

Securitas Intelligence Unit

Situation report: UK COVID-19 status

8 September 2021

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Priority Intelligence

- COVID-19 infection rates are showing signs of a steady and sustained increase across the UK after remaining broadly stable summer, raising concerns over the spread of the virus ahead of winter.
- Hospitalisations are broadly stable but steadily increasing (lagging behind infection rates 1-2 weeks~), as are the number of deaths; while the NHS is not currently considered ‘under threat’ it is highly likely the healthcare system will be under pressure as a result of COVID-19 and seasonal illnesses over winter.
- The UK Central Government continues to focus on strategies to ‘live with the virus’, however additional measures may be needed in the near to short term, and each nation continues to take its own approach to managing the response to COVID-19.
- The Securitas Intelligence Unit assesses with **HIGH CONFIDENCE** that infection rates will rise in the near-medium term, with a rise in hospitalisations and deaths. Further measures will likely be needed over autumn-winter to manage the COVID-19 threat, and protect the NHS, resulting in disruption to businesses.

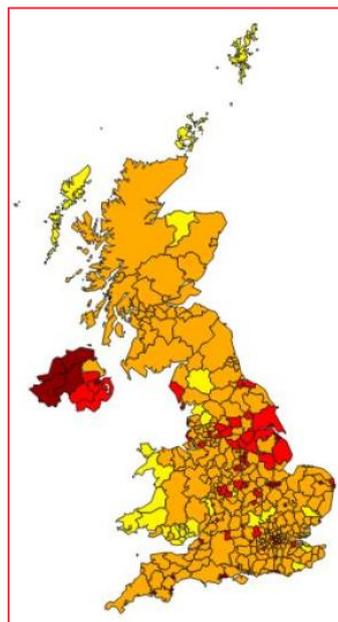
Situation in detail

COVID-19 status

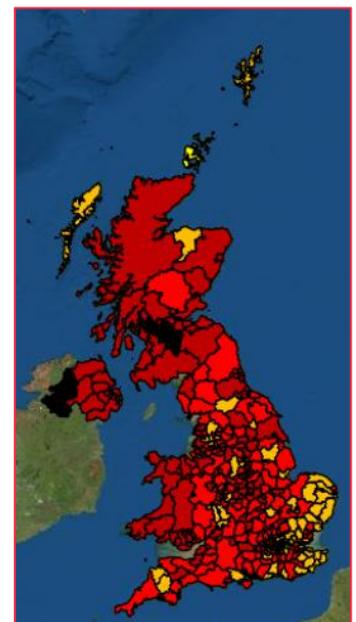
- Infection rates are showing signs of a steady and sustained increase across the UK after remaining broadly stable throughout the summer holidays.
- Northern Ireland and Scotland currently have the highest levels of infection rates in the UK; this has been attributed to an earlier return to schools compared to the majority of England and Wales.
- Infection rates are rising at a national level; however, hotspots are re-emerging at local level, driving infection rates.
- Infection rates are generally highest amongst younger persons (i.e., under 30s), which have the lowest vaccination rates across all eligible age groups.
- While younger persons are less at risk of serious illness (i.e., hospitalisation and the potential for fatality) circulation of the virus amongst younger age groups does lead to the virus spreading more widely, and reaching people more vulnerable to the disease, including older age groups.
- Furthermore, there is a concern that the impact of long-COVID on younger age groups has yet to be felt.
- While vaccinations have helped to weaken the link between infections and hospitalisations (and ultimately deaths) they have not severed the link entirely.
- UK officials are planning for a booster vaccination campaign to protect the most vulnerable, however, they are also considering plans to extend vaccinations to children aged between 12 and 15 in an effort to maximise vaccination rates across the population.

SIU Hotspot Monitor (cases per 100,000 last 7 days).

ASAT 9 August 2021.



ASAT 9 September 2021.



