



HM Government

# **COVID-19 RESPONSE: SUMMER 2021**

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# COVID-19 RESPONSE: SUMMER 2021

1. Throughout the COVID-19 pandemic, the Government's objective has been to protect lives and livelihoods across the United Kingdom. This remains the Government's priority as the UK eases restrictions.
2. The UK has made huge progress this year. The procurement of vaccines by the Vaccines Taskforce and the deployment of vaccines by the National Health Service (NHS) has put the UK in a strong position. The UK has vaccinated more of its population than any other country in Europe, with the exception of Malta, and has administered more doses per capita than any other G7 nation.<sup>1</sup> It is thanks to the success of the vaccination programme that the Government and the Devolved Administrations have been able to ease lockdown restrictions in England, Scotland, Wales and Northern Ireland.
3. Vaccines are significantly reducing the link between infections and severe disease and death.<sup>2</sup> As originally set out in the *COVID-19 Response - Spring 2021* ('the roadmap'), with a sufficiently high proportion of the population vaccinated, the country can learn to live with COVID-19 without the need for the stringent economic and social restrictions which have been in place since March 2020.
4. The pandemic is not over. Cases are currently rising, as are hospitalisations. Cases, hospitalisations and, sadly, deaths, will rise further as society and the economy reopen. Vigilance must be maintained and people will be asked to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others. The recent spread of the Delta variant, now dominant and estimated to be 40-80% more transmissible than the previously dominant Alpha variant,<sup>3</sup> demonstrates how quickly the situation can change. The success of the vaccine programme means that hospitalisations are expected to rise more slowly than in previous waves though the rate of growth and duration of the wave remain uncertain. The data will be kept under regular review. There will still be high levels of infection and illness and therefore disruption to lives, the economy and delivery of public services. The decision on whether to move to step 4 on 19 July will be taken on the basis of an assessment of the four tests, including the impact on the NHS, on 12 July.

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<sup>1</sup> <https://ourworldindata.org/covid-vaccinations>

<sup>2</sup> <https://www.gov.uk/government/publications/phe-monitoring-of-the-effectiveness-of-covid-19-vaccination>

<sup>3</sup> [SAGE, ninety-second meeting on COVID-19, 9 June 2021](https://www.gov.uk/government/publications/sage-92-minutes-coronavirus-covid-19-response-9-june-2021)

<https://www.gov.uk/government/publications/sage-92-minutes-coronavirus-covid-19-response-9-june-2021>

5. The biggest risk to the progress the country has made is a Variant of Concern which fully or partially escapes immunity. There is evidence that vaccines may be less effective against some existing variants, such as the Beta variant,<sup>4</sup> and the Government does not know what new variants will emerge in the coming months and years. Even without a new variant, next winter could see a further resurgence of COVID-19 cases, which would likely be compounded by other seasonal respiratory diseases, such as influenza.<sup>5</sup>
6. Therefore, when England moves to step 4 of the roadmap, the Government will continue to manage the risk of serious illness from the spread of the virus. This will mark a new phase in the Government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. To do this, the Government will:
  1. **Reinforce the country's vaccine wall of defence** through booster jabs and driving take up.
  2. **Enable the public to make informed decisions** through guidance, rather than laws.
  3. **Retain proportionate test, trace and isolate plans** in line with international comparators.
  4. **Manage risks at the border and support a global response** to reduce the risk of variants emerging globally and entering the UK.
  5. **Retain contingency measures** to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19.
7. This document sets out the arrangements that will be put in place in England. The Devolved Administrations are setting out plans for Scotland, Wales and Northern Ireland.

## 1. REINFORCE THE COUNTRY'S VACCINE WALL OF DEFENCE

8. As of 2 July, c.38 million people in England had received their first dose of the vaccine and c.28 million people had their second dose.<sup>6</sup> By 19 July, the Government expects that every adult will have had the chance to receive a first dose of vaccine, and two thirds of adults will have received their second dose. To further accelerate the vaccine rollout the Government will bring forward a second dose to eight weeks after the first dose for those under 40, shortening the dose interval to eight weeks for all groups. Subject to supply remaining stable, this means that all adults will have had the opportunity to get a full course of vaccine by mid-September. The independent Joint

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<sup>4</sup> <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19--25-may-2021>

