

COVID-19 vaccination rollout

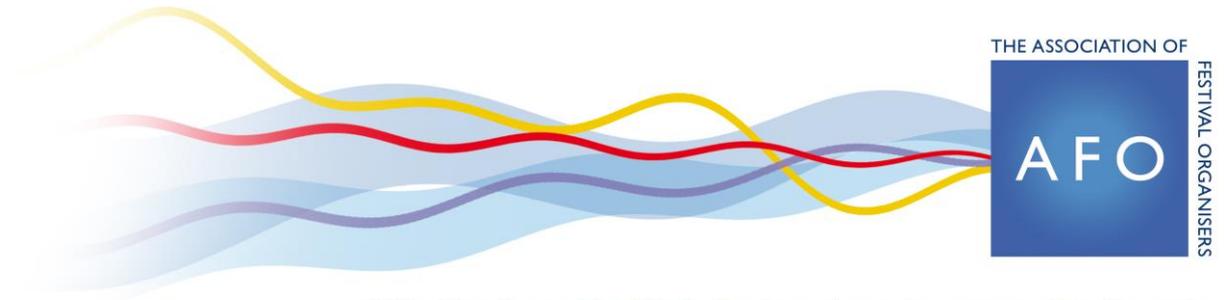
The Chief Medical Officer, Chris Whitty, the Government Chief Scientific Adviser, Patrick Vallance and the Deputy Chief Medical Officer, Jenny Harries, have given evidence to the Science and Technology and Health and Social Care Committees. This is the latest official guidance that has been given on the vaccine rollout.

Unfortunately, their evidence suggested that the optimism that has recently arisen around the potential for timelines to be set due to the vaccine rollout may be overstated. Chris Whitty stressed that the next three months in particular were unlikely to change, and that decisions beyond that would need to be made based on the learnings that had resulted from the rollout of the vaccine up until that point.

He did, however, recognise the particular difficulty this has caused for the hospitality sector, and suggested that once the most vulnerable were vaccinated, a political decision would need to be made about whether to loosen restrictions in order to reopen the economy and allow people's lives to return more to normal.

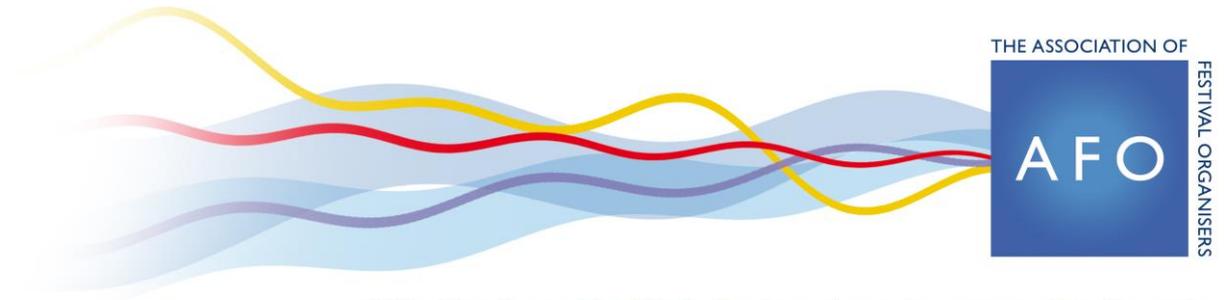
- The vaccination roll-out is managed by the NHS
- The first vaccinations of vulnerable patients began in hospital hubs on December 8. It will now continue to work through the previously publicised at-risk groups as part of Phase 1 of the vaccination programme, set out below:

1. Care home workers and residents
2. Everyone aged 80 and over, and frontline NHS and social care workers
3. People aged 75 and over
4. People aged 70 and over and those who are clinically extremely vulnerable
5. People aged 65 and over
6. People aged 16-64 with underlying health conditions
7. People aged 60 and over
8. People aged 55 and over
9. People aged 50 and over
10. People aged 50 and under



