All-Party Group on Coronavirus - Oral Evidence Session 21

Transcript by Communique Communications Ltd.

20th April 2021

Layla Moran MP

Well, good morning everybody, it is wonderful to be with you for this session, live session of the All-Party Group on Coronavirus. We have a very topical session for everyone today because we are going to be looking at first of all the wider landscape, the epidemiological landscape of the UK right now but we are also going to be deep-diving a little bit into an area that this committee has been concerned about for quite some time which is international travel. In fact, the committee first wrote with recommendations to the Prime Minister back at the beginning of August 2020, so nearly a whole year ago now, with our concerns that the way they were managing people coming in and out of this country and variants of concern and the potential for what we're already beginning to see across the World, we hoped that they would start to address it last summer, we're now approaching the next summer along and it does look like we're about to take the third lap around the track, as I think some of our Parliamentarians have been saying this morning. Are we destined to repeat the mistakes that we've made before? I hope not because that's the whole point of this committee and if not, what should we be looking at and what should we be changing. So I've got some fantastic panellists with us today. Our first panel will take 45 minutes and then we'll go to the second.

So let me start by introducing them, we have with us in this first panel Dr Stephen Griffin who is the Associate Professor in the School of Medicine at the University of Leeds, specialising in viral oncology and anti-virals, so welcome Stephen thank you for being with us. We also have Professor Deenan Pillay, Professor of Virology at the University College London and a member of Independent SAGE, you're very, very welcome. We have Professor Jon Deeks who leads the Biostatistics Evidence Synthesis and Test Evaluation Research Group at the Institute of Applied Health Research at the University of Birmingham, welcome. And last but certainly not least for this first panel we have Professor Lawrence Young, Professor of Molecular Oncology at the University of Warwick.

Well, thank you all so much for being with us today and let's start with a big picture question and I don't mind who answers this first, wave at the screen. Are we expecting a third wave? And if so, when? Who wants to take that one? Professor Lawrence do you want to have a go?

Professor Lawrence Young

Well Deenan's got his hand up, so let Deenan.

Layla Moran MP

Oh Deenan, yeah go for it.

Professor Lawrence Young

Then I'll follow on.

Professor Deenan Pillay

Sorry I was … but so my view is we're clearly you know doing a tremendous job in immunisation. I think that immunisation will have a very significant impact on at least the degree of hospitalisations, reduction of hospitalisation, for the current variant but possibly for other variants. What is worrying to me is that there remains a heterogeneity across the population both in terms of vaccination uptake, but also of course risk factors for being exposed to infection and getting disease and I think it is likely that future waves rather than being the generalised, of a generalised nature that spread around the country may become more localised in areas of disadvantage and my worry is that it's easy to forget those outbreaks but they're going to be very significant and I think the implication of that is to continue and enhance capture of all those who need to be immunised, you know being able to convince individuals who may be hesitant to be immunised, but as well put some thought into the importance of on-going test, trace, isolate and the ability to isolate for people who are in poverty, in order to mitigate against that sort of nature of the third wave.

Layla Moran MP

Thank you, that's really interesting and to the others if you want to come in on this, I mean I suppose what we're trying to get to here is you know what can we expect over the next coming weeks, is it inevitable that cases are going to rise?

Professor Lawrence Young

I think we're all expecting aren't we that cases will rise as a consequence of the changes in the last few weeks, but I think coming back to Deenan's point I think there are a couple of things. One is the issue about how we're managing local outbreaks, I think what we're going to expect to see in the coming months is local outbreaks and stressing the issue around the need to get test, trace and isolate really working effectively, particularly supporting people into isolation is going to become more of an issue. What we've done with vaccination, what vaccination has done in terms of heavy lifting has to a certain degree removed the link between cases and hospitalisation and that's the hope that that will continue. But I think superimposed on all of this will be something we'll come back to no doubt, is we just can't predict the behaviour of these variants and how they're going to impact both on outbreaks on the possibility of reinfection and on the degree to which vaccinations are protective against those variants.

Layla Moran MP

Thank you. Stephen do you have anything to add?

Dr Stephen Griffin

Yeah well I agree with everything that's been said so far. I think we mustn't be complacent and it will take some time for these changes to bed in, particularly the changes that are planned for June. I think you know our patterns of behaviour this summer, as we saw last year will reduce cases down significantly, we know this, however once we start mixing indoors again there is the potential for that to come back and we also know that this virus can come back from pretty low numbers in very

restricted geographical locations as we saw last year in the north of England and then later on when the Kent variant emerged. So it really is important to keep those cases down and it's fair to say that we really haven't got the cases down as much as we did last year yet so I would favour being cautious, preventing the importation of cases in particular and ensuring as everyone's said here that the vaccination programme is up to date, fast and it's really a race, you know if we can get our vaccination coverage sufficient in enough broad range and wide range of age groups, hopefully we can win that race, but we really can't run a straight race against this virus, we need to put everything in its path that we can to slow it down and that includes maintaining some levels of restrictions in my view.

Layla Moran MP

Thank you. Jon?

Professor Jon Deeks

I've got nothing to add.

Layla Moran MP

Thank you so much, exemplary. Philippa Whitford?

Philippa Whitford MP

Thanks very much Layla, I'd like to ask Professor Deeks a question and then others can signal if they want to add anything to it. We're going to explore the ethical and social issues around the domestic use of vaccine passports in our next session, but I just want to explore the practical issues of various options they're considering other than just the proof of vaccination. So if PCR tests are what is required at the border, should we really be relying on lateral flow tests to allow people into mass events and should a previous history of Covid on its own be taken as proof of immunity without a recent antibody test?

Professor Jon Deeks

OK, so the idea of using lateral flow tests or any tests which can only detect a proportion of the cases to allow people into mass events inevitably would lead to individuals being into those, getting into those events who have the disease and can spread it. So we only need to go back to the Rose Garden White House outbreak where they were using the Abbott ID Now test which is a sort of lateral flow molecular test, perhaps slightly better performing than the one we've got in the UK and we know the story there, I think it was 48 cases including the President and the First Lady were infected. So we have some observational experiments which can show cases where that sort of thing happened, so any situation where you're using a test which misses cases, which we know our current lateral flow test does, the only data we have on its use in mass testing as to how sensitive it is is from Liverpool pilot, where there were 70 Covid cases and it found 28 of them and of those with high viral loads it found 26 out of 39, so two thirds. So we know it misses important cases and that is going to be a problem if we use it for these venues, it would be far better to use the best technology possible to make sure we detect those cases.

So, in that issue that's a problem and it will occur again with vaccine passports, it's not a … going to you know if we're using that to show that you're free of disease we know that it will be missing some and that's been the key public health message, we've been trying to get out, that if you test negative on the lateral flow test it is an indication that you're safe and don't have Covid. Your risk has reduced, it's possibly halved of having Covid but it certainly isn't down to zero, so no, it doesn't seem like a good option. In terms of having disease I guess we're looking at results of studies like SIREN which have published showing how the disease rate in people who've had a previous infection has gone down, so that's the study in the healthcare workers and I think, I'm talking from memory here but it's a substantial reduction, maybe 80% or something like that. I think we've got more research to do to understand how well the antibody tests can actually predict that, but you know I think we're looking really at making sure we're reducing risk, so we're looking to make sure everybody has got the lowest risk they can have but we can't exclude risk with any of these tests or strategies.

Philippa Whitford MP

Are you concerned that it's, you know if you've had Covid up to almost six months ago then, and even perhaps quite a mild case, you would be considered immune when actually there's such a wide range of how long someone's immunity lasts?

Professor Jon Deeks

I think the data aren't there to substantiate that, shortly in the immediate period yes, but when you get into that length of duration, I think we're in uncertain territory so I'm sure others on the panel can give details on that too.

Philippa Whitford

OK thank you, does any of our other guests have anything they want to add?

Professor Lawrence Young

Only to come back to the point, I think the point of waning immunity is really important here actually because we still don't understand how long protective immunity lasts either in response to natural infection or indeed vaccination itself and as Jon has alluded I think the data at the moment is probably you get, you do get some protection up to eight months after natural infection but it's not the entire population. And this is one of the problems with trying to come up and sort of summarise immunity or infection at the population level, there's so much variability. The suspicion is looking at what's going on in other parts of the World with reinfections that actually you know the levels of antibodies don't correlate necessarily very well with that, and that's another big issue for us, we still don't really have good correlates of protection.