<sup>5</sup> <https://www.gov.uk/government/publications/jcvi-interim-advice-on-a-potential-coronavirus-covid-19-booster-vaccine-programme-for-winter-2021-to-2022/jcvi-interim-advice-potential-covid-19-booster-vaccine-programme-winter-2021-to-2022#fnref:5>

<sup>6</sup> <https://coronavirus.data.gov.uk/details/vaccinations>

Committee on Vaccination and Immunisation (JCVI) has advised that a dose interval of at least 8 weeks should be maintained as evidence shows that the longer dose interval results in higher long-term protection, except in a few limited circumstances.<sup>7</sup>

9. Public Health England (PHE) analysis suggests one dose of either the Oxford/AstraZeneca or Pfizer/BioNTech vaccine reduces the risk of symptomatic disease with the Delta variant by ~35%, and hospitalisations by ~80%. A second dose boosts protection to ~79% against symptomatic disease and ~96% against hospitalisation.<sup>8</sup>
10. The JCVI's interim advice, based on existing evidence, is to offer COVID-19 booster vaccines to the most vulnerable, starting from September 2021.<sup>9</sup> The booster programme would aim to provide additional resilience against variants, and maximise protection in those who are the most vulnerable to serious disease from COVID-19 ahead of the winter months, when there is increased pressure on the NHS as non-COVID-19 emergency demand is at its highest.
11. A booster dose would be offered to groups in two stages and, if possible, delivered alongside the annual influenza vaccination. In the first stage, a booster would be offered to adults aged 16 years and over who are immunosuppressed; those living in residential care homes for older adults; all adults aged 70 years or over; adults aged 16 years and over who are considered clinically extremely vulnerable; and frontline health and social care workers. As soon as practicable after the first stage, the second stage would see a booster offered to all adults aged 50 years and over; adults aged 16–49 years who are in an influenza or COVID-19 at-risk group;<sup>10</sup> and adult household contacts of immunosuppressed individuals. The recommended shape of a booster campaign - including when, for whom and which vaccine(s) would be used - might change as further evidence becomes available.
12. The Government has asked the JCVI to provide advice on the vaccination of children. When the Government receives the advice, it will be considered carefully, and an update on how the Government plans to proceed will be provided.
13. In addition, the Government is committed to protecting the most vulnerable by making COVID-19 vaccination a condition of deployment for staff and others working in care homes. The Government is also launching a consultation shortly on whether this condition should be extended to healthcare and further social care settings such as in domiciliary care.
14. Over the longer term, booster vaccinations are likely to become a regular part of managing COVID-19, along with other pharmaceutical interventions including antivirals and therapeutics. In April, the Prime Minister announced the establishment of the Antivirals Taskforce.<sup>11</sup> The Taskforce is leading the development of antivirals

<sup>7</sup> <https://www.gov.uk/government/news/jcvi-advice-to-mitigate-impact-of-b1-617-2-variant>

<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/998411/Vaccine\\_surveillance\\_report\\_-\\_week\\_26.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/998411/Vaccine_surveillance_report_-_week_26.pdf)

<sup>9</sup> <https://www.gov.uk/government/publications/jcvi-interim-advice-on-a-potential-coronavirus-covid-19-booster-vaccine-programme-for-winter-2021-to-2022>

<sup>10</sup> COVID at risk groups are set out in the PHE Green Book:

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>11</sup> <https://www.gov.uk/government/news/government-launches-covid-19-antivirals-taskforce-to-roll-out-innovative-home-treatments-this-autumn>

which, if proven to be safe and effective, could help break chains of transmission, reduce the number of patients who are hospitalised and speed up recovery time. The Government will continue to identify and supply other treatments, alongside the vaccination programme, to enable the long-term management of COVID-19 and its clinical impacts. This will ensure the virus can be managed alongside other seasonal respiratory diseases and that the UK is prepared for any future pandemics over the long-term.

