

Executive Summary

According to live data, the global confirmed cases surpassed 210 million with the number of deaths over 4.4 million. The World Health Organization (WHO) report that the number of new cases has now been increasing over the last 2 months with an increasing trend largely attributed to the Western Pacific Region and the Region of the Americas.

The WHO urged Indonesia to revisit COVID-19 restrictions amid an unprecedented outbreak. The country allowed shopping centres and restaurants to reopen despite recently being one of the epicentres of the pandemic. The WHO note that there is a significant increase in community mobility within retail and hospitality and have recommended mitigating the impact of the increased mobility on transmitting the virus and the impact on healthcare systems.

The WHO continues to urge countries to share vaccines from rich nations to low income nations and state that booster vaccines are not needed. They have continued the call for wealthier nations to suspend booster vaccine rollouts in order to support other countries and their respective rollouts. Emergency Director Dr Mike Ryan likened the lack of vaccines in less developed countries to lifejackets, advising *“We’re planning to hand out extra life jackets to people who already have life jackets, while we’re leaving other people to drown without a single life jacket”*.

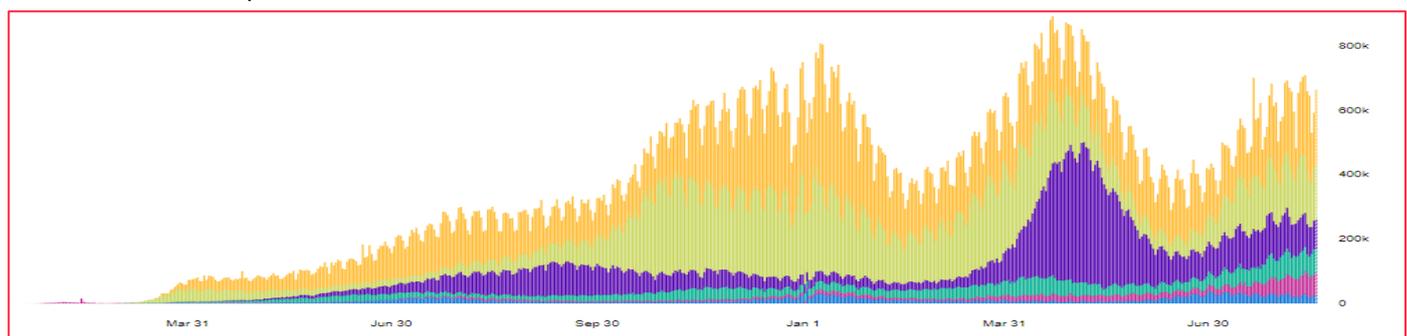
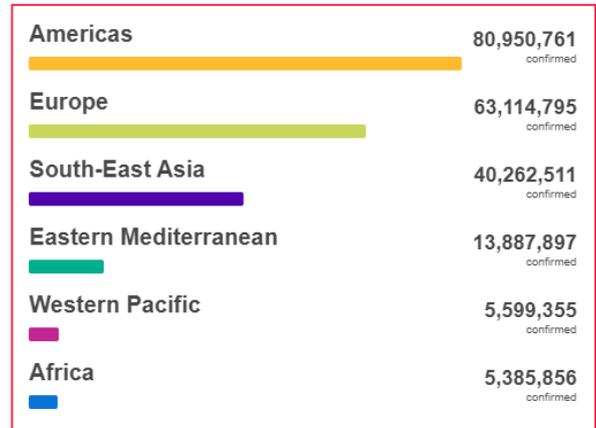
Science magazine Nature reverberated the WHO’s repeated calls to suspend booster vaccines, stating that there is very little evidence at this time that booster vaccines are necessary to protect individuals who are fully vaccinated.

In **Israel**, despite being one of the countries with the most successful rollouts of vaccines in the world, the nation is also reporting one of the world’s highest infection rates recording 650 cases per 1 million inhabitants on a daily basis. 60% of COVID-19 related hospital admissions are individuals who are fully vaccinated which has further echoed the worries of poor vaccine performance. The Pfizer vaccine was the primary vaccine employed by health authorities to fully vaccinate 78% of citizens over the age of 12. Pfizer have warned a third booster jab of the Pfizer / BioNTech vaccine will be required to maintain an effective immune response.