Philippa Whitford MP

And is that worse with people who had very mild or even asymptomatic Covid but that happened to get diagnosed for some reason?

Professor Lawrence Young

Exactly and I think that's a real problem when we start to think about the impact of reinfections, I mean there's been some reports recently, albeit low levels from CDC of fully vaccinated folks getting reinfected and I think again a concern on top of that is how these variants will behave in a group of individuals with waning immunity.

Philippa Whitford MP

OK thank you very much. Stephen?

Dr Stephen Griffin

Yeah I completely agree with all of that and I think as well we need to remember not to be complacent about the fact that many of us have only had one vaccination not two, in particular that's important potentially for the elderly and people with immuno-compromised scenarios, they may not mount as strong a response to the first dose of vaccine as they might after the second one. Generally speaking they do make a good response after the second one but we need to make sure that that is our level of protection that we aim towards and I think there has been a degree of complacency creeping in after people have had their first jab, I think that's something we really need to keep an eye on. And I think all of this as well including the testing, the passports and everything else speaks to the fact that we can't just concentrate on one measure in isolation to keep control of this epidemic. The best way of mitigating risk is to keep cases low and if we don't keep cases low all these other confounding factors will come into play as to whether the tests are reliable, whether vaccine mediated immunity is long-lasting or not. If we keep cases low, if we keep variants out then that solves the problem without having to even deal with the other things.

Philippa Whitford MP

And obviously it will be September before all adults have both of their doses, so we're a long way from that. Thank you very much all of you, back to you Chair.

Layla Moran MP

Thank you so much. Caroline Lucas.

Caroline Lucas MP

Thank you Chair. I wanted to sort of follow up with the specific example of what's happening in London right now because obviously we're seeing areas where there is mass testing for variants in certain London boroughs and I wanted to ask you whether you think that will be enough to drive down cases of these variants. I'm not sure who to go to first sorry, Professor Young, you're looking at me.

Professor Lawrence Young

Yeah, no … yes I mean I think surge testing is interesting isn't it in the sense that there are a couple of things, I mean one is it's the time it takes after identifying positives to get genome sequencing working, we might want to come back to that, I think that's a real issue in terms of the lag, but I think something we've already alluded to which is so important here is how are we going to guarantee that we're supporting individuals to isolate. We've seen lots of variable bits of data over the last few months about the proportion of people with symptoms and indeed with positive tests who are isolating, we can only stamp out the spread of the infection and of these outbreaks that are going to be inevitable over the coming months if we are really providing the appropriate support for folks to isolate and I think that's a real issue and something I'd like to certainly hammer home today, if we can do anything, if we could do one thing I think it would be to provide the appropriate financial support for individuals to isolate. That will stamp out the spread.

Caroline Lucas MP

Thank you, I can see others nodding is there any new point to raise, Professor Pillay thank you.

Professor Deenan Pillay

I fully agree with Lawrence and just adding something is about the granularity of identifying and the time lag between a sample being taken and then the genetic characterisation being done. And it does seem to me, and let's say that is anywhere between two and four weeks, so we could have a situation where four weeks after one of these variants has been identified there's what I think is a bit of a naïve assumption that testing should happen in the postcodes in London around where that was first identified and I don't know how anyone else who lives in a place like London, you know you don't limit yourself to moving within postcodes, so I do think that there does need to be a stronger underpinning of being able to much better monitor infections anyway, particularly as infection levels come down, and I'd just reaffirm what Lawrence has said, the essential component of supporting people to isolate. And in fact, you know incentivising people to get tested because at this moment in time asking people to be tested you know if I was someone where being tested positive would actually cause so much disruption to my life, the people I live with and work and income then of course there is very little incentive to be tested.

Caroline Lucas MP

Just to explore that a little bit further, so the case has been made several times about paying people more to enable them to self-isolate, when you talk about incentives are you talking about things like you know like they do in some other cities around the World where people will come and make sure that you've got food if you need it, that if necessary you could move to a hotel if you're in a home of multiple occupation, or are you thinking of something more specific than that?

Professor Deenan Pillay

That's a really interesting question and I'll verge into sort of more speculative thinking, but given the amount of money that's been put in, the reported amount of money into test and trace with the sole purpose to stop or limit transmission and we clearly the National Audit Office and others have shown that it's been highly ineffective, it almost makes sense to pay people to be tested and to support them to be isolating if we want to reduce transmission. That's an extreme example but nevertheless it is, I

think if money is going to be used with a purpose of reducing transmission we've got to be thinking about what is the optimal way to do that.

Caroline Lucas MP

Really interesting, thank you. Did Dr Griffin have anything to add?

Dr Stephen Griffin

Yeah, I'd just like to … I mean the mass testing is fantastic, it hopefully is enough to break those transmissions chains and I completely fully endorse supporting people to get tests, but a lot of this is trying to play catch-up and I think that a major factor in a lot of what we're doing, keeping things under review or chasing tests around the country as Deenan said, we won't win a straight race with this virus, especially with the lag time that we have. I think we need to prevent virus being imported into the country and I think that it's an absolutely critical point that Deenan made about travel. We're a small country, we're densely populated and I think perhaps the best example of this is where in that first lockdown around Leicester where travel was limited we really, really crushed cases very quickly whereas if you compare that to Greater Manchester last year clearly not the case, so I think it's really important that we can rapidly move to prevent rather than try and catch up and sort of make the best possible solution that we have.

Caroline Lucas MP

Brilliant, thank you very much. I haven't come to Professor Deeks but if there's nothing new to add then I know the Chair would probably be happy because we've got many questions to go through.

Layla Moran MP

Yes, indeed. I mean just if I can ask just a quick follow up of Professor, of Jon, mass testing, it seems to be the panacea at the moment, there's a million short-cuts that the Government keeps trying to take and the latest does seem to be mass testing, how reliable is it overall? Do we have any studies that show that this works?

Professor Jon Deeks

No, I mean this is one of the issues we should be looking at is where is the evidence for these interventions that we're using. I mean for this mass test that we're using, the Innova test as I said before we have the Liverpool study and we have the University of Birmingham study, that's a total of 78 cases where we know how well it detects them. That is absolutely outrageous that we're now testing the whole population based effectively on data from 78 people, which actually showed it doesn't work very well. So, yes it picks up some cases and if we weren't testing those cases we would miss them, so yes it has got some benefit but at what cost. I mean in South West at the moment I think we're down to, from the ONS figures, we're down to 0.09% prevalence and that probably means that in the South West we'll be using 10,000 tests to find one case in the next few weeks. I don't think that's a good use of people's time or money or public health capital to do that, there are far better things we could be doing going back to the let's fix the test, trace and isolate process. That is where we need to be. I think we often hear the soundbite from the Director General of the WHO which is

'test, test, test' he said last March but afterwards he said "test every suspected case, if they test positive isolate them and find out who they've been in contact with two days before they got symptoms and test those people too." We're not doing that, we've never done that. And that really is all in one piece of the document he wrote. We should be doing that rather than spending the money on testing so many people with a test which is going to find a few and risks being misused in many other ways.

Layla Moran MP

Thank you very much. Barbara Keeley.

Barbara Keeley MP

Go back to restrictions and the easing of them, the Prime Minister has spoken of the need to be cautious in our easing of restrictions, do you believe the current timetable is a sufficiently cautious approach? Who's like to take that? Professor Pillay.

Professor Deenan Pillay

I'll start. At the time I did think what was sensible was to have this five week separation between major steps to allow there to be a full assessment of the impact of that. It is, you know against that of course is the Government making clear certainly the Prime Minister making clear that these steps are irreversible as he said, "I'm going to be irreversibly drinking a pint of beer in a pub" whatever that means, but he, you know so I think we're on a one-way trip here, that's my reading of the political environment but I do think we need to maintain the flexibility to really be able to assess what the impact is, the inevitable rise in cases that there will be as we open up, the degree to which vaccination has really reduced the potential for hospitalisation and death and so I think care is needed, but there needs to be the ability to slow down the release of lockdown if need be. So data not dates I think is the right phrase.

Barbara Keeley MP

There's a few nodding heads, does anybody want to add to that? Dr Griffin, yes, Stephen.