## 2. ENABLE THE PUBLIC TO MAKE INFORMED DECISIONS

15. The roadmap set out four steps out of lockdown in England.<sup>12</sup> On 14 June, the Prime Minister announced a four week pause at step 3, as a result of the additional risk and uncertainty caused by the spread of the more transmissible Delta variant. The Government will assess the four tests again on 12 July to decide whether to proceed to step 4 on 19 July.
16. This update sets out the rules and guidance which will apply in step 4 so that businesses and individuals have time to prepare. The approach has been informed by the roadmap reviews into social distancing, certification and the Events Research Programme. The findings of the first phase of the Events Research Programme were published on 25 June,<sup>13</sup> and the findings of the social distancing and certification reviews are available alongside this document.
17. At step 4, the Government will remove outstanding legal restrictions on social contact, life events, and open the remaining closed settings. The Government will instead enable people to make informed decisions about how to manage the risk to themselves and others. The Government will provide guidance to the public and to businesses on how they can help reduce the spread of COVID-19 and mitigate the risk of a resurgence which puts the NHS under unsustainable pressure.
18. This means that at step 4:
  - All remaining limits on social contact (currently 6 people or 2 households indoors, or 30 people outdoors) will be removed and there will be no more restrictions on how many people can meet in any setting, indoors or outdoors.
  - All settings will be able to open, including nightclubs. Large events, such as music concerts and sporting events can resume without any limits on attendance or social distancing requirements.
  - All restrictions on life events such as weddings, funerals, bar/bat mitzvahs and baptisms will be removed, including the remaining restrictions on the number of attendees. There will be no requirement for table service at life events, or restrictions on singing or dancing.
  - COVID-status certification will not be required in law as a condition of entry for visitors to any setting. Organisations are already able to ask visitors for proof of COVID-status, as long as they meet existing legal obligations including under equality law. The Government is providing a way for individuals to easily

<sup>12</sup> <https://www.gov.uk/government/publications/covid-19-response-spring-2021>

<sup>13</sup> <https://www.gov.uk/government/publications/events-research-programme-phase-i-findings>

demonstrate their COVID-status. This can be achieved by completion of a full vaccine course, a recent negative test, or proof of natural immunity - through the NHS COVID Pass on the NHS app.

- The legal requirements to wear a face covering will be lifted in all settings. To help reduce the spread of COVID-19, published guidance will advise that wearing a face covering will reduce your risk and the risk to others, where you come into contact with people you don't normally meet in enclosed and crowded spaces.
- Social distancing rules (2 metres or 1 metre with additional mitigations) will be lifted. You should continue to consider the risks of close contact with others, particularly if you are clinically extremely vulnerable or not yet fully vaccinated. Social distancing will only be required in limited circumstances: ports of entry for passengers between disembarkation and border control in order to manage the risk of Variants of Concern being transmitted between individuals; and people who are self-isolating should also continue to socially distance from others, particularly where they have had a positive test. Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary and this will be continually reviewed. Guidance will be updated based on the latest clinical evidence this summer.
- For individual settings where the risks of rapid spread are particularly acute, Directors of Public Health, in consultation with setting operators and relevant departments, will be able to advise that social distancing is put in place if necessary to control outbreaks. This should be targeted, time limited, and apply to settings characterised by enclosed and vulnerable communities such as prisons, immigration removal centres and homeless shelters.
- It is no longer necessary for Government to instruct people to work from home. Employers can start to plan a return to workplaces.
- Regulations that place COVID-secure requirements on businesses, including table service, and distancing between tables, will be lifted. 'Working Safely' guidance will be updated to provide examples of sensible precautions that employers can take to reduce risk in their workplaces. Employers should take account of this guidance in preparing the risk assessments they are already required to make under pre-pandemic health and safety rules.
- Businesses must not require a self-isolating worker to come to work, and should make sure that workers and customers who feel unwell do not attend the setting.
- Businesses will be encouraged to ask staff and customers to clean their hands regularly and clean surfaces that people touch regularly. The Government will provide guidance on how businesses can reduce unnecessary contact in the workplace, where it is practical. Operators will still be encouraged to use outside space where practical, and to consider the supply of fresh air to indoor spaces. Carbon dioxide (CO<sub>2</sub>) monitors could be used to help identify where a space is poorly ventilated with businesses encouraged to take steps to improve ventilation if CO<sub>2</sub> readings are consistently high.
- Businesses will be encouraged to display QR codes for customers to check in using the NHS COVID-19 app, to support NHS Test and Trace, although it will no longer be a legal requirement.

