

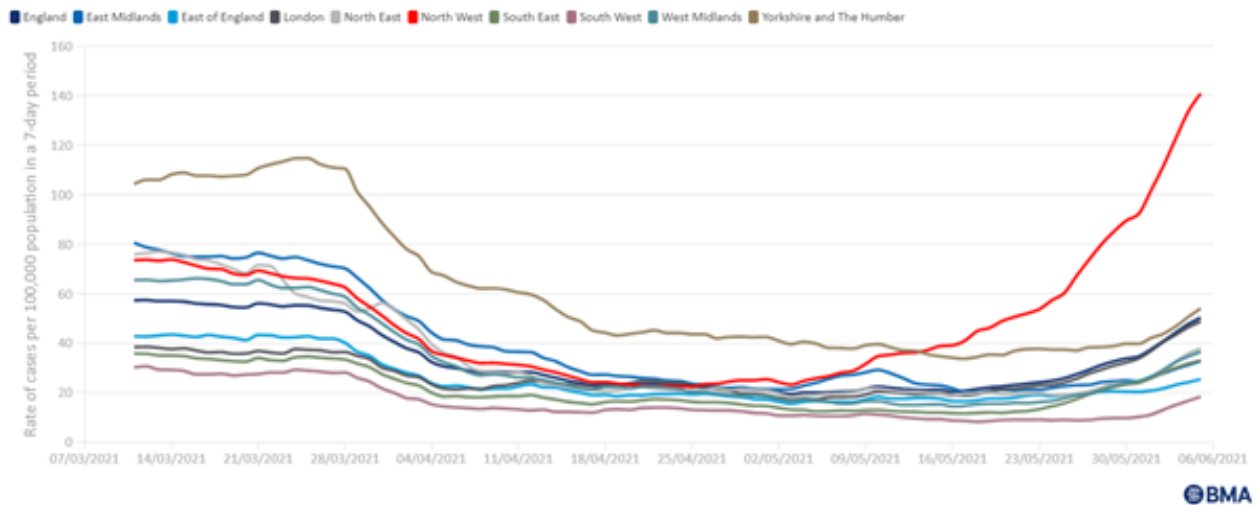
Why the BMA supports a delay to the 21 June ending of all coronavirus restrictions in England

The below sets out the data and rationale underpinning the BMA's decision to call for a delay to the easing of lockdown restrictions in England. It is clear from this data that we are not meeting the four tests¹ the government has previously set out for decisions on easing restrictions.

There has been a rapid rise in case numbers over recent days

- Rates of COVID-19 are rising rapidly across the UK. [Latest figures](#) indicate that there were 7,540 confirmed cases across the UK reported on 9 June. This compares to 2,912 on 24 May (7-day rolling average), an increase of 159% over the past two weeks.
- Rates of COVID-19 are rising most rapidly in the North West of England. There were 2,112 confirmed cases in the North West reported on 9 June. This compares to 772 on 24 May (7-day rolling average), an increase of 174% over the past two weeks.
- It is now clear that the UK has entered a phase of exponential growth in cases of the virus. However, these data give only early indications of the impact of the easing of restrictions on 17 May combined with increased spread of the more transmissible Delta variant.
- More time is needed to evaluate the full impact, including the extent to which new cases translate to severe illness and demand for hospital care. The impact on hospitalisations will take at least 2 weeks to become apparent, while any increase in deaths will take even longer – up to 4 weeks.
- The rates of COVID-19 in the UK are also now higher than in a number of counties that are on the amber list. For example, Germany reported just 3,275 new cases on 9 June, while France reported 5,557 new cases. If the government believes it is unsafe to have unrestricted travel between these countries and the UK, it is clear that domestic measures must also remain in place and the planned easing of all legal restrictions on 21 June should not go ahead.
- Prematurely relaxing all restrictions risks undoing the hard work of the vaccine programme and leading to a 3rd wave of infections and hospitalisations, with implications for rates of long-term illness and disability within the UK population linked to long-COVID.

Figure 1 – 7-day rolling average infections rates in England and English regions (steep increase in case rate in the North West in RED)



COVID-19 rates are increasing in younger populations

- Cases are increasing across almost all age groups, particularly among younger age groups. Cases dropped by 10% among 5-9 year olds, but are increasing among all other age groups. In the [week ending 6 June](#) cases rose by:
 - 31% in 0-4 year olds
 - 35% in 10-19 year olds
 - 121% in 20-29 year olds
 - 55% in 30-39 year olds
 - 46% in 40-49 year olds, and
 - 62% in 50-59 year olds.