Dr Stephen Griffin

Yes, I'd completely agree with Deenan. I think we should be including case numbers as part of our consideration as to moving forward through these standpoints. I think it's particularly concerning some of the changes that we might see in May and then later on in June where people are allowed to make their own choices regarding risk and things like that in terms of the number of people that meet outdoors. I think it's s important to emphasize that they're not just determining their own risk, they are potentially determining the risk to others and so I think that that sort of language can be slightly difficult for people to navigate, I think clear guidance is important. I think leaving people without clear guidance has caused trouble in the past and I think that they need to be clearer about those sorts of points in terms of the number of people mixing and where they can mix. Particularly when we start allowing mixing indoors, I think that's really going to be interesting to watch, but again the problem

that we have is that we have to wait to see what happens and so absolutely data not dates, completely agree.

Barbara Keeley MP

Yeah, and there's a time lag with that, yeah thank you. Any other points or shall we move on. OK thank you, thanks Chair.

Layla Moran MP

Deenan had his hand up.

Barbara Keeley MP

Oh right, yes.

Professor Deenan Pillay

Sorry very briefly, I mean there are some real concerns for me about you know the vaccination programme and I mentioned earlier about pockets of you know low levels of vaccination. So I know for instance that you know NHS data on vaccine uptake amongst healthcare workers in hospitals that in London there are a number of hospitals where the phrase has not, I don't particularly like, that BAME staff, only 50% of them have been immunised, these are patient-facing healthcare workers in hospitals and whilst that's happening, you know it's easy to forget that but you know these are major drivers of many of the sort of on-going issues that we had in earlier waves about nosocomial infections in hospitals and so on, particularly amongst disadvantaged, so I really do think we need to go slowly as others have said and in the meantime really work hard at tightening up some of these gaps that we're seeing.

Barbara Keeley MP

Yeah, thank you. Thanks Chair.

Layla Moran MP

So, thank you very much. On a very related matter, Baroness Masham.

Baroness Masham

What do we do about current Covid hotspots in the UK and what is driving this and what do we do if someone does not want to be vaccinated? I have in my household our young man who doesn't want to be vaccinated because he's lost his spleen. Who will answer that?

Layla Moran MP

So Deenan, you've had things to say about hotspots is there anything more you want to add before I give it to other people?

Professor Deenan Pillay

I think I've said everything, the only other thing is that when it's looked, the issue about when hesitancy, how to deal with the vaccine hesitancy and I separate vaccine hesitancy from anti-vaxxers, but vaccine hesitancy it does seem that it may be just a longer period of time that it takes in those individuals to decide to get vaccinated and over time … so I do think there needs to be patience but also of course the right messaging, the right engagement with different communities to really keep going with this.

Baroness Masham

Who should give them, who should give them the help and advice?

Professor Deenan Pillay

Well I do think this is a, you know this is a Government responsibility, the Government is responsible for enacting a policy and of course through the NHS but of course that needs to be, there is enough different people advising on how Government messages should be portrayed that I think, as is happening, is that this needs to be done involving local communities, involving the sort of arguments and countering the sort of arguments that are coming up, you know that is contributing to vaccine hesitancy, but of course as you say there are clinical reasons as well why people are not being immunised and of course that's a responsibility for all of us to ensure vaccination is as high coverage as possible to protect those individuals indeed who for whatever reason cannot be immunised or will not respond so well to immunisation, such as those who are immuno-compromised and so forth.

Layla Moran MP

Anyone else? Stephen.

Dr Stephen Griffin

Sorry, I just wanted to speak because I live in Leeds and I think it's very noticeable that the areas where infections have remained high despite cases going down across the board are pretty similar to what they were last year and we've seen that it can re-emerge from those as well. Of course we have vaccines now but I imagine it probably relates back to what we were saying about supporting people before in terms of getting tested and being able to isolate and I think that's going to be a major factor particularly in cities, particularly in more impoverished areas, I think it's critical that resource is put into that to tackle infection rates in these areas to stop it coming back again, especially if we're having trouble with vaccination compliance in certain areas.

Baroness Masham

I live in North Yorkshire and rural areas are a big problem because they don't have access to so many experts as maybe there are in Leeds.

Dr Stephen Griffin

Thank you.

Layla Moran MP

Thank you very much. Lord Strasburger.

Lord Strasburger

Morning, I'd like to ask you about herd immunity, there's been reports in the last couple of weeks that the UK has reached herd immunity, my first question is, is that correct? And the other question is what damage does the variants of concern do to the whole concept of herd immunity? Professor Pillay would you like to start?

Professor Deenan Pillay

I'll certainly give that a go. The terminology of herd immunity it relates and is widely accepted to say something about the amount of vaccination coverage needed within a population to limit the spread of an infection. My view is the term herd immunity has been misused and has started to mean different things to different people. But the idea of herd immunity that was for instance pushed by the Great Barrington Declaration some months ago was based on the concept that this was an infection which for the vast majority of people had no consequences and therefore fine to get people infected and become immune and in so doing create that situation that I've described before from a vaccination point of view, that the infection will no longer spread. I think this is flawed for a number of reasons and we've touched on some of these, for instance you know we don't know how long immunity lasts and so on, but also of course that this is not a mild infection or an asymptomatic infection, we're learning more and more about even in younger people how there can be very untoward consequences, so that is my view is that the concept has been flawed.

What's come into the news recently is reports of modelling undertaken by a colleague of mine at University College London whose model demonstrated that in fact if we maintain the current level, this was two weeks ago, the level of lockdown that the number of infections will remain low as a function of the number of people vaccinated as well as the number of people who would be immune from natural infection. That is a very different concept of herd immunity to I think what many of us would think and therefore I think that concept does not support herd immunity being generating some control of infection as we release the lockdown.

Professor Lawrence Young

Can I just add to that and I agree with Deenan. Most estimates have placed a threshold of between 60-70% of the population gaining immunity through vaccination or past exposure to the virus, but I think reaching that threshold is going to be very difficult, reaching that threshold as a stable threshold given what we've just discussed for instance about the level of vaccine hesitancy, the emergence of

new variants and even the delayed vaccination of children for instance. So, we still have a lot of unknowns here not least the fact that we don't know whether vaccines are able to really prevent transmission, most of the vaccines that provide sterilising immunity block transmission, we're still not sure about the level of that for these different vaccines and as we mentioned previously how long vaccine induced immunity lasts, but what we know from other coronaviruses and early data from SARS-CoV-2 is it seems that infection associated immunity does wane out over time so I think this does make the whole concept of herd immunity as something we should be reaching as a goal that will protect the entire community from this infection very, very difficult and I think I agree with Deenan it's a flawed concept actually.

Lord Strasburger

And do variants of concern further undermine it?

Professor Lawrence Young

Absolutely, I mean the big, you know there's lots of unknowns obviously, one of the concerns as we looked out to South Africa and indeed Chile and Brazil is people getting re-infected and that's a real issue, the degree to which that's a factor associated with waning immunity and/or the changes in these variants is something we still don't know, but it does compromise this whole issue of herd immunity.

Lord Strasburger

Any of our other guests, yes Stephen.

Dr Stephen Griffin

I'm not an epidemiologist but I think there is also a difference to be made, something to specify in terms of herd immunity to concept as to whether you're starting from the introduction of a new infection or a pandemic that's on-going at the moment and so I agree with Lawrence that it will be difficult to reach that threshold and of course the variants will have different numbers of susceptible people with immunity waning and what have you and so that bit of maths that dictates the level of herd immunity that you require is less but if you get cases as low as possible, even if you haven't reached as high a herd immunity threshold as you want, it will still effectively cut down the number of transmission chains that can occur and that again is another reason to maintain pressure on the number of cases as well as ensuring our vaccination is high. And I would also advise that we extend our vaccinations to school children because you know introduce it with our annual vaccines that we do every year because that ensures that there's a pipeline of at least partially immune populations coming through the pipeline if you will that will ensure that we hopefully never have the series of devastating outbreaks that we've had recently.

Lord Strasburger

Professor Deeks did you want to add anything? No, thank you very much. Thank you Chair.

Layla Moran MP

I have a follow up for Professor Deeks which is can these variants of concern also escape testing?