- The Government will change the controls that apply in early years, schools, colleges and higher education institutions to maintain a baseline of protective measures while maximising attendance and minimising disruption to children and young people's education. The Government's intention is that from step 4 children will no longer need to be in consistent groups ('bubbles'), and early years settings, schools or colleges will not be required to routinely carry out contact tracing, which will help to minimise the number of children isolating. Contact tracing in specific educational settings would only be triggered if deemed necessary in response to a local outbreak.
  - The Government also intends to exempt under 18s who are close contacts of a positive case from the requirement to self-isolate, in line with the approach for those who are fully vaccinated (as set out below). Further detail will be published in due course and the changes are likely to come into effect later in the summer. There will be no restrictions on in-person teaching and learning in universities.
  - The Department for Education will shortly set out more detail and publish new guidance for arrangements in education settings from step 4, covering both the summer period and the following term.
  - In care homes, the Government will lift restrictions that limit each resident to five named visitors. Specific guidance will advise how visits should be conducted to keep care homes safe whilst also making visits as normal as possible. Care homes will need to retain infection prevention and control measures essential to protecting residents from the risk of infection.
19. Lifting restrictions does not mean that the risks from COVID-19 have disappeared. Instead it marks a new phase in the Government's response to the pandemic during which people need to manage the risks to themselves and others as the country learns to live with the virus. Building on the updated guidance on meeting friends and family, announced as part of step 3, the Government will provide advisory guidance on how people can manage the risks to themselves and to others. It sets out how the following behaviours are beneficial:
- a. Meeting in well-ventilated areas where possible, such as outdoors or indoors with windows open.
  - b. Wearing a face covering where you come into contact with people you don't normally meet in enclosed and crowded spaces.
  - c. Washing your hands with soap and water or using hand sanitiser regularly throughout the day.
  - d. Covering your nose and mouth when you cough and sneeze.
  - e. Staying at home if unwell, to reduce the risk of passing on other illnesses onto friends, family, colleagues, and others in your community.
  - f. Considering individual risks, such as clinical vulnerabilities and vaccination status.
20. The Government will continue to urge people to get vaccinated, and to self-isolate and get tested if they have symptoms. It will remain a legal requirement for people to self-isolate if they test positive or are told to do so by NHS Test and Trace. The public will

continue to be encouraged to download and use the latest version of the NHS COVID-19 app to help reduce the spread of the virus.

21. Individuals may choose to limit the close contact they have with those they do not usually live with in order to reduce the risk of catching or spreading COVID-19, particularly if they are clinically extremely vulnerable. It is important to respect and be considerate of those who may wish to take a more cautious approach as restrictions are lifted.

### 3. RETAIN PROPORTIONATE TEST, TRACE AND ISOLATE PLANS

22. Test, Trace and Isolate has an important ongoing role in managing the virus and reduces the risk of potentially dangerous variants spreading. The Government expects the Test, Trace and Isolate system will remain necessary through the autumn and winter.
23. Continued take-up and compliance is essential to supporting the country in living with the virus through autumn and winter.
24. Symptomatic testing will continue to be available. Tracing and isolation will remain key to monitoring and containing the spread of the virus, augmented by use of the NHS COVID-19 app (though checking in or providing contact details to venues will now be voluntary).
25. Regular asymptomatic testing will continue to help find cases and break the chains of transmission. It will help the transition as people manage their personal risk, whilst also protecting others. It will be particularly focused on those who are not fully vaccinated, those in education, and those in higher-risk settings such as the NHS, social care and prisons. People may also wish to use regular rapid testing to help manage periods of risk such as returning to the workplace, after close contact in a higher risk environment or when spending prolonged time with a more vulnerable individual. Community testing will support local authorities to focus on disproportionately-impacted and other high-risk groups.
26. The Government intends to exempt people who have been fully vaccinated from the requirement to self-isolate if they are a contact of a positive case, with a similar exemption for under 18s (as above). Anyone who tests positive will still need to self-isolate regardless of their vaccination status. Further details will be published in due course and the changes are likely to come into effect later in the summer.
27. Until at least the end of September, self-isolation enforcement and support will otherwise continue as it is now. Positive cases and close contacts who cannot work from home and would experience financial hardship from isolation may be eligible for the £500 Test & Trace Support Payment or financial support from their local authority. Practical support for isolation will also continue to include a medicines delivery service and assistance provided by local authorities.