Hotspot rating	Total
MAJOR (+1,000 rate)	0
SIGNIFICANT (+400 rate)	19
SUBSTANTIAL (300 to 399.9)	62
MODERATE (100 to 299.9)	266
MINOR (10-99.9)	31
LIMITED (Up to 9.9 rate)	1

Hotspot rating	Total
MAJOR (+1,000 rate)	9
SIGNIFICANT (+400 rate)	113
SUBSTANTIAL (300 to 399.9)	164
MODERATE (100 to 299.9)	93
MINOR (10-99.9)	1
LIMITED (Up to 9.9 rate)	0

Current response

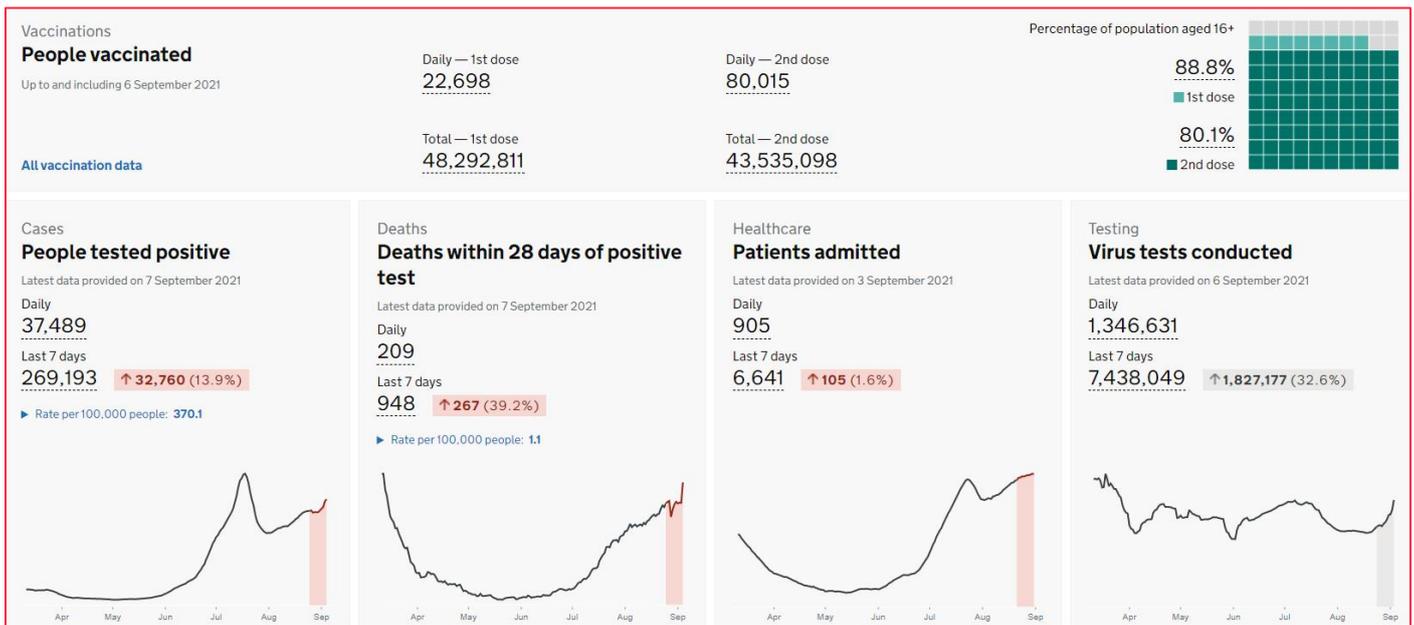
- The nationwide UK COVID Alert Level is currently set to **Level 3**, meaning a COVID-19 epidemic is in general circulation.⁷
- All parts of the UK have eased restrictions over the summer; however, each nation continues to take its own approach to managing the response to COVID-19.
 - England:** No legal domestic restrictions – replaced by guidance and personal responsibility on 19 July.
 - Scotland:** Moved to level 0 of its national alert level on 19 July; remaining restrictions were lifted on 9 August.
 - Wales:** Moved to level 1 of its national alert level on 17 July, and to level 0 on 7 August.
 - Northern Ireland:** Lifted most outstanding restrictions on 16 August, but limits remain on the number of people who can meet in certain indoor settings.
- In all parts of the UK, International restrictions continue to be applied for travel overseas.
- The UK Central Government is planning to introduce double vaccination as a condition of entry for ‘nightclubs and indoor crowded venues’ in England, however exact details of this have yet to be confirmed.