Professor Jon Deeks

Well they can, each one needs to be looked at individually and assessed against the tests as to whether or not it's going to be covered by that test. So some of that can be done by the molecular understanding of the variant, others of it needs empirical evaluation and it needs to be looked at quite

carefully. I know Porton Down are doing this in small sets so it is being considered seriously, I'm not up to date on the exact findings from all of that but it is an issue.

Layla Moran MP

Yeah, so coming back to questions that we've had before, we've now got a number of different variants that we are concerned about, some of them variants of concern and some of them variants under investigation. Is it possible that they have different levels of specificity and what was the other word …

Professor John Deeks.

Sensitivity.

Layla Moran MP

Sensitivity, depending on the test, so the Innova test that we're all being asked to do at home, the mass testing all the rest of it, is it the case that actually all the ones that we're concerned about at the moment have the same parameters or is there already differences between them or do we not know?

Professor Jon Deeks

I don't know the answer to that question, I don't know whether others do.

Professor Lawrence Young

I don't think anybody does, and I think given the way that the lateral flow tests work it's very likely that some of these variants will not be detected as sensitively or as specifically but I guess we just don't have the data.

Layla Moran MP

Thank you, and just a very quick follow up perhaps to Lawrence or anyone else. Is what I'm hearing correct which is that we could vaccinate the vast majority of the adult population in this country and still not get to herd immunity, is that the thrust of what was being said just now?

Professor Lawrence Young

I think it is, I think the concept of herd immunity in the context of a new infection, it comes back to Stephen's point actually is a very difficult one in this context and I guess …

Layla Moran MP

I think the vast majority of the public are seeing right 50% of the country has been vaccinated, well 50% of the adult population have been offered a vaccine and the first one and they're equating that with the figure that they're hearing about herd immunity, so the 60-70% figure, those are absolutely not, they cannot be read over, so do we, I mean in the best case scenario what proportion of our population do we need to vaccinate to hit the 60-70%, presumably it's more than 60-70% of the population because not everyone gets the same level of immunity, have I understood that correctly?

Professor Lawrence Young

Yes.

Layla Moran MP

Thank you I just wanted to sense check that.

Professor Lawrence Young

You have.

Layla Moran MP

That's quite important.

Dr Stephen Griffin

Can I just say that you know the idea is for it not to become something that people become complacent about and say we've passed a certain threshold, what we need to do is aspire to get that number as high as possible and because you know a mathematical calculation can tell us one thing but as you rightly said biological variation means that is uncertain.

Layla Moran MP

Thank you very much and finally can I go to Lord Russell.

Lord Russell

Yes, thank you very much. We were talking earlier about the test, trace and isolate system and the degree to which it is or it isn't working, given what we've just been talking about now which is that herd immunity is a concept and no more, and this isn't going to go away, it sounds as if the test, trace and isolate system will become more important rather than less important. Given your understanding of its functioning at the moment, what needs to change, be as specific as you can, and how. Could I start with you Professor Lawrence?

Professor Lawrence Young

Yes, I think we've obviously discussed at some length now the issue of supporting folks into isolation, I think there are a couple of things. I mean one thing that worries me particularly with surge testing is what qualifies for surge testing, my understanding and I'm prepared to be corrected by colleagues is that at the moment we surge test for when we decide that we have a so-called variant of concern, not a variant under investigation, so for instance at the moment as I understand it the degree to which we'll be surge testing in theory for the Indian variant will be perhaps not to the same extent as the South African variant, so we need to get that right. We need to speed up as Deenan has highlighted the way that we test and I understand at the moment that PHE are looking at more specific PCR tests so that we can identify variants very rapidly without having to, having this delay in sequencing. So I think it's absolutely right that we should be putting much more effort into test, trace and isolate. And as Jon has alluded to I agree, I think we're spending an awful amount of money and time on lateral flow testing everybody, wouldn't it be better if some of that was redirected to support the test, trace and isolate system?

Lord Russell

Thank you Lawrence, Jon anything to add over and above that?

Professor Jon Deeks

Yes, several things. First of all the symptom set has stayed the same for a long time and there is quite a lot of discussion that the actual symptoms which are associated with coronavirus are quite a lot wider and it needs to be expanded. I know where I am in Birmingham, in Dudley and Sandwell they are expanding the set of eligible symptoms, they have seven on a B list which you can go and get tested on a PCR for, but that's not seemed to be considered at a national level. The other issues are times, it's actually we've not actually improved our times in terms of getting results through, this positive use of lateral flow tests is actually to stick them in test and trace centres and use them as a test alongside PCR so if an individual got tested at a test and trace centre with both PCR and lateral flow they can wait for the results, they'll get it in 30 minutes, if it's positive it will be almost certain that they have the disease, there won't be that many false positives, if it's negative you'd have to wait for the PCR, but if that was paired up with contact tracers actually in the test and trace centre the whole process of getting in touch with contacts could be increased by four days, it's 96 hours I think was the figure at the moment to get in touch with contacts, so and then you should be testing the contacts, this is something we have not been doing, and then you should be tracing the contacts of the contacts – that's how contact tracing works. And it's probably best done at a local level and not from a call centre to actually get the best uptake. And you should be looking to support people, whether it's actually working with supermarkets to ensure that people who are isolated can get home deliveries very easily and free of charge, there's all sorts of individual needs which people have. So I think the research done from King's, from Louise Smith and her team just published in the BMJ at the end of March was an excellent survey showing all of the reasons why people do not adhere to isolation or giving details of the contacts, and we should look at that and learn from it and change the system to fit it.

Lord Strasburger

Thank you. Stephen, anything to add?

Dr Stephen Griffin

Yeah, I completely agree the local approach would be much better with dedicated contact tracers and reverse tracing, I think that's something we've been missing, it means that transmission chains aren't interrupted, if you look at how well Germany did last year, I know they're experiencing a huge surge at the moment, but their testing systems are still excellent and I think I agree, lateral flows should be targeted, there's no point testing populations with very, very low levels and yeah it's about the logistics, our testing capacity and the ability to actually do a PCR is incredible, but it's about getting those results through and what they mean that's the problem and again supporting people, absolutely incredibly important.

Lord Russell

Thank you. Deenan, anything to add?

Professor Deenan Pillay

Just something around actual testing, I've been really disappointed in the lack of progress in developing better near community, near patient as it were testing using molecular techniques. There was a lot of hype earlier on, we all saw the headlines of DNA nudge and this and that and the other which just haven't gone anywhere. I also know there are some real-time molecular testing that is well used around the World, for instance tuberculosis which is quite a complicated thing to test for given the nature of the bug, but that technology has not been transferred to Covid-19 so I think that has been, would be come to be seen as a failure of the development of the life science development progress.

Layla Moran MP

What do you mean by molecular testing Deenan, I'm sorry I'm not familiar with that term?

Professor Deenan Pillay

I'm sorry. Molecular testing is as PCR which detects the genome of the bug rather than lateral flow testing which detects a protein on the surface and is generally less sensitive as Jon has alluded to and discussed at length. So it is about in general these are more sensitive techniques for detecting and that is of course why we are in a fix because of course lateral flow tests as we've heard are not performing nearly as good compared to PCR, but of course PCR at the moment requires big laboratories and there's therefore time lag between getting the sample to the laboratory and getting results back.

Layla Moran MP

I see, so what would we need to do to fix that, is it research in this area specifically?

Professor Deenan Pillay

My view is the diagnostic industry works at low margins, it's unlike pharma, big pharma, and I think therefore the State does have a role in helping to develop new technologies and of course we're not, when we come to the end of Covid, we'll probably never come to the end, we'll always need to be screening, but in fact this provides the opportunity to think of how we can more rapidly test and survey the population for other infections as they come up, but using tests which actually are much higher quality than the mass testing structure we have at the moment.

Professor Lawrence Young

But those rapid, as Deenan you know, those rapid PCR tests exist, it's just the cost I think and I think there is that bigger issue that Deenan highlights which is how do we build a more sustainable approach to diagnostics within the UK, that's something we don't have, that's something we look to in Germany actually where the engagement between academia, industry and public health worked really effectively, that's something I think we need to pick up in the future. But there are very, very effective rapid PCR tests that can be used but are very, very expensive and I think that's the issue, cost.

Layla Moran MP

Thank you. Jon.