The events in Israel support concerns over the next stages of the crisis. The country is observed as the global case study for managing the COVID-19 pandemic, however cases and deaths are rapidly increasing each week causing tightened restrictions to be imposed to mitigate the spread of the virus to protect health services from becoming overwhelmed. It is almost certain that the rest of the globe will be closely watching what happens next across the country, particularly as they start the rollout of the booster jabs to individuals aged over 40 this weekend.

US President Joe Biden issued a statement this week advising COVID-19 booster jabs will begin as early as 20 September due to the rapid spread of the Delta variant. Booster jabs are expected to be provided to those whose full course of a COVID-19 vaccine was administered at least 8 months ago. **Ecuador**, where 56% of citizens have received at least one vaccination, will join **France, Germany, Israel, and the US** in administering a booster vaccine to their vaccination rollout programmes, all of which have over 60% of citizens who have received at least one dose. The WHO has lambasted booster vaccinations, stating they make a mockery of vaccine equality. Less than 2% of the 1.3 billion people on the African continent have been fully vaccinated, whereas developed countries have a rate of 103 doses per 100 people which dwarfs the African vaccine rate of 6 per 100 people.

In the **UK**, the JCVI were reportedly close to announcing the groups of individuals who will be eligible for a booster vaccine. However, after convening at the end of this week over the timeframe for booster vaccinations, there is a concern over the lack of clinical data available which will almost certainly impact the initial plans to commence the next rollout from September.



World Health Organization (WHO) COVID-19 Dashboard ASAT 20/08/2021

Major Intelligence Events

HIGH PRIORITY

Latest statistics and R number update: Daily new cases at the UK nationwide level this week averaged 30,000 per day~.

The current R estimates indicate the spread of the virus is broadly stable across the UK, although showing signs of a steady increase in infection rates. When R is below 1, this is an indicator that the epidemic is shrinking, however most of the UK has an upper estimate of R1, meaning that each positive case will transmit to 1~ other person, highlighting the fine balance between restrictions and infections.

The table below summaries the latest nation / regional R estimates, cases, and 7-day infection rates (as a proportion of 100,000 of the population).

NATIONAL / REGIONAL	Total cases	Cases last 7 days	Total rate	Rate last 7 days	R number lower est.	R number upper est.
England	5,579,087	180,458	9,866	319.1	0.9	1.2
East Midlands	470,516	17,272	9,670	355.0	0.9	1.2
East of England	534,113	16,623	8,520	265.2	0.9	1.2
London	957,230	24,235	10,633	269.2	0.9	1.1
North East	319,008	7,678	11,900	286.4	0.9	1.1
North West	902,776	22,826	12,254	309.9	0.9	1.1
South East	759,477	28,066	8,240	304.5	0.9	1.2
South West	384,423	23,182	6,793	409.7	0.9	1.2
West Midlands	603,646	19,326	10,125	324.1	0.9	1.2
Yorkshire and The Humber	600,699	19,974	10,870	361.4	0.9	1.1
Northern Ireland	181,775	10,298	9,590	543.3	1.0	1.2
Scotland	373,143	13,701	6,827	250.6	0.8	1.1
Wales	258,155	8,197	8,145	258.7	0.8	1.1

COVID-19 vaccine update: According to figures released by Public Health England (PHE) COVID-19 vaccines have played a significant role in preventing between 91,700-98,700 deaths, 82,100 admissions to hospital due to COVID-19 complications and between 23.6-24.4 million cases.

Decrease in ‘pings’ as matrix altered for NHS Test and Trace app: Figures from the NHS reveal a drop in the number of people notified to self-isolate due to being a close-contact to a COVID-19 infected individual. 261, 453 alerts were sent in the week to 11 August, an 18% decrease from the previous week in which 317,519 alerts were issued by the NHS Test and Trace app.

This comes as a result of the matrix being rectified due to mounting backlash over the ‘pingdemic’.

Fully vaccinated people can carry same virus levels as unvaccinated people: According to a UK-based study conducted by Oxford University, researchers in collaboration with the Office for National Statistics (ONS) as well as the Department for Health and Social Care (DHSC) compared 2.6 million swab results and found that virus levels remained the same in both fully vaccinated and unvaccinated individuals if infected with the Delta variant.

The findings reinforce the unattainability of herd immunity and also confirm the poor vaccine performance over time, however, with UK hospitalisation figures remaining low the vaccines are having an impact on the severity of illness.