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- Although the vaccination programme has begun, the Chief Executive of NHS providers has [advised](#) that the vast majority of vaccinations will not take place until next year, as the Government only has a limited number of doses. There are currently 800,000 doses of the vaccine in the UK, enough to vaccinate 400,000 people initially
- During today's Select Committee session, Chris Whitty implied that he himself may not receive the vaccine for four months. As he is 54, this suggests that the last priority age group (listed above) may not receive the vaccine until April
- It has been reported that [mass vaccination centres](#) at conference centres, sports stadiums and leisure centres are expected to be established next year
- The Joint Committee on Vaccination and Immunisation (JCVO) [suggests](#) that the Phase II of the vaccine rollout might prioritise first responders, the military, those involved in the justice system, teachers, transport workers and public servants essential to the pandemic response
- [According to the BMA](#), the vaccine is given as two injections, 21 days apart, with the second dose being a booster. Immunity should then begin to kick in after the first dose but reaches its full effect seven days after the second dose
- There is currently no timetable for further phases of the vaccination programme
- In today's evidence session, Whitty said that they cannot provide accurate timelines for the planned loosening of lockdown restrictions, even with the above approach in place, as they will only learn through 'careful' roll-out of the vaccine how effective the vaccine truly is. It is unknown how effective it will be in terms of how long it lasts, and whether it prevents transmission as well as protecting the vaccinated individual
- He also said that we will not know until we have a significant amount of vaccines available until 2021. He expects 3-4 different vaccines to be available by the middle of next year
- However, he did imply that once the most vulnerable (perhaps, though not confirmed, levels 1-4 from the above list) have been vaccinated:
 1. Mortality rates subsequently fall (due to deaths being skewed towards the vulnerable)
 2. Hospital admissions will also fall

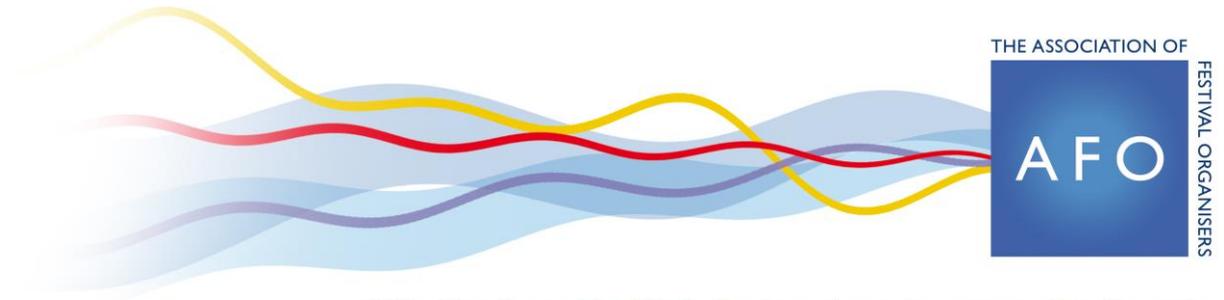


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- At this point he suggested that a political decision would need to be taken about the level of risk that was acceptable once the most vulnerable had been protected. For instance, would we loosen lockdown restrictions and accept that this virus will now exist like the seasonal flu, therefore allowing life to return much more to normal and restarting the economy
- He said clearly that for the next three months, there will not be sufficient protection in place to loosen restrictions as we go through what is already the most difficult time of year for the NHS. He likened the idea of loosening restrictions at this point to someone giving up the marathon at mile sixteen.
- DCMS have privately advised industry that they might be considering a potential April 4 (Easter) reopening date but there has been noticeably less talking about a date this early in recent days.
- How and when SAGE does advise on loosening restrictions will depend on the different models of success that we learn from rolling out the vaccines over the coming months