COVID Alert Levels		
Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase from today's level
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
2	COVID-19 is present in the UK, but the number of cases and transmission is low	No or minimal social distancing measures; enhanced testing, tracing, monitoring and screening
1	COVID-19 is not known to be present in the UK	Routine international monitoring

Key response areas and how they differ between nations are as follows:

Measure	England	Northern Ireland	Scotland	Wales
Guidance on working from home	No longer encouraging people to work from home. Businesses no longer need to implement social distancing measures.	People should work from home wherever possible. Employees at work should continue to observe social distancing rules.	Businesses are encouraged to continue to support staff to work from home where possible and appropriate.	People should still work from home wherever possible.
Use of face coverings	No legal requirement to wear a face covering, but people are advised to wear one in enclosed and crowded settings. Face coverings are mandatory on some transport networks, such as Transport for London.	Mandatory on public transport and in indoor public settings and hospitality, with exceptions including in places of worship and for those eating, drinking, or exercising, or when seated at a table.	Mandatory on public transport and in indoor public settings and hospitality, with exceptions including for those eating, drinking, or exercising, or when seated at a table.	Mandatory on public transport and in indoor public settings with the exception of hospitality premises.
Minimum social distancing	No social distancing rules in place.	People should remain 1m apart in retail and shopping centres, indoor hospitality settings, indoor visitor attractions and on public transport, where possible.	No social distancing rules in place.	Government guidance is that people should remain 2m apart from each other. By law, employers must take all reasonable measures to ensure a 2m distance.
Self-isolating rules after close contact with infected person.	Fully vaccinated adults and those below 18 years and six months are not required to isolate but are advised to have a PCR test as soon as possible. Not fully vaccinated contacts must self-isolate for 10 days.	Fully vaccinated adults and children under 5 do not need to isolate. Adults should take a test on day 2 and day 8 following contact. Children aged five to 17 should self-isolate and take a PCR test. If it is negative, they can end self-isolation. Not fully vaccinated adults must isolate for 10 days.	Fully vaccinated adults and those below 18 years and 4 months must isolate and get a PCR test (children under 5 are advised but not required to get a test). Isolation can end their isolation if the test is negative, and they remain asymptomatic. Not fully vaccinated adults must isolate for 10 days.	Fully vaccinated adults and those under 18 are not required to isolate unless told to do so by Test, Trace and Protect. They will be offered a PCR test. Not fully vaccinated contacts must self-isolate for 10 days.