## 4. MANAGE RISKS AT THE BORDER AND SUPPORT A GLOBAL RESPONSE

28. Variants of Concern pose the biggest threat to the progress the country has made in easing restrictions through the roadmap. Variants will continue to emerge globally in the coming months and years, and there may be variants which evade immune responses, weakening the protection given by vaccines. To manage and respond to the risk posed by variants, the Government will retain a robust set of measures, including its health measures at the border.
29. The Government has implemented its traffic light system for international travel, established by the Global Travel Taskforce (GTT), which sets out the measures applying to arrivals from Red, Amber and Green countries.<sup>14</sup> These risk ratings are kept under regular review, updated every three weeks, or more urgently if the health picture dictates. It is important that people continue to follow the rules that apply to the country from which they have travelled.
30. The GTT also set out three checkpoints at which the Government would review the measures applying to each risk tier, to ensure they remain proportionate. At the first review point on 28 June, the Government confirmed that the majority of measures would remain in place, but set out its intention that arrivals from amber countries who were fully vaccinated<sup>15</sup> would no longer need to isolate from later this summer. The Transport Secretary will set out further details shortly.
31. Continuing to protect the UK also means controlling transmission globally to keep people everywhere safe, and prevent the continued emergence of Variants of Concern. Travel restrictions will continue to be part of that. In support, the G7 agreed to intensify discussions to deliver a safe and sustainable restart to international travel. The Government is committed to delivering this agenda with the G7, and through dialogue with the USA and the EU.
32. Under the UK's Presidency, G7 leaders have agreed a plan to accelerate global vaccination, prioritising access to vaccines in developing countries. Alongside pledging to provide 1 billion doses through finance and dose sharing over the next year (including 100 million doses from the UK), the G7 will work with other international partners to boost supply and support distribution and vaccination programmes. The UK is one of the biggest donors to the Access to COVID-19 Tools Accelerator (ACT-A), whose COVAX facility has so far provided over 95 million doses to 134 countries.<sup>16</sup> Over 90% of these were the Oxford-AstraZeneca vaccine, the development of which was supported with funding from the UK Government.
33. The Prime Minister also announced plans for a new global pathogen surveillance network ('Global Pandemic Radar') in May.<sup>17</sup> The UK is working with the World Health Organisation (WHO) and others to get the Radar up and running so the world can better detect and respond to Variants of Concern and improve readiness to prevent

<sup>14</sup> <https://www.gov.uk/government/publications/global-travel-taskforce-safe-return-of-international-travel>

<sup>15</sup> Full vaccination: 14 days after completing a full course of vaccination, whether that requires two doses or one dose (according to the MHRA authorised schedule)

<sup>16</sup> <https://www.gavi.org/covax-vaccine-roll-out>

<sup>17</sup> <https://www.gov.uk/government/news/pm-announces-plan-for-global-pandemic-radar>

and respond to future pandemics. The UK's world leading genomic sequencing capability will form a key contribution to detecting and responding to variants, and the UK is already supporting India, Nigeria and Brazil to improve their capabilities in this area.

## 5. RETAIN CONTINGENCY PLANS

34. Even after the end of the roadmap, significant risks will remain, particularly from Variants of Concern which could escape vaccines. The virus will still continue to circulate at home and abroad, and this winter COVID-19, combined with a resurgence of influenza and other respiratory diseases, may cause additional strain on top of normal winter pressures on the NHS. The Government may need to take measures to help manage the virus during periods of higher risk, such as winter, but will as far as possible prioritise strengthened guidance and seek to avoid imposing restrictions that have significant economic, social and health costs.
35. Alongside controls at the border, the Government has a range of tools to manage and respond to the risk of variants, including surveillance, genomic sequencing, outbreak management and pharmaceutical interventions (including revaccination). The Government will maintain contingency plans for reimposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant. Such measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS. The Government will also maintain the current regulations until 28 September that enable local authorities to respond to serious and imminent public health threats. The Government will also publish an updated COVID-19 contain outbreak management framework for local areas in due course.
36. The COVID-status certification review has concluded that the use of certification will not be mandated in law as a condition of entry for visitors to any setting at the present time. The review recognises the concerns expressed over certification, including the burden it would place on business. However, it is possible that certification could provide a means of keeping events going and businesses open, if the country is facing a difficult situation in autumn or winter. Any future implementation would involve consultation and appropriate parliamentary scrutiny.

## 6. MONITORING DATA AND REVIEWING MEASURES

37. The Government will continue to monitor the data on a regular basis to ensure there is no danger of the NHS facing unsustainable pressure.
38. Later in the year, the Government will assess the country's preparedness for autumn and winter. The Government will review the Coronavirus Act and remaining regulations in the early autumn to consider which requirements need to continue through the winter.



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