The results of the study echo those found by the US Centers for Disease Control and Prevention (CDC) which later played an instrumental role in government COVID-19 policy including the wearing of face coverings in certain environments and in high COVID-19 activity regions.

Health Secretary confirms all 16-17-year-olds in England to be offered vaccine by next week: Health Secretary Sajid Javid (HSec) announced that all young people aged 16-17 in England are to be offered a first dose of a COVID-19 vaccine by Monday (23 Aug) to give them the vital protection provided by the vaccine before returning to school in September.

NHS England has launched a new online walk-in site finder to help 16-17 year olds locate the nearest available centre. Further sites will become available online over the coming days and weeks.

People aged 16-17 will be able to get vaccinated at one of more than 800 GP-led local vaccination sites. Thousands will be invited including by text and letter to book their appointments through GPs or via walk-in centres to help keep them, their families, and friends safe from the virus.

JCVI advise booster jabs unlikely to begin in September: The Joint Committee on Vaccination and Immunisation (JCVI) convened yesterday (19 Aug) to deliberate over the need for booster jabs and a potential timeframe. According to a member of JCVI, *“the jury is still very much out on what happens”* with some concerned over the lack of clinical data for booster jabs as well as fears over a possible decrease in general vaccine confidence.

Previously, reports suggested booster jabs would be rolled out as early as September, however, a JCVI member has confirmed this is now unlikely until more data and understanding is gained to determine the risks of a booster vaccine. This comes as the US health authorities confirmed booster jabs will be rolled out to those who received a second dose 8 months prior and anticipate beginning the rollout in September.

MHRA approves first monoclonal antibody treatment: The Medicines and Healthcare products Regulatory Agency (MHRA) has approved Ronapreve as the first monoclonal antibody combination product for use in the treatment and prevention of acute COVID-19 in the UK.

The drug has been developed by Regeneron / Roche and is administered by injection or infusion and is the first drug to use monoclonal antibodies to fight COVID-19. The drug lines the respiratory system, then binds tightly to the virus preventing it from gaining access to the cells of the respiratory system.

The treatment will be significant to the UK in mitigating the chances of infection and prevent being hospitalised with the virus.

MHRA provide emergency approval to the Moderna vaccine for 12-17-year-olds: The Medicines and Healthcare products Regulatory Agency (MHRA) confirmed that it has provided emergency approval for the use of the Moderna vaccine in 12-17-year-olds.

The extension of the age category for the Moderna vaccine is only applicable to Great Britain via the European Commission (EC) Decision Reliance Route.

The Joint Committee on Vaccination and Immunisation (JCVI) are set to debate whether or not to extend the guidance to include the 12-17 age category. In July, the JCVI expressed some concern over the unknown side-effects of vaccines in those younger than 16.

Self-isolation requirements end in England and Northern Ireland: The self-isolation requirements for people who are fully vaccinated or under 18 years old ended on Monday (16 Aug). In England and Northern Ireland, the 10-day self-isolation period for people who have been in contact with a positive COVID-19 case will end.

Individuals will now be required to take a PCR test and wear a face covering in enclosed spaces and limit contact with other people whilst waiting for the test results. People who test positive or show symptoms will be legally required to self-isolate for 10 days.

9 in 10 adults have COVID-19 antibodies: The Office for National Statistics (ONS) data shows 94.2% of people in England have COVID-19 antibodies. At least 90% of people in the devolved nations also have antibodies. The data does not include people in care homes and hospitals.

MEDIUM PRIORITY

NHS travel tests to be reduced for international arrivals: The cost of NHS Test and Trace tests for international arrivals will be reduced from £88 to £68 for green or fully vaccinated amber arrivals, and from £170 to £136 for two tests for amber arrivals who are not fully vaccinated. The new pricing came into effect on Saturday (14 Aug).

Furthermore, the Home Secretary has also announced there will be a rapid internal review of the pricing and service standards of all providers of day 2 and 8 tests. Any misleading pricing will be clamped down on swiftly and we will urgently remove listings found to have misleading prices. The review will start this weekend and last 10 days, and providers failing to meet necessary standards will be urgently removed.

SAGE warn new COVID-19 variants could ‘set things back a year’: Recent papers produced by the Government’s Scientific Advisory Group for Emergencies (SAGE) have suggested that the arrival of a variant that evades vaccines is a *“realistic possibility”*. The group have backed continued work on new vaccines that reduce infection and transmission more than current jabs, the creation of more vaccine-production facilities in the UK and lab-based studies to predict evolution of variants.

