what, beyond encouraging the frequent washing of hands, social distancing and in certain circumstances facemasks, can be done to cut the risks associated with, in particular, opening the hospitality sector.

In that context, the Government, is now holding a review, headed by Michael Gove, the Chancellor of the Duchy of Lancaster, into “Covid Status Certification”. This is the notion that through a form of internal passport, citizens would be able to demonstrate that they had been vaccinated and could be considered safe to engage in certain social activities. Mr Gove has been tasked with overseeing the consideration of all the “ethical, legal,

equalities, economic, social and practical implications" of any such initiative. This would be separate from an external form of vaccine passport for international movement which the Transport Secretary indicated in the House of Commons yesterday was being actively considered with a Global Travel Taskforce due to report on the matter on April 12th.

EXECUTIVE SUMMARY

- A review is being undertaken into Covid Status Certification. Those who advocate it assert that it would advance the process of lifting the lockdown in England and that it could act to contain any increase in COVID-19 cases seen after June 21st.
- The practical difficulties with any such scheme are such that by themselves, irrespective of other considerations, they severely constrain such a concept.
- In the near-term the division within society is not a simple binary one between the vaccinated and the unvaccinated but a much more complicated situation.
- The section of society which will be of most concern to ministers and officials will be those who have been vaccinated but for reasons of their personal medical condition will not receive the full benefit of vaccination in terms of immunity.
- If introduced in the coming months as restrictions ease any such certification would potentially discriminate against young adults, the very segment of the population that polling indicates would most want to resume social interaction.
- Such a certificate would have to be launched at a time of imperfect information about the level of protection which vaccination provides, the degree to which it also reduces the dangers of transmission and the extent to which existing or forthcoming mutations of the virus might undermine vaccination efficiency.
- It seems unlikely, therefore, that Covid Status Certification, by itself alone, can neither eliminate the need for other sorts of measures (such as social distancing and facemasks) as exposed sectors of the economy reopen, nor ensure that the rise in hospital admissions and deaths that is likely to occur later this year is kept to the sort of range that is associated with seasonal influenza. At a minimum, a structure of enhanced testing will have to be entrenched alongside certification.
- Many of the difficulties which are associated with a domestic vaccine passport are also relevant, in the short-term at least, to an international certificate too.

Vaccination as liberation?

The undoubted success of the UK vaccination campaign has led to demands from some quarters that lockdown restrictions be liberalised earlier than currently planned and/or that it should enable society and the economy to move more decisively towards what was previously considered to be “normal” after the lifting of the lockdown is completed.

It is quite clear from the public pronouncements of the Prime Minister and of his most senior scientific advisers that the chances of easing the rules being accelerated are very slim indeed. Although the numbers of new cases, hospital admissions and deaths have fallen strikingly since the very peak of the latest virus wave in January, they are some distance away from the extremely low levels recorded after the first lockdown last July and probably will not match those small figures even by the time we reach June 21st.

The area where there is some room for debate is the extent to which vaccination might allow the “new normal” to resemble the “old normal” more than may be true otherwise. It is in this light that the notion of Covid Status Certification has been floated as a means of deciding between “safe” and “at risk” citizens with different rules applied to them.

The practical challenges associated with this concept are extremely difficult to manage. Even setting aside the many ethical considerations, they constitute a very high barrier.

The most basic consideration is that England is about to attempt to lift its lockdown while a vaccination campaign is ongoing, but still a long way short of total completion.

This means that in the near-term there are not two categories of citizens, but eight.

These are those who by the Spring will have been vaccinated on both occasions and can be considered (unless they are the unfortunate exceptions) to have the highest level of protection. Then comes the category of people who have had one vaccination more than three weeks previously, but not yet the second one (high protection, but not highest). Then there are those who have been vaccinated, but less than three weeks beforehand (some protection, but not as high as the other sections). Then there will be some adults

who will not have had the vaccination offer yet, but will do so (as the target for universal adult vaccination offers is July). Virtually no children will have been vaccinated by June and it is not clear whether it will become official policy to seek to vaccinate all of them.

There are then three other categories which would be considered vulnerable. There are those who will have received counsel from the NHS itself that their pre-existing condition means that they should not be vaccinated (a small set admittedly, but extremely high risk). There are those who have, for whatever reason, declined a vaccination (some of whom in time might benefit from a degree of herd immunity, but probably not yet) and those who have been vaccinated, but have not discovered that they will not receive the full benefit of this and will only become aware of that fact once they contract the virus.

This last section is, in many ways, the one attracting the greatest level of concern. The individuals involved do not know that they fall into this camp but will act, entirely fairly, on the assumption that they are being protected by vaccination when they are not. It will take some months before the authorities can construct an estimate as to how sizeable a percentage of the public are in this category and whether they share traits which make it more predictable as to whom they might be and so test for the absence of antibodies. In a post-lockdown, post-vaccination society they are the equivalent of the asymptomatic carriers of the virus of the past twelve months, except this new cohort of people, the “unsafe vaccinated”, are at far greater risk of hospital admission and loss of life. It is why Professor Whitty chose to warn that modelling anticipates, even with vaccination and a cautious approach to lifting lockdown, there are 30,000+ more deaths to come.

As if this complicated situation between households was not suffiently demanding for a Covid Status Certification process to confront, there will also be a diversity of status within households. There will be literally millions of examples of young adults (not yet vaccinated) living with parents who may both have been fully vaccinated by late May. In time, there will be younger (vaccinated) adults cohabiting with unvaccinated children.