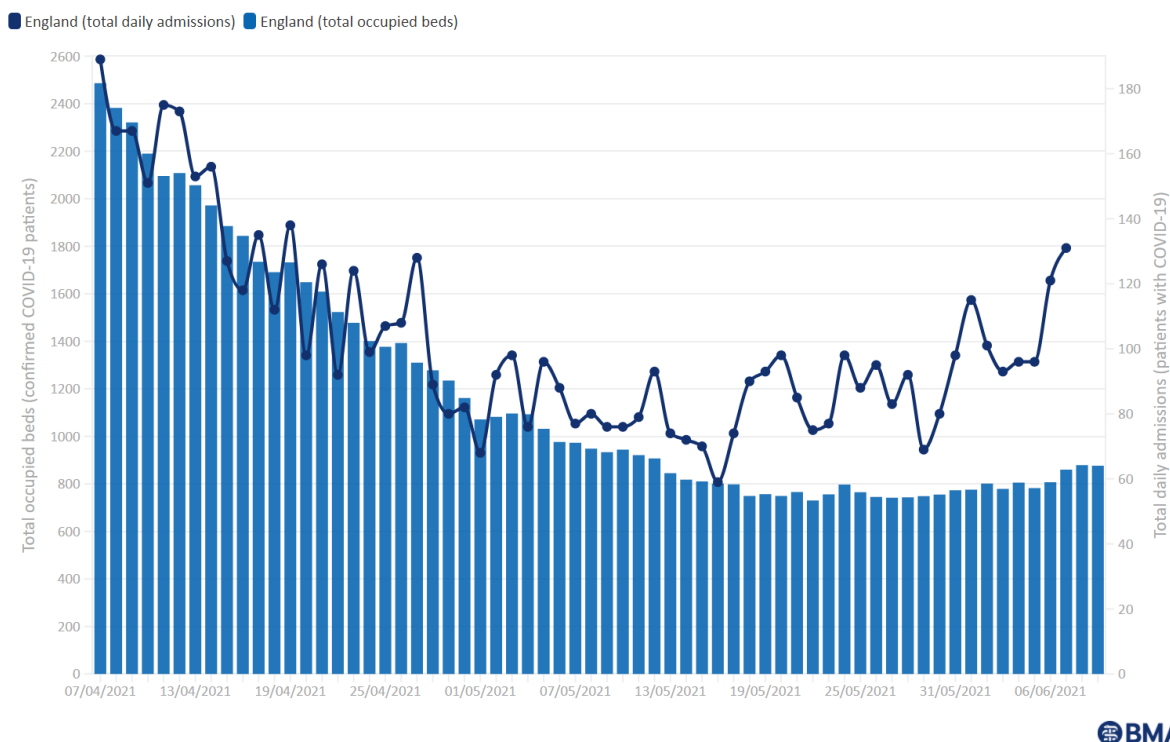
This increase drops to an increase of 27% among over 60s, the vast majority of whom are fully vaccinated.

- Rates of COVID-19 among 20-29 year olds, which are now 121 per 100,000 population, are particularly concerning. Many people in this age group are highly socially mobile, but are not yet vaccinated or have only just received their first dose. As a result, they remain at risk of infection, particularly from the Delta variant, with accompanying risk of severe illness and long-term symptoms.

COVID-19 hospitalisations are now increasing, particularly in the North West

- New admissions to hospital from the community are rising across the country. Between 1 June and 7 June 697 patients were admitted to hospital in England - a rise in 27% compared to the previous week.
- The North West of England has the highest regional rate of new admissions to hospital, with 239 people being admitted to hospital between 1 June and 7 June - a rise of 66% compared to the previous week.
- We have seen in previous waves that such localised surges can act as an early warning of trends which are soon replicated nationally, unless early and decisive action is taken.

Figure 2 – total COVID-19 bed occupancy and daily COVID-19 hospital admissions in England



There is a real risk to health services if sharp rises in cases lead to hospitalisations rising quickly

- While the number of people in hospital with COVID-19 is currently low, even a modest increase in COVID-19 hospitalisations could significantly impact NHS services which are extremely busy. If the sharp rises in cases we are now seeing leads to more people requiring hospital care, even at much lower levels than earlier in the year, this would derail urgent efforts to tackle the backlog of non-COVID patients, and cause further delays to those already waiting many months and in some cases years for treatment.
- [Data](#) from May shows that there was continued growth in demand on A&Es, with attendances virtually hitting pre-pandemic levels. A&E attendances increased by 11% on April and are now 99% of May 2019 levels, while the total number of emergency admissions (543,754) also increased compared to April (510,150) and now represents 95% of May 2019 levels. The number of four-hour trolley waits also increased in May by 8,588 to 57,307 after falling in April. [RCEM](#) (The Royal College of Emergency Medicine) has warned that growing pressure on A&E, alongside any COVID-related admissions to hospitals, already short on capacity, could have a drastic impact on patients and services if not tackled. The logistics of managing COVID-19 cases in A&E and other hospital departments further reduces overall capacity, as infection control measures mean that fewer beds can be placed in a defined area.
- The latest data also shows the impact of the pandemic on waiting lists, which have reached record highs, with the elective treatment waiting list increased to 5.12 million in April. NHS staff are working at pace to clear the backlog of care caused by the pandemic, and the number of patients waiting over 52 weeks to receive treatment has fallen by over 50,000 in March to 385,490 at the end of April. However, this is still 368-fold higher than the 1,047 waiting in April 2019. It is vital that these efforts are not disrupted by a further destabilising wave of COVID-related hospitalisations at this critical time.