Ministers are now being pressed to reveal what contingency plans are in place to deal with a future COVID-19 variant that evades current vaccines, amid the warnings that such an outcome could set the battle against the pandemic back a year or more.

Professor Graham Medley, a member of SAGE and a leader of the Government’s COVID modelling group, said: *“It is not that different to the planning that needs to be done between pandemics, a new variant that was able to*

overcome immunity significantly would be essentially a new virus. The advantage would be that we know we can generate vaccines against this virus, and relatively quickly. The disadvantage is that we would be back to the same situation we were in a year ago, depending on how much impact current immunity had against a new variant. Hopefully, evolution is slow, so that new variants arise that are only marginally evasive rather than one big jump”.

Study suggests 1 in 16 UK companies still at risk of closure: A study by the London School of Economics and Political Science’s (LSE) Programme on Innovation and Diffusion (POID,) has found that over 1 million workers are still employed by businesses at risk of closure in the next 3 months, with the end of the Government’s furlough scheme due to play a significant part when it ends in September.

There also remains concerns that some industries are still being hit disproportionately by the fallout from COVID-19 with the entertainment and travel industries still making heavier use of the furlough scheme than other sectors.

Peter Lambert, one of the authors of the POID research, said the end of the furlough scheme would be “*an inflection point*” where the economy could go either way. He added: “*I think there will probably need to be some continuation of support in specific sectors. My bet is there’ll be more targeted support, because unless the economy really, really picks up, there’s going to be lots of people still left in the lurch in specific sectors.*”

LOW PRIORITY

Report suggests “epidemic of hidden overtime” for home workers: A report into home working by the Autonomy thinktank, suggests working from home in the UK during COVID-19 has caused an “*epidemic of hidden overtime*” that particularly affects women, leading to a need for new “*right to disconnect*” laws.

The organisation said unpaid labour was a growing problem in the age of increased home working, with women at a greater risk of negative health impacts and mental distress.

As part of the report, it proposed draft legislation that would create a “right to disconnect”, based on French law, which stipulates employees do not have to take calls or read emails related to work during their time off.

It called for two amendments to be made to the Employment Rights Act 1996 to ensure workers have the right to fully disconnect from all work communications outside working hours and bring employment tribunals for any breach of that.

It suggested an employer should “*not require a worker employed by him to monitor or respond to any work-related communications, or to carry out any work, outside the worker’s agreed working hours*” or subject the worker to any detriment for failing to do so.

There would be proposed exemptions for industries where that is not feasible and where the employer has made all reasonable steps to minimise working outside agreed hours.

Scottish Government accused of clinging to COVID-19 emergency powers: The Scottish Government has been accused of wanting to make the current COVID-19 emergency powers permanent. According to reports, Deputy First Minister John Swinney, allegedly signalled to a removal of the March 2022 expiration of the emergency powers.

The move would mean the Scottish Government would have the power to impose lockdowns, enhance the use of fines, close schools and maintain the face covering mandate beyond March 2022.

Warning over COVID-19 pass scam: The cybersecurity firm, Malwarebytes, has warned the public of a potential scam concerning the COVID-19 pass. The scam involves a text message appearing to be from the NHS requiring payment for a COVID-19 pass.

Malwarebytes warned the public to avoid suspicious texts containing links and / or asking for some form of payment. In this scam’s case, the link would bring the victim to an NHS-like website asking for credit card details to make a £4.99 payment for the application process of the COVID-19 pass. However, the COVID-19 pass is free to download via the NHS app.

Intelligence Cut Off Date (ICOD):

1430hrs, 20 August 2021.

This report is subject to GDPR and data retention policies in line with such regulations.

Securitas provides the intelligence reports for the recipient’s business internal use. Securitas accepts no responsibility for any decisions taken by the recipient on the basis of the analysis offered in this report. Use of Securitas’ name, brand names, logos, taglines, slogans, or other trademarks without written permission is strictly prohibited. Disclosing, copying, distributing or use of any part of the reports electronically or otherwise other than for the strict purpose for which it has been provided is strictly prohibited. Securitas Security Services (UK) Limited is a limited company registered in England & Wales. Registered number: 01146486. Registered Office: St James House, 13 Kensington Square, London, W8 5HD © Securitas Security Services (UK) Limited 2018.