Professor Jon Deeks

Just to say we came across some of these in our Cochrane Review which is published a couple of weeks ago and so there's the Expert Express and SAMBA II and DNA Nudge and I think a lot of it is also capacity that none of those platforms will, that they process one sample at a time or it may be in batches of 16 and they take an hour or two hours to do that number, so they have a role in maybe in places like care homes or something like that where that's an adequate daily capacity to deal with, but for mass testing like we've been talking about they won't actually be able to deliver in their current format.

Layla Moran MP

Thank you and we have one very final quick question from Debbie Abrahams. Debbie.

Debbie Abrahams MP

Thank you so much Layla and afternoon everyone. My question is really around international cooperation and collaboration around surveillance of emerging variants and I appreciate WHO are currently consulting on this but what I've been hearing from former colleagues is that it's not as good as it should be and if we think about the sort of, what's been said about the highest rate of infections that we've seen so far globally, what do we need to ensure that this is as optimal as it should be?

Layla Moran MP

Anyone? I'm not sure who's best place to …

Professor Lawrence Young

Well I think this is a real issue, if we're thinking about for instance detecting variance then sequencing capacity around the globe is very, very variable. I understand that it's fewer than 1% of cases in India for instance that are being sequenced and actually some of the collaborative work that has been initiated through the UK COG Consortium is now, is sadly compromised because of some of the funding cuts to the overseas budget, has really impacted directly now, in real time. Actually removing funding from existing projects that were helping to support sequencing in other parts of the world and I think given the fact that we have that technology so well developed in the UK we do have a responsibility to support other countries and that's been compromised, sadly.

Professor Deenan Pillay

I mean I'd just agree very much with Lawrence there with the ODA, their actual project specifically to do this that have been cut through that. But I mean it also makes us realise that when we talk about the South African variant, the Brazil variant and so forth, this is only because there is sequencing capacity in those countries that have identified it, it does not mean that these originated from South Africa or necessarily Brazil and you know we are at this moment in time seeing pretty near the maximum number of global rates of infection as there's ever been during the pandemic, so these will be being generated all over the world and borders are opening and so forth and so I would fully support the concept that really you know surveillance around the world needs to now be for these sort of things, genetic surveillance.

Layla Moran MP

Excellent, thank you. Stephen.

Dr Stephen Griffin

And just as well though we also have a responsibility within the UK to maintain surveillance, I mean if you think about B.1.17 possibly one of the most devastating variants that's actually emerged and it emerged here in the UK and thankfully it was spotted but that's now seeded infections around the globe, so we need surveillance everywhere, it needs to be networked and it needs to be efficient.

Layla Moran MP

Thank you, and Jon, nothing more to add. And on that note and thank you for your patience, we've run slightly over but as predicted it's been incredibly rich and important so thank you all for your contributions. You are very welcome to stay however if you do go we shan't be offended, you're very busy and important people so feel free to do as you wish, but again thank you so much to Jon and to Lawrence and to Stephen, thank you so much. Deenan stays with us for the second panel and I'm also going to introduce Dr Gabriel Scally who is here with us, he's a Visiting Professor of Public Health at the University of Bristol and a member also of Independent SAGE and very welcome is Lucy Moreton who is the Professional Officer for the Immigration Services Union which represents border immigration and customs staff in the UK, so welcome to the second panel, we'll aim to run for no more

than 45 minutes and thank you in advance for your patience. Let me know if having gone over that poses a problem for you at the end.

So I'll start perhaps with our public health experts if I may and then Lucy we'll come to you afterwards with questions specific to your area, but with a similar question to the first question I asked the last panel, we heard about you know we are expecting that cases are going to surge as a result of the various restrictions but specifically on international travel, how worried should we be? We've got currently the list of green, amber and red, how worried should we be about reds and how confident can we be about greens? Gabriel. I'm afraid you're on mute.

Dr Gabriel Scally

You summed it up yourself I think, you know I don't believe in reds and greens I believe in quarantine or not quarantine, there is no such thing as a half quarantine, you can't do it by half, you either do it properly or don't bother doing it at all which of course has been the UK's position for far, far too long and we know enough about international travel to know that, and what happens with travel during this pandemic, that many of the people who are travelling are people travelling back to a country, to their country that they're citizens of and they very well know how to get to that country by the most useful route for them and we don't know necessarily where someone starts their journey, we don't know where they've transited, we don't know what transport they have used to get to and from particular places and I think this is a particular problem in a holiday season as we're heading into with people going on holiday to holiday destinations which will be an international mixing pot almost by definition. So, whether a country is green or red to me as a public health doctor I'm not interested, I'm interested in managing the isolation of people arriving from abroad at this time.

Layla Moran MP

Thank you very much. Deenan.

Professor Deenan Pillay

Very little to add to Gabriel, I mean I'm also aware when I see pictures of Heathrow Airport and despite you know in the immigration hall indoors people queueing for hours and hours and then going off to their you know amber or red quarantine that makes a nonsense of things.

Layla Moran MP

Thank you very much. Well on that note, can I pass to Lord Strasburger.

Lord Strasburger

Thank you Chair. Lucy I've got several questions for you but of course the other guests are welcome to contribute if they feel they have something to offer. Can you tell us how many people are entering the UK at the moment and …

Lucy Moreton

I'm sorry, my understanding is about 20,000 a day at the moment, the majority of which are hauliers.

Lord Strasburger

Right and where they should be complying with quarantine or managed quarantine have you got any notion of how well that's happening?

Lucy Moreton

Little to none, unfortunately. Evidence to previous groups and to the Home Affairs Select Committee has suggested that less than 1% of those who are required to isolate at home are checked. We know from feedback from our members that people who are coming back for home isolation are not always clear that that is different from the lockdown isolation, you can't go out once a day for exercise for example. There is better checking at a hotel but we do already know we've had people who have just left the hotels before the quarantine period has ended.

Lord Strasburger

Perhaps you could take us through the process of checking people when they arrive, because I don't think we understand that.

Lucy Moreton

There are two levels with which a Border Force Officer has to check someone who's arrived, so the first is the straightforward immigration checks, is this individual the person who's described in the documents that they hold, is it the person in the passport, is the passport intact, unaltered, undamaged, do they have right of entry into the UK, if they don't on what basis are they seeking entry and do they qualify for that. Separate to that we then also have to do, do they have the pre, the 72-hour pre-departure Covid test, have they completed their passenger locator form correctly and in full, have they booked the two tests, the day two and day eight tests that they're required to and if they're in a hotel or supposed to have been in a hotel have they booked that. So that's quite a lot of different bits of paper that are not combined, so it's a lot of separate checks.

Lord Strasburger

And presumably you're looking at documentation from all over the World, how able are you to verify for example proof of the negative test?

Lucy Moreton

We're not, is the simple answer. It's predominantly taken on trust. We do get a hundred or more a day or fake Covid certificates that we catch and the reason we catch them is there's a spelling error in it somewhere, they have to be in one of four languages, Border Force Officers speak English thankfully, so if it's in English and there's a spelling error you've got an outside chance of spotting it. If you happen to speak one of the other specified languages and you can spot a spelling error then you might see that as well, otherwise they're taken at face value, do you have that bit of paper or email or something on your phone that broadly suggests that you might have taken a test. There are a series of code numbers and the public health colleagues will know more about what they mean than I do, which defines exactly what type of test it is and the Border Force Officer has a list that they can check it against. But these things are very easy to knock up electronically unfortunately.

Lord Strasburger

So if you're catching about 100 a day, can you make an estimate of how many you're not catching?

Lucy Moreton

It's inherently unknowable. We don't know what it is we don't know. A lot of the border and immigration and migration and quarantine controls are based on trust. We trust people when they say they've not been in a red list country in the last ten days. We trust people when they say that they're going to go to 2 Acacia Avenue to quarantine. We trust both that there is a 2 Acacia Avenue that they're going to go there and that when they go there they're going to stay there. The whole thing is all based on an assumption that people will do the right thing, but I'm not sure that the behavioural … the behavioural studies actually indicate that people do.

Lord Strasburger

So how confident are you that the risky passengers are being weeded out?

Lucy Moreton

I'm not certain there's any way to know that. It's already been alluded to, you've flown on a plane with lots of other people, if you've been in a destination where that in itself has been an international mixing ground, you've come through an airport for example, then you've stood in the arrivals hall for three or four or five hours, we know that it's not possible to segregate people from red, amber and green, they're going to mix, it's a confined space, yes there's air conditioning but it's still a confined space. Even if we separated that one risky passenger out at some point in that journey my understanding is that transmission could have occurred at any point, so we're not, we're not truly isolating that risk.

