

## Clinical Advice to support FOI request 202200269448

### 9 Dec 21 - Email from Policy Lead to FM - NIMT Advice - National Isolation Policy Changes

The NIMT has provided advice that recommends that in response to the growing number of Omicron cases, evidence on its increased transmissibility and the short doubling time for case growth, national isolation policy should be revised in addition to changes to the contact tracing delivery model from Saturday 11 December. The attached submission contains the NIMT's advice in Annex A in addition to advice from officials including some of the potential impacts of agreeing the NIMT's recommendation.

### 9 Dec 21 – Attachment to Email - Ministerial Submission - CONTACT TRACING AND ISOLATION APPROACH –OMICRON

Given the strategic aim of tracing and isolation remains to slow the spread of transmission as much as possible, to mitigate risks to NHS and to protect the vulnerable, and given evidence of increased transmissibility of the by then dominant variant in circulation, the advice is to tighten the current approach to isolation and to focus contact tracing resource on the highest risk categories. This will enable Test & Protect to continue to contribute to dampening transmission and to protect those most vulnerable as omicron is expected to significantly drive up overall case numbers.

The specific recommendations for isolation are that **all household contacts of all cases should isolate for ten days, irrespective of vaccination status, PCR result or age**. On the basis of a lower risk of transmission from non-household contacts, NIMT advice is that all fully vaccinated people who are non-household contacts isolate until they receive a negative PCR result and, as is the current position, are advised to be vigilant for symptoms and regularly test with lateral flow devices.

The above recommendations would also represent a shift from the current approach to under 18s, and mean that all under 18s in a household with a confirmed case would be required to isolate, irrespective of PCR result or vaccination status.

The NIMT specific recommendations for Contact Tracing are to revert to the the Case Management Framework Red+ approach of prioritising telephone tracing for high risk ( health and social care, custodial and international travel) and use digital tracing for all other cases and contacts.

The strategic purpose of an escalation framework is to ensure that: the delivery model of contact tracing changes in line with Omicron case growth to ensure that system resource is targeted in a way that is likely to best balance the risks of harm in high risk settings and population wide risks of transmission; Test and Protect remains a sustainable intervention; and a clear national message on isolation policy is provided to the public to increase likely adherence.

The NIMT attended by CMO considered this proposed framework on 9 December and their advice recommends that Ministers implement this approach above from Saturday 11<sup>th</sup> December.

## **Escalation Framework**

The immediate recommendations of the NIMT described above represent the next phase of a required escalation framework as cases of Omicron increase. As above, the NIMT's advice anticipates that the first escalation will be required as early as Saturday 11 December with officials engaging public health colleagues to consider further the case growth as the scale of Omicron cases grows to ascertain when it may be necessary to move to a second escalation.

The purpose of these escalated stages is to slow transmission of the variant until a stage when there is more evidence on the risks of serious disease.

### **Phase 1. Isolation of all household contacts**

The recommendation made by the NIMT is to reintroduce the requirement that household contacts of **all** cases regardless of which variant is suspected isolate for 10 days with no exemptions for being fully vaccinated or returning a negative PCR test. It is proposed that under 18s would not be exempt from this policy change.

### **Alternatives to the approach recommended by the NIMT**

There are very few alternatives to the direction of travel recommended by the NIMT to strengthen isolation policy that are likely to provide a reduction in the speed of transmission of the Omicron variant.

A PHE pilot study published in late summer 2021 set out that the daily contact testing pilot scheme delivered by the UK Government had similar levels of adherence to self-isolation. However, the proposal above deviates quite significantly from the follow up and monitoring implemented as part of that pilot activity.

The immediate view of CMO was that it was challenging to see how introducing this form of daily contact testing wouldn't be a weakening of the approach to containing infection.

## **Annex A Contact Tracing and Isolation advice following NIMT 9.12.2021**

### Isolation

The current approach is below

- Omicron - ALL contacts of ALL cases isolate for 10 days irrespective of age, vaccination and PCR result
- Delta – All cases isolate for 10 days and exemptions apply for age, vaccination and PCR result

Options for a change in isolation advice to take account of disruption to critical national infrastructure (including the NHS) due to isolation related absence; minimising the impact of isolation on children and young people (and reflecting for younger children the lower risk of transmission – preliminary data on omicron indicates that transmission in children age 0-11 is much lower than for delta); and that the evidence of harm from omicron is not well established and that as the evidence base develops on this, it will help support how we balance health harms and other harms as part of the above.

Data from 9 August to 11 November looked at the particular areas of potential risk in the previous 'delta policy' – where someone exempted from isolation due to vaccination status (after testing negative) who was a household contact of a positive case tested positive within 10 days. There are a number of caveats to this data particularly changes to the contact tracing system that reduce the amount (and quality) of data captured, as well as difficulties linking vaccine records with individuals. The data suggests that of household contacts (fully vaccinated) who tested negative and were released from isolation, 13% tested positive within 10 days (as a proportion of all those who tested negative initially); and of non-household contacts (fully vaccinated) who tested negative and were released from isolation, 3% tested positive within 10 days (as a proportion of all of those who tested negative initially). The data also suggests that of all the double vaccinated people who undertook contact testing following exposure, 34.4% tested positive where they were a household contact and 19.2% tested positive where they were a close contact.

