Academy of Medical Sciences warns 251,000 more people could die of COVID-19 in Britain

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The UK faces a catastrophic winter wave of coronavirus infections that could see the deaths of up to 251,000 people and 119,900 even in a “reasonable worst-case scenario.”

The modelling, by the Academy of Medical Sciences (AMS), is based on deaths in hospital alone and not in care homes and other settings. The AMS warns that mass deaths are likely unless the government carries out immediate "intense preparation" throughout the rest of July and August. This should include having access to the necessary personal protective equipment (PPE) in hospitals, reorganising social care services and increasing testing capacity.

One of the four National Academies, the AMS was established in 1998 as an “independent body… representing the diversity of medical science.” It was commissioned by the Conservative government’s Chief Scientific Advisor Sir Patrick Vallance to assess the risks the National Health Service (NHS) faces this winter. The report involved the work of an advisory group of 37 senior doctors and scientists.

The 79 page report, “Preparing for a challenging winter 2020/21” warns that any surge in COVID-19 cases, combined with the winter pressures faced by the NHS, would overwhelm public health care.

Professor Stephen Holgate, a respiratory specialist from University Hospital Southampton, who chaired the report, said, "This is not a prediction, but it is a possibility." He warned, "The modelling suggests that deaths could be higher with a new wave of COVID-19 this winter, but the risk of this happening could be reduced if we take action immediately."

Professor Azra Ghani, chairwoman in infectious disease epidemiology at Imperial College London, told the PA news agency, “We are looking at what would be the worst that would happen, such as if there was a further relaxing of interventions, more contacts taking place, schools may be a factor, people going back to work and that sort of thing. Those things create more contacts, plus people will be indoors more and more people will want to meet up indoors.”

The Academy’s news article accompanying the report states, “Research suggests that COVID-19 is more likely to spread in winter with people spending more time indoors and the virus able to survive longer in colder, darker winter conditions.” Last week it was reported that “senior scientific advisors” to the government have “strong” evidence that the virus flourishes at an optimal cold temperature of around 4C (39F).

The report warns, “The NHS and social care systems typically operate at maximal capacity in the winter months, with bed occupancy regularly exceeding 95 percent in recent years. As recently as in 2017/18, England and Wales experienced approximately 50,000 excess winter deaths.”

The Academy models its worst-case scenario based on the reproductive number of the virus, the R value, rising to 1.7 from September 2020. In the March peak of the virus this year, the R value was 3--meaning that one infected person would pass it on to three others. The modelling suggests that a new surge in coronavirus infections would lead to a peak in hospital admissions and deaths in January and February 2021.

The report centres on “four additional challenges” that “have great potential to exacerbate winter 2020/21 pressures on the health and social care system, by increasing demand on usual care as well as limiting surge capacity.”

• *A large resurgence of COVID-19 nationally, with local or regional epidemics.* This is underway as “We are already seeing local outbreaks.”

• *Disruption of the health and social care systems* due to reconfigurations to respond to and reduce transmission of COVID-19 with a knock-on effect on the ability of the NHS to deal with non-COVID-19 care.

• A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity. It notes that the overall waiting list in England alone could “increase from 4.2 million (pre-COVID-19) to approximately 10 million by the end of the year. Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent nosocomial transmission (resulting from a stay in hospital) of COVID-19.”

• *A possible influenza epidemic that will be additive to the challenges above.* This section notes "the most recent significant influenza season in winter 2017/18 coincided with a colder winter; led to over 17,000 excess respiratory deaths and caused NHS Trusts to cancel all elective surgery in January 2018, resulting in 22,800 fewer elective hospital admissions when compared to the previous year. A generalised increase in respiratory infections over the winter could also rapidly overwhelm test and trace capacity." (emphasis in original)

The report cites the importance of the national lockdown in containing the number of deaths in Britain to the tens of thousands. Had it not been imposed hundreds of thousands would have died. The "introduction of wide-scale physical distancing in the UK from 23 March 2020 onwards is estimated to have reduced the reproduction number from R0~3 to Rt ~0.7-0.9 (R0, basic reproduction number; Rt, effective reproduction rate). It has been estimated that these measures resulted in an 80 percent reduction in transmission and that 470,000 (95 percent CrI [credible interval] 370,000-580,000) deaths had been averted in the UK up to 4 May 2020 due to such interventions."

It warns, under conditions in which the government has dismantled the national lockdown, "As these restrictions are eased, it is likely that Rt will rise such that Rt remains close to 1.43."

The report proceeds on the expectation that there will be no more national lockdowns, stating, "We consider a scenario in which it is not possible to respond to a rising incidence of COVID-19 with a lockdown of similar effectiveness to that imposed in March. Under our reasonable worst-case scenario--in which Rt rises to 1.7 from September onwards (just over half of the initial level of transmission experienced in early March 2020)—**infections could** *be expected to rise gradually with a peak in hospital admissions and deaths of a similar magnitude to the first wave"* (emphasis in the original). This is projected to occur in January/February 2021, "coinciding with a period of peak demand on the NHS." Modelling suggests "an estimated total number of hospital deaths (excluding care homes) between September 2020 and June 2021 of 119,900 (95 percent CrI 24,500-251,000), over double the number occurring during the first wave in spring 2020."

The AMS also modelled based on lower R rates. Even a rate of 1.1—which is already the case in sizable areas of the UK due to the lifting of the lockdown—would lead to an estimated 1,300 hospital deaths between September this year and June 2021. An R rate of 1.5 would lead to 74,800 hospital deaths.

The virtually limitless ability of the virus to spread in the coming weeks is noted under a section of the report, "The unknown magnitude of the potential winter resurgence of COVID-19."

It states "outbreaks of COVID-19 in hospitals and care homes are likely to become common again and may be exacerbated by simultaneous transmission of influenza in these settings, as well as transmission between settings. Outbreaks are also likely in environments with groups at high risk, such as hostels for the homeless (especially dormitory-style night shelters); asylum seekers in Home Office accommodation; prisons; Roma, Gypsy and Traveller encampments; and migrant workers in shared accommodation. Mortality rates are likely to continue to be highest in older adults, those with chronic diseases, those from BAME groups, those in high exposure occupations, and urban areas with high levels of poverty. The workplace represents a further risk environment with major outbreaks reported in food manufacturing settings, as were religious gatherings and social events prior to closure of mass gatherings."

The report's acceptance of the mantra of the government and capitalist media that further national lockdowns are not economically "viable," means that it takes a cavalier attitude to the government's plan for the reopening of schools in September. It states, "Although schools re-opening is known to increase the transmission of influenza, this has not yet been demonstrated for SARS-CoV-2, and there is substantial uncertainty around the likely impact of schools re-opening on Rt and the implications for this winter." On this basis it advises that the "increasing transmission via schools reopening needs to be balanced against the longer-term impacts of school closure on child and adolescent development, as well as the economic and social impact of school closure on parents…"

The report anticipates that the government would intervene to prevent the R number rising to 3 and above—and an exponential spread of the disease--on the basis that it imposed a national lockdown in March. There is no basis for this conclusion. As the outbreak reached the UK, the Johnson government was set on a policy of "herd immunity" and, in the words of government advisor Vallance, the suppression of the disease "was not desirable because you want some immunity in the population." The government allowed the spread of the virus in Britain—leading to the preventable deaths of tens of thousands--and was only forced to act by growing public opposition. Its premature abandonment of the lockdown to force millions back to work and children back to school is a continuation of its murderous policy.