- Public Health staff in many localities are at the limits of their capacity and NHS staff also continue to be under enormous pressure and there is simply not the resilience or capacity in the health system to deal with a surge of the magnitude seen earlier in the year. The BMA's report, [Rest, Recover, Restore](#) highlighted the huge pressures doctors and NHS staff have been under throughout the pandemic, as well as the pressing need for them to be given time to rest and recuperate before the backlog in care can be effectively tackled. This has been echoed in the Health and Social Care Select Committee's [report on staff burnout in the NHS and social care](#) which, summarising the submissions it had received, stated: *Workforce burnout was described by many as the highest in the history of the NHS and care systems and as such, it is an extraordinarily dangerous risk to the future functioning of both services.*

A delay will provide more time to improve vaccine coverage

- [Data from PHE](#) indicate that against the Delta variant, a single dose of either the Pfizer or Oxford/AstraZeneca vaccines had reduced protection from symptomatic infection with COVID-19 (33% against the Delta B.1.617.2 variant versus 50% against the Alpha B.1.1.7 variant). There was no statistically significant reduction in effectiveness against the Delta variant 14 days after receiving a second dose of the Pfizer (88% for Delta variant vs 93% for Alpha variant) or Oxford/AstraZeneca (60% for Delta variant vs 66% for Alpha variant) vaccines. However, immunity does take time to develop – at least 2-3 weeks following the second dose.
- Although these findings are preliminary and are based on a small number of cases of the Delta variant (272 cases among people who had received their first dose at least 21 days prior to testing positive, and 25 cases among people who had received 2 doses at least 14 days prior to testing positive), they indicate that vaccines continue to offer a high level of protection against the Delta variant. However, it is clear that the Delta variant has a greater ability to evade a single dose and significant protection is not achieved until at least 2 weeks after the second dose.
- At present, [over 90%](#) of all adults over 60 are fully vaccinated (although some may not have had time to develop full immunity post-vaccination). However, the proportion is much lower in younger populations, and [fewer than one-third](#) of people under 50 had received both doses as of 6 June 2021. This is a significant concern given that rates of COVID-19 are increasing most significantly in younger populations, with [5 times](#) the number of under 50s currently testing positive compared to over 50s.
- Delaying further easing of restrictions will allow more time to achieve higher rates of vaccine coverage within the population. This will have a benefit to both older, more vulnerable groups, giving more time for them to receive their second vaccinations and develop immunity, and for younger demographics to receive at least partial protection from first doses of vaccines.

Minimising infections in the community – including those which do not require hospital care – will help to prevent serious and avoidable long-term harms

- A significant number of people who have had COVID-19 have reported persistent symptoms. Symptoms can include fatigue, muscle pain and difficulty concentrating. [ONS data](#) covering the period up to 2 May 2021 estimated that 1 million people in the UK were experiencing 'Long Covid' symptoms. In this case Long Covid is defined as self-reported symptoms persisting for more than four weeks after the first suspected virus infection that were not explained by something else. 869,000 of these first had (or suspected they had) COVID-19 at least 12 weeks ago, and 376,000 at least one year ago.

The data also shows that Long COVID symptoms were adversely affecting the day-to-day activities of 650,000 people, with 192,000 of these individuals reporting that their ability to undertake their day-to-day activities had been significantly limited. [Previous data from ONS](#) published in December 2020 estimated that 1 in 5 people infected with COVID-19 experience symptoms lasting at least 5 weeks, while 1 in 10 have symptoms persisting for at least 12 weeks.

- Some people with mild symptoms who have not required hospital care have subsequently reported moderate and severe persistent symptoms (whereas some people who have been hospitalised have recovered more quickly). One [study](#) of recovery after 'mild' COVID-19 put the figure at 1 in 10 people still having at least one moderate to severe symptom that is perceived as having a negative impact on their work, social or home life, eight months after having the virus.

Keeping transmission low is a vital for effectively managing future risk of mutations/variants of concern

- 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 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 as the Delta variant becomes more widespread across the country.

A delay will help us start a debate about what measures are needed to keep the virus at bay over the summer and beyond

- Delaying a decision about which measures should be eased will also allow time to debate what measures will be required to keep the virus at bay over the summer and beyond. This is likely to include ongoing wearing of masks in public settings, such as public transport, hospitality and schools; infection prevention measures in health and care settings; greater investment in local public health services to be able to control future outbreaks address health inequalities and support NHS services, as well as investment in measures to make public settings COVID secure as well as ongoing working from home.