These households will want to socialise together. Indeed, the “household” along with the “support bubble” has been the basic unit of currency throughout the virus crisis. It is hard to conceive that only households where every member has been vaccinated at least once and with more than three weeks since that first injection will be deemed “safe”. Yet if no distinction is to be drawn on the basis of vaccination when, for example, it is possible to book an indoor restaurant table, what would be the point of a certification?

These are not temporary issues either. In the best of circumstances we will be, by late 2021 perhaps, in a position where the vast majority of adults and children had been fully vaccinated but there would still be those who had been advised against injection, or had declined to accept the offer, or had been vaccinated but were unknowingly still at risk from serious illness from the virus. It is entirely possible, depending on how the virus evolves, that there might need to be another nationwide round of vaccination later this year (possibly with a different sort of vaccine being deployed) which would add further complexity to sub-categorising the population according to their own vaccination status. Covid Status Certification might thus not be a one-off event but need constant updating.

The extent of discrimination involved would be considerable.

Some of these substantial difficulties could, in theory, be dealt with by taking a chance with a much less sophisticated view of vaccine status. It might be assumed that anybody who had been vaccinated at all (either once or twice) and irrespective of how long ago that had been, was inherently safer than anyone who had not been vaccinated at all and that they could be fast-tracked towards greater social interaction as the lockdown eases.

Putting to one side the problem that such an assumption is supremely suspect (there is considerable variation in protection according to how often and when an injection occurs and there remains the minority for whom being fully vaccinated is of little personal help), the discrimination that this would involve in the coming months would be considerable.

The most obvious example of this involves age. Young adults are at the very back of the queue for vaccination not because they chose to be but because the experts who advise ministers and officials opted (for entirely rational reasons) to put them there. All of the

polling evidence is that they are the most frustrated section of the population and the most desperate to resume social activities with others (and not just from a limited set of households). The idea, which has been seriously mooted in some quarters, that in order to move back towards normal faster, the vaccinated could drink in a bar indoors but the unvaccinated only outdoors seems unlikely to appeal to those barred from inside. The blunt reality is that events which continue to be considered the most risky for catching the virus, those which involve large numbers of people in an indoor setting in conditions where social distancing is difficult to enforce, especially when alcohol is a lubricant, and which occur for hours, not a fleeting few minutes, attract custom from those who are least likely to be fully vaccinated early. In reality, therefore, aspiring to operate on the basis of certification looks implausible. Either the date for resuming the most high-risk activities will need to be deferred until the Autumn when almost total adult vaccination will have occurred, or places can reopen on the present timetable but with considerable restrictions on the numbers involved, or more risk in terms of exposure has to be taken.

Age is not the only explosive item in this territory. It is an awkward fact that while many ethnic minorities have suffered from COVID-19 at a higher rate than the average, it also appears to be the case that vaccine hesitancy is stronger in many of these communities than is the norm. A certification process which functioned to create a racial divide is not one which ministers would welcome. Added to this, what should be done for those who would have had a vaccination but were told by the NHS that it would be unwise for them to do so? Are they really to live under conditions of almost permanent shielding from social activities? Finally, vaccination is not mandatory in the UK (and the thought of legal compulsion here is very daunting), so the social and economic exclusion of those who chose not to be vaccinated is an enormous step for a democracy to contemplate. The more that one thinks through the notion of reorganising society simply around Covid Status Certification alone, the less it seems likely that it will be the mechanism by which a post-lockdown, post-vaccination country can realistically be constructed.

There are still significant known unknowns about the effects of mass vaccination.

Finally, particularly in the short-term as the lockdown eases, there is still a lot that we do not know about the effects of mass vaccination which we should learn in time with research. Much of this is familiar terrain. We do not know what the overall take-up will be and how much that will matter (if the young opt for a vaccination at a lower rate than the old they will be less likely to enter hospital or die if they catch the virus). We do not know if there will be statistically significant differences in the performance of alternative vaccines. As outlined earlier, we are only in the opening stages of forming a view as to the percentage of the population for whom vaccination offers little of value. We are, similarly, in the pioneer phase of reaching an understanding as to the extent to which the vaccines offer not only personal protection but limit the level of transmission. We do not know for certain what the difficulties associated with known new strains of the virus might prove to be, let alone about those which will be linked to new mutations. We do not know if there will have to be what is, in effect, a third vaccination shot this side of next winter, what that vaccine might be and how long after that future jabs will occur. This is an immense amount of uncertainty to attempt to build into a certification process.

Conclusion.

It is difficult to envisage how Covid Status Certification as a domestic tool could by itself be thought a “silver bullet” for a post-lockdown society. It seems more likely to be part of a package which includes the likes of enhanced hygiene, facemasks in enclosed spaces and social distancing, alongside the development of faster and far more accurate testing. In many spheres of life, notably in winter, the new normal will be different to the old.

All of this matters because many of the issues that make Covid Status Certification very challenging within a single country are also real concerns for international travel. All of the complications around exact vaccination status, potential discrimination on age and other grounds and imperfect information on crucial questions about vaccination hold true too at this level. Indeed, if anything, a transnational vaccine passport involves even more potential complexity as different countries will be at different stages in terms of

suppressing virus cases via forms of lockdown and restrictions, will be in a different place in the extent to which their own populations have been vaccinated and may be unwilling and unwitting hosts to different mutations of the virus. How all of this will work out will ultimately depend on the extent of vaccination efficiency and on advances in testing and treatments. It is unlikely to be solved by a Covid Status Certification scheme on its own.

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