Emerging concerns



- **Infection rates are expected to rise in the near-medium term** as a result of children and young person’s return to education, and an increase in people in the workplace.
- **Hospitalisations are broadly stable but steadily increasing** (lagging behind infection rates 1-2 weeks~). Some nations, including Germany, are now considering using hospitalisation rates instead of infection rates to manage their response (i.e., restrictions).
- **Authorities are planning to extend emergency legislation enabling COVID-19 restrictions over the winter** over concerns that rising infection rates, in combination with other seasonal pressures (i.e., winter flu season) may threaten the NHS. Scotland has indicated that if there is ‘substantial increase in serious illness’ (i.e., cases requiring hospitalisation) then it cannot rule out having to reimpose some restrictions. Additionally, there has been indication that some officials are considering a potential circuit breaker / fire break style lockdown (i.e., 2-week lockdown) over October half term - however this is being dismissed by politicians.
- **Health experts have warned that flu vaccinations could ‘fail’ leading to an increase in hospitalisations** during the upcoming northern hemisphere flu season (i.e., autumn-winter), which includes the UK, due to vaccinations not being ‘matched’ to current dominant flu variants, in addition to waning immunity to flu in the population as a result of lockdowns. COVID-19 surveillance has disrupted flu surveillance programmes, preventing laboratories around the world from gathering data on flu variants in circulation. The WHO made the recommendation for specification of the northern hemisphere flu vaccines in February 2021, however, vaccine makers have reported that global genetic sequencing of flu dropped up to 94%~ compared to normal, and shipment of flu surveillance samples for analysis dropped 64%~ due to travel restrictions.
- **COVID-19 vaccinations are effective but do not eliminate the risk of severe disease and immunity wanes over time.** Research suggests that the protection from the AstraZeneca / Oxford and Pfizer / BioNTech vaccines starts to reduce after 5-6 months, the timeline of which increases the uncertainty of the winter months. Furthermore, vaccination uptake is stalling across the UK despite a strong start earlier this year.
- **Some COVID-19 variants have the ability to evade immunity, and new and emerging variants remain a concern.** The Delta variant in particular has been linked to ‘break through’ cases, whereby even fully vaccinated persons are infected, and hospitalised with COVID-19. There is a concern that a new variant could emerge, which could evade vaccine-based immunity, or natural immunity from previous infection.
- **Businesses in the UK continue to take their own approach to managing the response to COVID-19,** including a return to the workplace, continuing to opt for remote working, or hybrid models. A growing

number of US companies (many of which also have operations overseas, including in the UK) are delaying a return to the workplace until 2022, and even mandating vaccinations for the eventual return to the office.

Intelligence assessment

The Securitas Intelligence Unit assesses with **HIGH CONFIDENCE** that infection rates will rise in the near-medium term, leading to a rise in hospitalisations and ultimately deaths. Combined with other factors, including seasonal pressures related to winter illnesses, the risks of waning immunity, and the potential for new and emerging variants to rewrite the rulebook on infections vs restrictions, it is likely that further measures may be needed over autumn-winter to manage the threat posed by COVID-19, and to protect the NHS, resulting in disruption to businesses.

While the overall COVID-19 landscape improved across the UK in the summer, there is increasing uncertainty over what the coming weeks and months will bring.

Looking back to 2020 to analyse the current situation, August and September 2020 saw the easing of restrictions across the UK due to falling infection rates, which is a trend also being seen in 2021. However, in 2020 this was followed by the introduction of local alert level systems to implement local restrictions in September and October, which led to increased national restrictions in November, December, and January; while officials have downplayed the need for restrictions in 2021/2, they have not ruled them out.

Additionally, while vaccinations have fundamentally changed the landscape between 2020 and 2021, there is a concern that infection rates are persistent across the UK, and likely to rise with the reopening of schools and a sporadic return to the workplace in September, which further complicates the picture ahead of the winter flu season.

The UK Central Government continues to focus on strategies to ‘live with the virus’, however additional measures may be needed in the near to short term. Options include preventative measures, including increased use of face coverings, greater encouragement to work from home, and social distancing, in addition to protecting the most vulnerable through shielding. However, response measures such as lockdowns have not been ruled out, including local restrictions to manage infection rates in hotspot areas, or indeed national / nationwide lockdowns, including both planned circuit breakers / fire breaks to disrupt the chain of transmission, or general lockdowns if infection rates threaten the NHS.

Despite the uncertainty of the situation, the single greatest truth that remains the same for both COVID-19 and managing the response to it: prevention is better than the cure. Robust business continuity measures will help to plan for and manage disruptions as a result of COVID-19 and / or restrictions, however resilient operations that are able to absorb or adapt to these impacts are better placed to mitigate disruption (i.e., safeguarding critical processes and assets, flexible working arrangements, and a robust level of infection prevention measures).

Intelligence Cut Off Date (ICOD):	0930hrs, 8 September 2021.
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LANGUAGE OF PROBABILITY							
Term:	Remote	Highly unlikely	Unlikely	Realistic / Possible	Likely / Probable	Highly likely	Almost certain
Probability:	0-4%	10-20%	25-35%	40-50%	55-75%	80-90%	95-99%