Impact on events and festivals

- It is possible that DCMS may provide some guidance on reopening, or even a 'no earlier than' date, but the Chief Medical Officer was clear that the next three months would not see significant change, and that decisions taken beyond that point would depend on the success of the rollout and political decisions about the acceptable level of risk as a result of that.
- They did recognise the significant impact this has had on the hospitality and entertainment industries. Chris Whitty said, "we would love to get really detailed information on this and give you the answer, but we can't give specific data on that and nor can anyone else across the world. It's a summation of association and the evidence base we've just described that points to that [hospitality] being a sector that is particularly likely of spreading. It is not alone in that. In all of this, the challenge has been, which bits do you keep open as every single thing carries some risk with it, and at what point to do you want to stop because you want to have this bit open or more of another, and eventually you end up with the disease spreading".
- He said there was an understanding that keeping people together for long periods of time while drinking alcohol would increase the risk of the virus spreading.



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Testing as a means to return to normality

- In terms of using testing as a means to make full capacity events possible (The Full Capacity Plan), Chris Whitty said that none of the tests that are currently available are ideal
- He said that if you are using an imperfect test to reduce risk, then you are going to be doing something that is helpful. But if you do it in a way that is going to increase risk, then that is not helpful. As an example, if someone was going to go to the supermarket or the hairdressers anyway, and they do a test, then that is reducing the risk. However, if it is used to do things they wouldn't otherwise have done, then it becomes a lot more complicated.
- He did not explicitly specify whether going to a live event would qualify as something you wouldn't "otherwise be doing"
- They discussed the possibility of reducing quarantine time for people who have come into contact with an infected person. It is possible that they move in this direction, but they cannot say for certain
- As with all aspects of this situation, he said, "it's always a mistake to say that this is definitely when something is going to end...I'm not expecting we'll be in a position to give a firm change this side of new year. But my hope is that we'll be accumulating more evidence over that time [to support making these decisions]"
- Earlier this month, Michael Gove denied that the Government had plans to introduce "[vaccine passports](#)" to allow people who have been vaccinated against the coronavirus to access places such as pubs and restaurants once a vaccine becomes widely available. He said that it wasn't the plan and that we shouldn't "get ahead of ourselves". His statement contradicted that by Nadhim Zahawi, the minister who has been tasked with overseeing the rollout of the vaccine in England

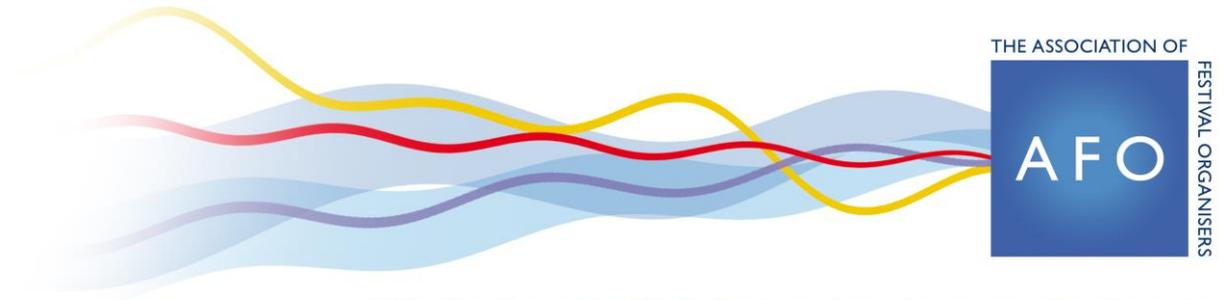
Possible vaccination timeline

Dec 2020

- Dec 8 - first vaccines delivered to vulnerable people in hospital hubs
- Dec 14 - vaccines expected to reach care homes

January 2021

- Mass vaccination centres established



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- Toughest social distancing measures to stay in place

February - March 2021

If Phase 1 has been successful:

- Further phases of vaccination rollout potentially announced
- More clarity possibly provided to industry on easing of lockdown restrictions

April 2021

- April 4 (Easter) - possible easing of lockdown restrictions (as per discussions with DCMS)
- Other age groups likely to be vaccinated, according to new priority groups

With thanks to

Emily Poole, Associate Director, Blakeney

and LIVE for the above information