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To: All Members

Dear Brother/Sister

New risks and issues with the Covid-19 pandemic

Important new developments in Covid-19 have come to light in the last month, which the fire and rescue service needs to consider to ensure the safety of operational firefighters, emergency control staff and the public.

Since the pandemic began, the UK has seen 3.7 million reported cases. UK deaths from Covid-19 have now surpassed 100,000. So far 300,000 have been hospitalised by the virus in the UK. In the last week, 200,000 people tested positive for Covid-19 in the UK. Around 3,000 people a day are being admitted to hospital with Covid-19 and more than 500 people a day are dying from the virus.

This circular sets out some of the new and emerging risks in the new situation. The union is seeking expert advice and evidence to inform our position on these matters. Scientists are clear that there are increased risks and there remains much uncertainty.

New variants

On 31 December, the Westminster government's scientific advisory committee (SAGE), published its paper, *Mitigations to Reduce Transmission of the new variant SARS-CoV-2 virus*. This explained that a new variant of the SARS-CoV-2 virus (VOC-202012/01, variant B.1.1.7 - 'new variant') had been identified in the UK and was spreading rapidly. SAGE estimated that this new variant could be associated with an R number of 0.39 higher than other lineages and a growth rate that could be 71% faster per generation than other variants.

SAGE argued that it was *"essential to reinforce the core principles of a hierarchy of control measures to reduce physical transmission through the environment by all routes – close-range, airborne, and via surfaces, given the risks that transmission of the new variant may be higher for all these routes"*.

SAGE stated that the primary actions to reduce transmission included reducing social contacts, effective testing and tracing, robust outbreak identification and control, support to ensure effective isolation and quarantine, and population vaccination. Scientists warned that "as a consequence of the uncertainty around the mechanisms for increased transmission, enhanced mitigation measures are likely to be necessary". It warned:

6. *Where interactions between people are unavoidable, then engineering, procedural and personal controls are essential for reducing transmission. It is important that these measures are applied rigorously to ensure they are effective. Organisations and individuals should reassess their environments in the light of new evidence about transmissibility of the new variant to consider whether they have maximised all the steps they can take to reduce the probability of transmission.*

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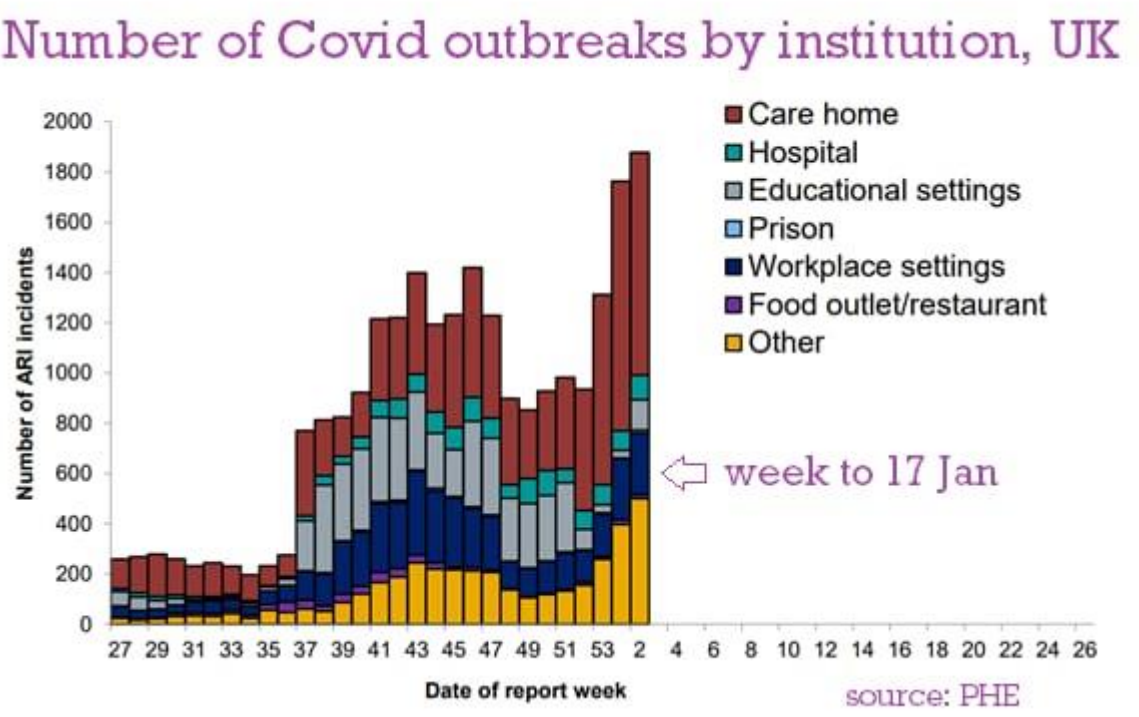
The new variant helps explain the sharp increase in Covid-19 cases, hospital admissions and deaths during December and the New Year. The risks of further ill-health and deaths led to the imposition of lockdown measures by all four governments in the UK.

On 15 January 2021, SAGE published a further paper, *Reducing within- and between-household transmission in light of new variant SARS-CoV-2*. This underlined the continued importance of adherence to self-isolation for preventing transmission between households and the need for targeted support. It recognised the difficulties "key worker occupations" face with self-isolation.

These strictures from the Westminster government's own scientific advisers underline the increased risks and the continued need for firefighters to have robust safety measures to reduce transmission. Fire and rescue services should incorporate the increased risks from new variants into their risk assessments and control measures. The FRS is not exempt from the requirements to re-assess risk and control measures in the light of the new variants.