Lord Strasburger

So you seem to be saying that the very process itself is a bit of a breeding ground for infections.

Lucy Moreton

Right now, very much so. When it's so slow and the queues are so bad then absolutely it's a significant risk both to our members, the Border Force staff that are doing it and to the travellers that are standing in those queues and whilst we're required to check 100% of arriving passengers and very happy to do that if that's what Government directs that we do, the lack of e-gates, the delays, even if a traveller has all their documentation ready to hand and it's all in order that's going to create a level of queueing on its own. If they haven't complied in some respects and many haven't, or they haven't got it to order and they've got to go and look for it, that transaction time can shoot up to 30-40 minutes an hour per passenger. The knock-on when you've got several thousand people in the immigration hall behind them is inevitable.

Lord Strasburger

So, it's perfectly possible from an infection point of view that the very process of checking these passengers is a greater risk than not checking them.

Lucy Moreton

I don't have the science to know whether it's a greater risk or not, but it must inherently be a risk, if you have someone arriving from a country where you don't have to go into a hotel quarantine who has managed to catch the virus from someone who does, you may have isolated that individual who's got to go into the hotel, you've found them, you can trace their contacts but the person who bumped shoulders with them in the airport who's just vanished off into the wide blue yonder, you've no way of knowing who that is.

Lord Strasburger

Right and a lot of people may well have picked up the infection in the immigration hall while waiting. What's the level of delays at the moment, what are the queues like at the moment?

Lucy Moreton

It depends on the location, but on average we're seeing, we're seeing two or three hour delays at the large locations like Heathrow, I'm mindful that the airports themselves count the delays differently, so where they are talking about six and seven hour queues, they're talking about from when you get off the aircraft to when you leave the airport, whereas Border Force only count the queue that they can actually see, the queue in the immigration control. So that's why our figures suggest two to four hours and airport figures suggest six to seven hours. But inherently we can't count what we can't see, so if the queue is beyond the outside edge of the arrivals hall we're not counting that. And of course we're not counting how long people are spending in toilets, sitting down and having a cup of coffee and all of those other things that you do as you move through an airport.

Lord Strasburger

And currently travel volumes are still very low aren't they?

Lucy Moreton

Extremely, a fraction of what we'd normally see.

Lord Strasburger

And when they start to ramp up in the summer, have you got the extra capacity?

Lucy Moreton

No, we do not. It's not as much as issue of staff, we've got the staff but we can't fully man all the arrivals controls without putting the staff at risk from each other, so our own Covid security to keep our staff Covid secure from one another prevents us from manning a full arrivals control. We can't manage it now, there is absolutely no way that we can manage any increase in demand without there being an associated very significant increase in queues.

Lord Strasburger

That's a very troubling picture, thank you very much and thank you Chair.

Layla Moran MP

Thank you very much, I've got a couple of follow-ups, can I just double check Lucy so on the trust issue as much as we'd like to be able to trust absolutely everyone, other countries are putting in sort of secondary checks, is that not happening at all, sort of spot checks of one in every thousand just to deter people from bringing in fraudulent papers or is there just not that system in place?

Lucy Moreton

We check 100% of arriving passengers, that should pick up some of the fraudulent documentation, not by any stretch of the imagination all of it. But some of it. There was originally through test and trace a telephone check that people had isolated when they got to their address, but that was less than 1%. It then fell to Police who were supposed to go and knock on doors and double check and again I think the evidence before the Home Affairs Select Committee late last year was that had only happened something like five times in the preceding few months. Home Office does propose to engage a contractor, Mighty [ph 1:13:28.3] to do these checks but I don't know on what basis that contract, it's under negotiation now so I don't know if they're asking them just to telephone them or if they're actually asking them to go visit, go see if these people are there. If you phone them up, are you staying at 2 Acacia Avenue, yes I am. What's all that background noise then? Oh it's the television. There's nothing you can do about that, you've got to trust them.

Layla Moran MP

And the Government today has released its plan for re-opening of e-gates saying it's going to be linked to passports, are you happy with the plan as is, do you have concerns about details in it, what's your thoughts about the current plan?

Lucy Moreton

Being able to reopen the e-gates will make a massive difference to queues, so on that level yes I'm very happy that reduces the risk to staff and the risk from travellers to each other. From the perspective of is that going to increase or impair Covid security at the border it's going to impair Covid security. The machine can't check the pre-departure test certificates, it will rely on you having ticked a box on the form that says yes I promise faithfully I've done it. We know people aren't complying now, we know we've got fake pre-departure tests now, if all you have to do is tick a box that's actually going to get worse, but it can check at least that you've completed the form in full, not that it's true or logical or verifiable but you've at least put the words in the boxes. And that you've booked your tests.

Lord Strasburger

You've painted a picture which is not very pretty. If you had a free hand how would you change it to improve it?

Lucy Moreton

I don't have enough science base and also to a certain extent I can look at it from two angles, one as a citizen of the UK wanting to be as Covid secure as possible, but also as the representative of my members who I want to be as safe as possible. So, whilst I appreciate the offer I'm not certain I'm best qualified to give that option.

Lord Strasburger

I wonder if our scientists have a view on that. Dr Scally did you have a view? You're muted Dr Scally.

Layla Moran MP

Yeah, I mean perhaps Dr Scally I could ask you something more specific, from what you've heard from Lucy can you tell us what are the points of most likely transmission in what she has just described?

Dr Gabriel Scally

Well all the way through I think, I can't see anything … anything that is particularly bio-secure at all about it. And clearly … Lucy may well be able to say but it sounds to me particularly if we are re-opening e-gates that what we're trying to do is run a system designed for normal times in extraordinary times and from the queues without the extra space, without improved ventilation, all of those sort of things that should be taking place, if you are going to do this. But, my preference would be to have a properly managed system whereby people booked their arrival in advance, they sought permission to come in advance, the documentation was provided in advance and it could be checked in advance so that you would really try and remove as much of that waiting time and the crowding together of people as possible and you would have the transport available immediately to take them to an isolation facility. That's the sensible way in my view to do it, but I'm not an expert on running immigration controls and I'm very, you know I'm very clear that we do need proper, what used to be called Port Health Controls in place and the Port Health legislation seems to me to have been shown to be entirely out of date during the course of this pandemic and urgently needs a review.

Layla Moran MP

Thank you. Deenan, I wonder if you could comment, or Gabriel forgive me if you might be better placed, we've had a summer of this already, we had a summer where people were jumping on flights, going across the World, mixing in halls, do we have any evidence now from the last time we had this en masse for how much transmission happens during flights and then subsequently in transit, does that exist in any literature?

Professor Deenan Pillay

Yeah there is some data coming out. I must say you know what I've heard from Lucy is just extraordinary and whilst we're getting a bit fixated on whether we're green, amber, red zones around the World it seems that by far the biggest risk is just travel full stop, you know because it is that travel that you know whether it's getting on Tubes to get to the airport or whatever, getting to the airport and so forth is a big risk. What has become apparent over particularly around the issue of the spike on infections in India is that over the last month a good demonstration that planes coming from India to both Canada and Hong Kong have had a number of individuals there who are infected, in fact identifying likely transmission within aeroplanes by looking at row numbers and proximity of individuals.

Layla Moran MP

There was 47 on one flight was there not?

Professor Deenan Pillay

That's exactly right and interestingly in all of those cases as Lucy identified the need for testing before coming onto the, getting to the airport, had been done, you know there was so-called documentation around that and so it's very, you know the system is very leaky so both about people who may for fraudulent reasons or just because the tests are not so good or the swabs have not taken, have not been adequate, you know come into the aeroplane with negative tests, then the whole risk of transmission within the travel process, in this case long-haul flights, and then of course those infections being brought into the country. I should just add that BBC had a very good programme last week identifying the out-sourcing of the testing of individuals who are then quarantining once they come to the UK and that is an out-sourced process which by all accounts there was evidence that that is working very poorly in terms of the ability to get a day two and a day eight test in many cases no test kits arrived and so forth. So, that's lowered the confidence I think as well about that and of course that is being paid for by individuals.