Based on the higher risk of transmission among household contacts, and the expectation that within days the proportion of all cases that are omicron will exceed 50%, the following options are proposed to apply to all cases of COVID 19. All options will strengthen the isolation of contacts at highest risk of becoming infected and passing on infection to others because the household contacts will all be asked to immediately isolate for the full 10 days once the PCR result is available. Both options will enable children and young people to continue education. The modification of the existing policy for under 18s will reduce school exclusions by reducing sibling spread to different year groups. It will also reduce very high anxiety in the early learning and childcare sector around <5s attending settings when there is Covid 19 in their household and it is notable that many key workers rely on nurseries and schools to enable them to attend work.

### Option 1:

- all adult household contacts of all cases isolate for 10 days irrespective of vaccination status or PCR test result
- allow fully vaccinated close contacts (non-household) to end isolation on receipt of a negative PCR test
- Modify the existing delta policy on under 18s to require siblings, including under 5s, in a household with a confirmed case to isolate for the full 10 days irrespective of PCR test results or vaccination status.

**Recommendation: implement Option 1 from Saturday 11 December for all COVID 19 cases.**

### Schools

The recommendations for contact tracing and for isolation changes above will mean that there is a consistent approach to tracing and isolation of adults, children and young people in schools. This will reduce the confusion, complexity that results from different approaches for omicron and delta in the same school. The approach will reduce the number of under 18s who need to isolate for 10 days and reduce spread in schools and early learning settings by requiring under 18s to isolate for the full 10 days.

### Exemptions for key workers

The above proposals will lead to increased numbers of NHS and school staff self isolating for the full 10 days even where fully vaccinated and PCR negative.

**Recommendation: implement a 2 stage approach to exemptions for these individuals: stage 1 an 'in extremis' approach as implemented in August; stage 2 the standard health and social care exemption approach across all services. The two approaches could be applied to both education and health and social care staff, they involve daily LFDs following a negative PCR and in the case of school staff may only need to be applied until 21/22 December when schools break up.**

## **17 Dec 21 – Attachment to Email - Ministerial Submission - CONTACT TRACING AND ISOLATION POLICY – NEXT STEPS**

NIMT advice (**Annex A**) sets out that further prioritisation of resource is required from week commencing 20 December to ensure the contact tracing system continues to deliver the objectives of contributing to dampening population level transmission and protecting those most at risk.

The initial view of the Chief Medical Officer and advice from several Directors of Public Health is that isolation for 10 days is, in general, preferable to daily testing as an approach to containing infection. CMO has indicated though that with the potential for huge amounts of contacts being asked to isolate due to modelled numbers, there may be a point where daily testing as an alternative is necessary for system resilience.

## **21 Dec 21 – Attachment to Email - Ministerial Submission - UK GOVERNMENT CHANGES TO ISOLATION PERIOD FOR INDEX CASES**

### **Clinical view on reducing the isolation period for index cases**

The CMO's view on this reduction to length of the isolation period for index cases was that, whilst supportive of the rationale and principle of such a change, the timing of implementing this was key. The CMO set out that introduction of this policy change should be viewed as one which prioritises sector and system resilience over public health and introduces a small increase in risk.

Public Health Scotland clinicians advised that whilst not opposed in principle to such a change, further consideration on timing and risk are key to identifying when such a policy change should be implemented.

You are invited to:

- note that the view of CMO is that whilst agreeing in principle with such a change, any decision on a date to commence must consider the balance of risks given the likelihood that such a change introduces increased public health risks;

## **29 Dec 21 – Attachment to Email - Ministerial Submission - CHANGES TO ISOLATION PERIOD FOR INDEX CASES**

### **Policy Options**

This new policy would set out that all index cases need to self-isolate for 10 days, unless they test negative on an LFD test on day 6 and day 7, in which case they can end isolation, provided they do not have a fever. PHS recommend this policy should apply to all index cases, regardless of vaccination status.

PHS clinicians note the key point about leaving isolation on day 7 is that the case should no longer be infectious and the day 6 and day 7 negative LFDs are to mitigate risk and confirm that there is no high viral load. As modelled in the UK HSA paper, embedded in Annex A, the risk of transmission in reducing the isolation period from 10 to 7 days for an index case following two negative LFDs on days 6 and 7 was based on non-vaccinated cases and the risk was very small.

The CMOs view is that the policy proposal is not unreasonable, given the current situation, and alignment with other UK nations would be preferred, but he is less enthusiastic for ending isolation at day 7 for those who are not fully vaccinated.

## **31 Dec 21 – Email from Policy Lead to FM in response to Qs - For Decision - Self-Isolation Policy Changes - Implementation 5 Jan**

Responses to FM's queries are below.

However she has asked for some further clarification on a number of points relating to the position for vaccinated close contacts:

(a) Can you confirm whether the proposal is that they can end isolation after a single negative test? And if so, after how many days should that test be taken? Or is it that they can end isolation on the basis that they have daily negative tests? Again, if so, from when and for how long? It would be useful if that could be set out more clearly.

The proposal is that triple vaccinated close contacts would be exempt from isolation on the basis they have daily negative LFD tests for 7 days, starting from the date of the last contact with the index case for non-household contacts, or from the date of onset (symptomatic) or test date (asymptomatic) in household contacts. The intention is to be sufficiently reassured of negative status during the potential incubation period.

This would also have the additional benefit of freeing up PCR capacity for symptomatic cases, though will amplify the risk on LFD availability (principally a daily delivery risk rather than overall stocks/supply risk) that we are actively managing.

(b) Also how would this approach compare with our current policy on non-household close contacts; and

Our current policy on non-household contacts is that if double vaccinated, they are exempt from isolation if PCR negative. The proposal would be a tightening of this requirement to enable triple vaccinated contacts to be exempt, which would be a more cautious approach than current position in rUK (see table below) and also reflect UKHSA evidence on reduction in protection against infection of two doses in omicron cases.