

A BETTER WAY FORWARD:

COVID Elimination in Northern Ireland, a compassionate, effective and decisive approach



The Independent Scientific Advocacy Group (ISAG) for COVID-19 urges the government of Northern Ireland to adopt a COVID-19 elimination strategy in order to **reopen and keep open the economy and society**. An elimination strategy is an aggressive virus suppression strategy, as used in Australia.

The current approach to COVID 19 in Northern Ireland of ‘living with the virus’ means a recurring cycle of lockdown and release, with decreasing effectiveness and increasingly detrimental impacts on people and the economy, frustration of citizens, and business uncertainty. We are currently in the second lockdown, and further lockdowns are inevitable under this strategy.

The alternative is a COVID elimination strategy which experience elsewhere (e.g. Australia, New Zealand and countries of the Far East), as well as scientific modelling and the experience of the first wave, indicates is attainable. Achieving elimination of community transmission would allow social distancing measures to be lifted, revitalisation of the economy, health services to remove visiting and service restrictions, schools, arts and cultural events to function, the hospitality and entertainment industries to re-open fully. It would bring a sense of much needed normality for the population and allow the elderly and vulnerable to fully participate in our society. The most vulnerable have been worse affected, and need to see a way forward. ***COVID elimination is best for people and best for business.***

Elimination on the island of Ireland means effectively ending community transmission of the virus North and South of the border by bringing it down to <1 per 100,000. ***We can bring the 14 day infection rate down in NI in 45 days*** from 20 per 100,000 to <1 per 100,000 (the level at which restrictions can start to be lifted while vigilance as part of aggressive suppression continues). This estimate is based on the rate of decrease obtained in the first wave but would concentrate on high impact measures now available rather than lockdown: excellent test and trace and supported isolation; mask wearing; frequent testing in high risk sectors (including health and care); targeted mass testing; avoidance of household mixing; high community compliance with a clear elimination goal; and high business compliance supported by an inspection regime so that businesses who comply can continue to operate.

As we have seen already in the health service, treating COVID and keeping services Covid-free, even after all our unprecedented efforts to reduce its burden, is overwhelming the health service and its ability to treat other life threatening and debilitating conditions. COVID therefore has a huge knock on effect to the burden of other diseases. Only an elimination strategy can tackle this problem.

A public health response will only save lives if it is supported by a sufficient economic response. In addition to the economic shocks created by the pandemic, there is concern about the impact of exiting the EU for NI. The financial cost of addressing these economic consequences cannot be borne solely by the NI Executive. In addition to the UK government economic pandemic measures, this needs to be a joint project with RoI along the lines of previous economic peace and reconciliation or infrastructure projects.

What about the borders?

A cooperative approach between governments North and South will help shorten the time to achieve our goal. The two governments do not need to be entirely synchronised, in time or in the types of restrictions favoured. However, they need to follow the same overall direction. The border may temporarily be used (like any county or zone boundary) to restrict movement while getting the virus case numbers down. Measures allowing exemptions for people who need to cross the border for work or other purposes are possible, as is cross-border zoning that takes into account work and travel patterns, as happened in Australia.

Both jurisdictions, and especially NI, would ideally prefer to maintain travel for workers and families across the E-W borders with England, Scotland and Wales. However, ***the island of Ireland could use its advantageous island status*** by ensuring testing and quarantine for all arrivals. Borders only matter where they are between areas which differ greatly in their infection incidence, in order to stop people coming from a more infected area to a less infected area. If other UK countries adopt an elimination strategy (as favoured by Scotland and Wales), there will be no problem. If they do not, then testing and quarantine will be needed for those entering NI. This will be particularly important after elimination is reached when lifting of social distancing restrictions allows infection to spread more easily. This requires a community conversation. Inward travel for both work and family is already severely reduced under the current strategy –will NI residents be prepared to cooperate with quarantine in order to help their community and economy?

Other considerations

The prospects of being “***saved by a vaccine***” are increasingly being modulated by vaccine experts. While the prospects of a vaccine being marketed during 2021 seem good, it will initially be available only for healthcare workers and high risk groups, it may not have sufficient efficacy to break transmission and protect a high proportion of those vaccinated, and revaccination will be needed as immunity wanes. A vaccine combined with a Covid elimination strategy will be an extremely powerful Covid control strategy. A vaccine on its own is unlikely to solve our problems.

It takes as long to get from 100 to 10 cases per day, as it takes to get from 10 to 1 case per day, so the last leg will require ***persistence***.

Find, test, trace, isolate, support (FTTIS) systems need to develop not only general capacity and speed, but also the support (social and financial) for cases and contacts to isolate (without which testing and tracing cannot reduce transmission, and take-up of the contact tracing app will remain too limited). “Backward tracing” systems which provide more information about superspreading events and the main routes of transmission, mass testing at hotspots, and back up of sewage testing to check low community levels could all be utilised. Transparency of data output from these systems should also be increased.

The hospitality sector can be engaged in offering isolation and quarantine services.

The toll of deaths in NI to date (>600) is the toll DESPITE considerable (unprecedented) preventive measures. With a cumulative infection rate of less than 5% to date, the death toll if left unchecked would be at least 12 times higher. Moreover, as immunity may not last long, this can continue. The load of long COVID is still being estimated, apparently more than 10 times higher than the number of deaths, and affects younger adults not considered to be vulnerable.

Who are ISAG? (contact isagcovid@gmail.com)

ISAG (www.isagcovid19.org) was formed by scientists from Northern Ireland and the Republic of Ireland, working in partnership with colleagues in Britain and internationally, to offer a way forward which gives hope for everyone. Membership is open and we include public health, economics, social policy, data analytics and communications among our expertise. Based on our experience and expertise, the global scientific evidence base, and the experience of other countries, we are convinced that a COVID-19 elimination strategy is achievable and is the wisest course for all of us.

There are “Zero Covid” expert groups in many European countries and in the UK (Independent SAGE), all arguing for a similar strategy to be adopted.