Layla Moran MP

And Deenan, the other thing I wanted to ask you about that Hong Kong case was my understanding is the vast majority of people in that actually weren't discovered to have Covid until an average of 12 days after they'd landed, which in my head brought into question the whole test and release scheme but also you know day two, day eight, well if they're not, you know have enough of the virus in them to be detected until day 12 should we be worried about that?

Professor Deenan Pillay

Yeah it's very difficult and there's not been full, I've not seen the full sort of scientific … the documentation of that it's just press reports I've seen, so you know and I take everything, you know with a healthy pinch of scepticism until I've seen that as to precisely when infection is likely to happen. But my conclusion is both the system is very leaky but also that the process of travel is itself a high risk activity.

Lord Strasburger

I just wonder Layla if any of our panellists would say that they're happy to engage in international travel themselves anytime soon?

Layla Moran MP

Lucy?

Lucy Moreton

No.

Lord Strasburger

It's gone very quiet.

Lucy Moreton

Certainly not something that I as an individual right now would feel comfortable with.

Dr Gabriel Scally

Absolutely not, no I wouldn't, I wouldn't travel internationally.

Layla Moran MP

Deenan is shaking his head as well. And on a related matter, Susan Masham, Baroness Masham with her question, or has she gone?

Baroness Masham

My question is what is the value of a Covid test taken 72 hours before travelling and the example of the case from India to Hong Kong where there was a variant and 27 people got infected. Who is collecting the data, it's all very complicated.

Layla Moran MP

I think it was yeah 47 people that had been tested before so can we rely on a test taken 72 hours before getting on a plane Deenan?

Professor Deenan Pillay

Well I think as we've said before and Lucy identified, there are a number of reasons why someone may have a negative test, it may be that they're not infected, it may be that the test has for whatever

reason not been done adequately and all these tests, you know I'm sure many of us have now had the experience of having a swab, a cotton wool swab stuck up our nose and put at the back of our throats, it's not a pleasant thing, particularly self-swabs are not a pleasant thing so the quality of the swab and then the third thing which may give a negative test, and the third thing is which I think is probably a very real risk is fraudulence. Any one of us who've had teenagers over the last 15 years will know about ID, identity fraud in terms of getting into pubs and from what Lucy has just described, I didn't know this, it seems it's relatively easy to make up a report of a test.

Baroness Masham

And does the test work for various variants or do you need different tests?

Professor Deenan Pillay

At this moment in time it is thought that the tests that are used in the UK for instance would identify that, a molecular test, a PCR test would identify that, so there's no evidence to date that these variants would avoid a detection, there are some nuances around that but that's in essence that's the case, but of course for each variant that comes up this needs to be assessed.

Layla Moran MP

Thank you, sorry Gabriel you wanted to come in.

Dr Gabriel Scally

Well I was just going to say, three days is a long time I think in the sort of history of this infection anyway and there is no reason why someone, unless Deenan wants to correct me which he does often, is that my concern would be that it's perfectly possible to be negative three days previously and be infectious when you travel.

Baroness Masham

What would you suggest would be better?

Dr Gabriel Scally

I'm not sure that there is any system of pre-flight testing that would be satisfactory. I think the issue of … there is no, I think one of the problems is there is no one answer to all of this, it requires a whole string of stuff which includes bio-secure travel facilities where it has to happen, managed isolation where it is needed at the other end. Testing can be part of an overall regime but as so often in the responses to this pandemic we've seen a fixation with the one answer, whether it be lateral flow tests or three days before, it needs to be an organised pattern and you can see from Lucy's excellent description of what goes on that this is not an organised well-designed system and we do need a systematic approach rather than looking for the one thing that works. Because we'll never find it.

Baroness Masham

Do you think the countries are working adequately together or could they do better?

Dr Gabriel Scally

Well international cooperation on travel is a very difficult issue, I think it's quite remarkably difficult. WHO has had a fairly liberal position on international travel which has surprised a very large number of people, the European Union takes a very tough attitude from the European Commission that is towards international travel saying that they do not want to see any EU countries impose restrictions on travel at their borders, most recently writing to Ireland because Ireland has introduced managing quarantine and they have previously written to six countries I know of complaining about impediments to international travel, they seem to define the freedom of movement within the EU to be absolute freedom at any time to move anywhere, which I don't think it was ever meant to be so described. So, I think there is a real problem with international cooperation and taking a view on international travel which is amazing given the long centuries old history we have of quarantine that we haven't got a quarantine, that we haven't got quarantine arrangements sorted out and the international travel regulations were reviewed not that long ago but they clearly will have to be reviewed again, and another look at this. Because I think it is absolutely correct that anywhere around anywhere in the World we should have on public health grounds the ability to prevent movement of people because it's movement of people that generally spreads the infection, so we should be able to introduce quarantine when it's in the interests of saving lives and livelihoods, whether it be a county border, a state border or a countrywide border, we should be able to have the ability on public health grounds to restrict travel.

Baroness Masham

Thank you so much, you're doing such an important job.

Layla Moran MP

Thank you, Baroness Masham. Lord Russell.

Lord Russell

Yes, thank you. This question is in two parts, the first one is for you Lucy and if the answer is no, just say no. If you look at other countries which clearly will have some of the same challenges we do, particularly with airport entry, is there anything we can learn from any of them which has any application here or no?

Lucy Moreton

Not that I'm aware of but I'm not intimately familiar with the entry routes for every country I'm afraid.

Lord Russell

OK well it would appear to me as part of international cooperation it would be helpful if everybody knew because I'm sure there will be pockets of best practice or emerging good practice elsewhere and it would be jolly helpful if we knew about them sooner rather than later. The second question is to do with the situation in Chile, as we know Chile has been very successful on the face of it with its

vaccination drive but what lessons can we learn from what is happening there at the moment as we understand it, and what lessons does it have for us here. Gabriel could I start with you?

Dr Gabriel Scally

Yes, well I think there are four points I'd like to make about Chile, a country I know and have a great interest in. Firstly they have, although they did place quite severe border restrictions they removed a lot of their border restrictions and they have been I think overwhelmed by the spread of the much more highly infectious variant, the P.1 variant from Brazil has really caused them enormous problems, not only more infectious but they also believe probably more aggressive in terms of its clinical effects as well. So firstly new variants have really caused them large problems. Secondly they lifted restrictions in quite an uncontrolled fashion, thirdly they have had problems in adherence to mask wearing and social distancing and I think fourth actually has been their vaccination programme. Now their vaccination programme has been successful in terms of putting vaccines into people's arms but it hasn't been successful in terms of producing immunity in the population because the latest data from Chile, well I should say the vaccination programme uses two vaccines, it uses a vaccine called CoronaVac which is made by Sinopharm the Chinese manufacturer and that forms the vast bulk well over 90% of their vaccine and the rest is I think 7% is Pfizer and that has been shown, the CoronaVac has been shown to be remarkably ineffective, only 3% effectiveness with the first dose and that rises to 54% with the second dose, so the calculation from public health colleagues in Chile in their recent papers shows that they expect to have got about 54% of population immunity amongst those vaccinated, so if they've only done 40% and they've only got about 50% of those immune, that's only 20% who might have whatever immunity the vaccine gives. So it's probably a major problem for them. It is undoubtedly a major problem for them.

I think the lessons are obvious in terms of the vaccine efficiency, prevention of travel, of movement of variants, adherence to social distancing and other measures and getting, if you are going to lift restrictions doing so in a safe fashion when you have taken the mitigating measures that are needed to keep people safe.

Lord Russell

Thank you Gabriel. Deenan anything to add? You've just come off mute, yeah.

Professor Deenan Pillay

As always nothing to add to an exemplary answer.

Layla Moran MP

Thank you so much for your exemplary answer. Philippa Whitford.

Philippa Whitford MP

Thank you very much Layla, I'll direct these at Dr Gabriel Scally and then others could add in. The cases of the Indian variant in the UK have actually been doubling every week for a month and yet India will only be added to the red list on Friday, with the increase threat of vaccine resistant variants we

all seem to agree that we need to expand quarantine to all travellers but do you think that should all be in hotels or should we be learning from some of the Asian Pacific countries who are using digital monitoring of people at home?