Workplace Outbreaks

The Public Health England weekly national Influenza and COVID-19 surveillance report *Week 3 report (up to week 2 data), 21 January 2021* shows that workplace outbreaks, a key mechanism of transmission, have been increasing in December and January, including significant rises in the health and care sectors that firefighters are exposed to whilst volunteering for additional Covid-19 activities: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954669/Weekly_Flu_and_COVID-19_report_w3.pdf



Office of National Statistics (ONS) - Coronavirus (COVID-19) related deaths by occupation

ONS figures published 25 January 2021 show that fatality rates are significantly higher than the comparable average in some occupational settings. The statistics show that fatality rates are 2-3 times greater for care and NHS occupations.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020

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Post-Covid syndrome – Long Covid

Emerging evidence and patient testimony is showing that a growing number of people who contract Covid-19 cannot shake off the effects of the virus months after initially falling ill. Symptoms are wide-ranging and fluctuating, and can include breathlessness, chronic fatigue, "brain fog", anxiety and stress.

On 18 December 2020, the National Institute for Health and Care Excellence (NICE) published, *Covid-19 rapid guideline: managing the long-term effects of Covid-19* (NG188).

Although the guidance is aimed at health professionals, it includes important recommendations on:

- identifying people with ongoing symptomatic Covid-19 or post-Covid-19 syndrome
- assessing people with new or ongoing symptoms after acute Covid-19
- investigations and referral
- planning care
- management
- follow-up and monitoring
- sharing information and continuity of care
- service organisation.

The guidance advises doctors to *"5.3 Support people in discussions with their employer, school or college about returning to work or education, for example by having a phased return".* NICE highlights the evolving research in this field and their plans to further updated guidance.

The NHS currently has a public facing information website, providing general information on all aspects of recovering from Covid-19, including return to work:

https://www.yourcovidrecovery.nhs.uk/

The issue of post-Covid/long Covid is particularly important for firefighters, given the physically arduous nature of the job, the fitness standards in place and sickness absence policies in brigades. The FBU intends to take up the implications of this matter with fire employers and governments.

Vaccination

On 2 December 2020 the Covid-19 vaccine developed by Pfizer/BioNTech was approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA). On 30 December 2020, the Covid-19 vaccine developed by Oxford University/AstraZeneca was given regulatory approval by the MHRA.

Already, more than four million people in the UK have received their first dose of a vaccine. The FBU supports the vaccination process and wants to see it swiftly and safely rolled out across the UK and the wider world.

While vaccination is a vital strategy to control the virus, it is not sufficient on its own to keep our communities safe. Scientists do not yet know whether Covid-19 vaccinations will reduce transmission because this was not tested in the trials. Instead, they found that the vaccines were able to prevent symptomatic and severe effects of Covid-19 in the individuals vaccinated. But more research is needed to look deeper into how the vaccine works in the body – whether it prevents an individual getting infected altogether, or whether it simply stops a person becoming sick.

This could mean the virus continues to replicate in the nose and throat, and is still able to spread. As a result of this lack of information, governments and experts have emphasised the need to follow social distancing and mask requirements, even after an individual has been fully vaccinated.

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Public Health England (PHE) guidance, *What to expect after your COVID-19 vaccination*, sets out the current Westminster position. It states:

The vaccine cannot give you Covid-19 infection, and a full course will reduce your chance of becoming seriously ill. We do not yet know whether it will stop you from catching and passing on the virus, but we do expect it to reduce this risk.

The PHE guidance emphasises that *"Like all medicines, no vaccine is completely effective, so you should continue to take recommended precautions to avoid infection. Some people may still get Covid-19 despite having a vaccination, but this should be less severe"*.

The FBU is therefore demanding vaccination for firefighters at the earliest opportunity. However the union is also aware that until millions of people have been vaccinated, the risks of firefighters catching, spreading and becoming very ill from Covid-19 remain high in the UK.

Lateral flow testing

On 10 January 2021, the Westminster government announced its new policy of distributing rapid coronavirus tests – known as lateral flow tests – to local authorities and other key worker occupations in England. More than £1 billion has been spent on purchasing these tests.

The roll out came after a U-turn by the MHRA, which had initially deemed the Innova test not fit for use among asymptomatic people in the community, but changed its guidance for this purpose on 23 December 2020. A pilot of community testing in Liverpool using the Innova lateral flow test had identified 8,300 people in the area with SARS-CoV-2 infection in a testing programme of a third of Liverpool's population. But the tests ***failed to identify*** 60% of positive cases (identified through the more reliable PCR tests).

Scientists warn that these lateral flow tests may be useful as '**red light**' tests: a positive result means an individual is potentially infectious to others and must self-isolate. However they are not '**green light**' tests: an individual cannot be sure that if the test is negative they are not infectious, and they must continue to take the usual precautions.

Some scientists argue that the Westminster government is misleading the public about the performance of the Innova test. They point to the Liverpool pilot study, where 60% of infected symptomless people went undetected, including 33% of those with high viral loads who are at highest risk of infecting others. These scientists are calling on the government to at least pause the rollout of rapid asymptomatic testing using the Innova lateral flow test until clearer messaging on the risks of negative results can be developed.

The Westminster government is making 10,000 lateral flow tests a week available to the fire and rescue service in England. More information on the FBU position regarding these tests will follow.

The Covid-19 situation has changed enormously in recent weeks. The risks are elevated and therefore the need for safety is greater. The FBU will investigate these new and emerging matters in the coming weeks.

Best wishes.

Yours fraternally

M. Wrack

Matt Wrack
General Secretary

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