Dr Gabriel Scally

Well, that's a very good question and I'm not going to answer the very end bit because I'm not sure what is the best mechanism but I think one of the great failures that there has been during this pandemic is the failure to examine very closely what's being done in other places and put together a package of measures, because as I said it is a system and the system that might work for some countries and in some communities may not work in all of them, but it does need to be a systematic approach and we haven't take that systematic approach. I think the beginning of your question points out this issue of when would you, it is the shutting the stable door after the horse has bolted question isn't it, and it is a really difficult one, particularly when you get to variants and if you think through what we're trying to do, so we're trying to spot variants when they arrive with us and then we're going to try and stop the importation of those variants. The illogicality of that is ridiculous, particularly given that they're not detected on the PCR test at first go, there's further analysis needed on those tests which takes some time to get the answer and also that that analysis is only carried out on, Deenan correct me, about 5-10% Deenan would that be right, of those PCR tests. So for those 77 there could be easily be another, that might be the 10% or the 5% that they've actually found if it's a representative sample of the PCR tests that have been taken. So you can see the problem there and it is this issue about how we continually try to play catch up with this. And that's a losing game, this virus moves so fast and changes so fast.

And you're right about India going on the red list, but there is one issue I just want to address, I feel I have to address because I'm from Belfast and there is the issue of the common travel area which seems to me to be a nonsensical problem really but it is a huge problem, in that the lists of countries adopted for mandatory quarantine by the Irish Republic is different from the UK, yet and so someone can go and move across the border between the UK, the land border between the UK and the Republic of Ireland with great facility, there is no check at all. So, there is a very interesting point there and I think a really highly disturbing issue is that there is still disagreement between the administration in Northern Ireland and the Republic about the passage of the passenger information forms that are generated in the Republic or Ireland for people who are moving to Northern Ireland and those are not being transferred and this is despite North administrations having signed a memorandum of cooperation and understanding almost a year ago now. And so, we are trying to you know shut the stable door after the horse has bolted but there is also a door out the back as well into the Irish Republic, so it just speaks of a mess really and a really incoherent and uncoordinated approach to this whole issue.

Philippa Whitford MP

I mean that's exactly the same problem we have in Scotland where all travellers arriving are meant to go into hotel quarantine but obviously most long haul flights at the moment will be through English airports, the UK Government refuses to quarantine them there and also doesn't share the data with the Scottish Government so we can check that they're quarantining so it's exactly the same and I remember meetings with you last summer when we started the talk about zero Covid that you know there should be work between the UK and Republic so that we could have made the whole common travel area Covid secure and we'd actually all have more freedom now. I mean we did get close to elimination levels last summer, particularly in Scotland, and then holiday travel helped set off the

second wave so are we not about the make the same mistake again and particularly if we have this red, amber and green we're going to be having people launched out of Heathrow into public transport, sitting on a Tube for an hour infecting people around them.

Dr Gabriel Scally

I think you're quite correct and it comes down to putting in place a whole bundle of control measures which are not coherent across the UK I might add, I mean Professor Deeks I heard mentioning when I joined about how we weren't testing close contacts, in fact Scotland started testing close contacts in February, I think the 18th of February, Northern Ireland started testing close contacts yesterday, as far as I know England and Wales still doesn't test the people who are highest risk and those are the people who are at highest risk because they've been in close contact with someone who has tested positive. So, all of these things need to be fixed. We need to fix the international travel and movement and we need a proper managed isolation system for those, but we also need to test people and test close contacts because we are missing people that way and so each deficiency builds one deficiency upon the other. Someone comes through a porous border without proper controls, they infect people who are tested, only a small proportion are sequenced so we get that information late and their close contacts, even when their close contacts are identified they're not tested, they're told to self-isolate and this is a nonsensical way of doing it. I should add that the Director General of WHO told the World on the 16th of March last year, well over a year ago, "test every suspected case, if they test positive isolate them and find out who they have been in close contact with up to two days before they developed symptoms and test those people too" and we're still not doing that and we're still not protecting ourselves from the importation of the virus.

Philippa Whitford MP

Thanks very much. Deenan I don't know whether you've anything you feel you want to add that we haven't covered?

Professor Deenan Pillay

Not really nothing and it's outside my specific area, but I concur completely with Gabriel's views.

Philippa Whitford MP

OK thank you very much.

Layla Moran MP

Can I just clarify, so just on something that Gabriel said that he was deferring to you about, the likely number of cases of the Indian variant in the UK currently, did I understand that right, so if we've got 103 cases that we've detected we actually think it's much, much greater than that. Ten to 20 times greater, did I understand that correct?

Professor Deenan Pillay

Yes, that's exactly right because there's not been any targeted testing for this, these are within the spectrum of infections sequenced. I don't know the precise number but I think more recently as infection rates have come down within the UK a greater proportion of those infections are being sequenced within the Covid genomics consortium, so I think it's probably higher than that, but it certainly won't be all of those cases and as we know although the number remain small I mean a PHE document from this morning has identified more than that and obviously there's a big increase even though we're talking about small numbers. The argument that is used is, that Susan Hopkins from PHE used at the weekend was that most of those cases were likely cases of imported infection rather than on-going transmission within the UK but from the discussion we've had over the last half an hour or so it's clear it's very difficult to distinguish between whether something, an infection is caught within the UK or imported. So we should be expecting an increase in those infections.

Layla Moran MP

Thank you very much. So I have one very final question aimed at two sets of people and I'll go round all three of you. If you had a key message for people looking to travel internationally this summer what would it be? And also, if you had Boris Johnson in an elevator for 30 seconds what would you say to him today? If I can start with you Gabriel?

Dr Gabriel Scally

Well the answer to your first one is don't. The second one in the interests of the health of the population, of the World, global health and the interests of the UK are closely tied to that because of the variants, I would say please, please put the UK's voice in favour of getting a patterned waiver on vaccines so that we can get the World vaccinated because that will make us safe and that would so change the conversation we've just been having, the dispiriting conversation about how to keep out dangerous variants and the only way to deal with that is get vaccines rolled out across the World and use the currently unused vaccine manufacturing capacity that there is, thank you.

Layla Moran MP

Thank you very much. Deenan.

Professor Deenan Pillay

Well with regard to travel abroad, my only caveat to what Gabriel has said is that you know we don't want this to be depending on individuals, obviously individuals are what makes up the population but it is, you know the Government does have responsibility here to actually give some strong guidance and controls over travel. There are many reasons why people travel, it's not just for holidays, some people haven't seen their family or children in other parts of the World for more than a year, so we need to take that into account and that's why I think we need Government guidance there. With regard to what I'd say if I was in a lift with Boris Johnson hopefully with a mask on, is if he could, if he had responded to Covid with the speed in which he'd responded to the Europe Super League proposals that have come out then we would be in a much better place and could he please have a transparent rapid decision making process between Government and its scientific advisors so that for the future we can actually be on top of the case rather than behind the curve.

Layla Moran MP

Thank you so much, and Lucy.

Lucy Moreton

I think my answers are going to be of a slightly different nature I think, perhaps that's the benefit of the glory of these types of panels. If you're going to travel abroad during the summer plan for very long queues on your return, particularly if you've got individuals who are vulnerable. Make certain you've got enough water, make certain your kids have got something to do, if they've got somewhere to sit, there's nowhere to sit in these queues, so just be aware that that may happen and that you might need to deal with that. What would I say to Mr Johnson if I was in the lift with him, definitely wearing a mask, stop giving these days' notice of putting countries on the red list, the impact of saying that India will go on the red list on Friday is that all of the flights, and I think there are 40-odd flights a day from the Indian sub-continent, will be as full as they possibly can be with people who are, who would have come here anyway in the next few days or weeks or months but will do it in advance to try and avoid the hotel quarantine. The more notice that you give of that change the more people that will flood in and the virus can't tell the date, it doesn't know it's not supposed to come in till Friday. So we need to be far faster. The impact on travellers is going to be significant, you'll have gone away thinking it's green, you'll come back thinking it's red, that's one of the … if we're going to take that traffic light system that's the impact of it.

Layla Moran MP

Thank you so much all of you. So that brings us to the end of what has been an incredibly interesting discussion. Lucy and Deenan and Gabriel as ever thank you so, so much for being with us this afternoon. Thank you to all Parliamentarians for their forensic questioning and as always thank you to those who are watching at home. I think a lot to think about for our summer plans as a result of this, I know I'm going to go away and reassess some of my plans, but thank you all. Stay safe and have a wonderful afternoon. Take care.