

Home Affairs Committee

Oral evidence: Home Office Preparedness for Covid-19 (Coronavirus), HC 232

Friday 22 May 2020

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[Watch the meeting](#)

Members present: Yvette Cooper (Chair); Ms Diane Abbott; Ruth Edwards; Laura Farris; Adam Holloway; Dame Diana Johnson; Tim Loughton; Stuart C. McDonald.

Questions 588-681

Witnesses

I: Karen Dee, Chief Executive, Airport Operators Association; Tony Smith CBE, Chair, International Border Management and Technologies Association, former interim head of Border Force; and Sarah West, Chief Operating Officer, Port of Dover.

II: Professor Gabriel Scally, Visiting Professor of Public Health, Bristol University; and Professor Annelies Wilder-Smith, Professor of Emerging Infectious Diseases, London School of Hygiene and Tropical Medicine.

Written evidence from witnesses:

– Tony Smith CBE ([COR0136](#))



Examination of witnesses

Witnesses: Karen Dee, Tony Smith CBE and Sarah West.

Q588 Chair: Welcome to this evidence session of the Select Committee on Home Affairs, as part of our ongoing inquiries into the response to covid-19. Today, we will look in particular at issues around the border.

Welcome to our first panel: Karen Dee, the Chief Executive of the Airport Operators Association; Tony Smith, the former head of Border Force and the Chair of the International Border Management and Technologies Association; and Sarah West, Chief Operating Officer of the Port of Dover.

May I ask you about the beginning of this crisis, in the early stage, when it became clear that this was a pandemic and that international travel was going to have an impact on the spread of the virus? At that time, what preparations did you or the organisations that you were working with look at? Did you look at the kinds of quarantine or self-isolation measures that the Government are proposing now? Let us start with Karen Dee.

Karen Dee: Good morning, everyone. On preparation, the important thing to point out is that airports only facilitate the border. They work closely in conjunction with Government—mainly Border Force, but also Public Health England and the health authorities. In the past, most airports had operational plans for dealing with specific health risks, which they drew up with public health experts, but I don't think they could ever plan for something on this scale. Throughout the system, as airports, they have followed and liaised with Public Health England. As that official advice has changed, those are the measures that we have been following.

In the early stages, in conjunction with port health, there was some enhanced monitoring of incoming flights from certain key areas, but as the pandemic began to progress and we saw communities with infection rates—so, as Public Health England's own guidance changed—we responded to that. It moved from enhanced monitoring more to signage for passengers coming in about the sorts of things they should do.

Q589 Chair: Sure, but at that early stage, were you asked to look at a whole range of different options? Was a broader quarantining or self-isolation approach explored at that early stage?

Karen Dee: Not as far as I am aware. We were asked to take part with Government on enhanced monitoring of some of those key target flights, particularly from Wuhan and China in the very early stages, but beyond that we were not asked to do anything further.

I should say, I believe that some of the advice given to passengers during that phase was to tell them what to do, but it was not something that the airport was asked to enforce or reinforce, other than through the signage.



HOUSE OF COMMONS

Of course, we also invited use of hand sanitisers and other kinds of practical measures, but not quarantining.

Sarah West: Good morning. As you will appreciate, contingency and resilience planning is a key element of our business. A standard day involves 120 ferry movements, but also movements brought by our cargo or a cruise terminal. We started planning at an early stage, engaging with our stakeholders about a lot of elements of our business, but also with regard to borders, and exploring what we should be doing to keep our customers, our staff and the local community safe.

We had early engagement from Public Health England, which helped us to host a conference with our stakeholders to talk about what we would do. We also contingency planned for when an at-risk person was brought into the port. In addition to the maritime declaration of health, we introduced our own covid declaration for ships and asked them to advise us if they had had any crew member who had been in a high-risk area or if they had anyone onboard with symptoms or who had been in contact with anyone with symptoms. We got a good response to that, as well.

So, although we engaged with Government agencies early, trying to ascertain what we could do and to plan for maintaining the borders and the throughput into the country, most of the actions we took were local.

Q590 **Chair:** So in that period from February to early March, when for a while we did have some self-isolation recommendations in place—obviously, most of them would not have been coming through Dover, but some limited restrictions were being put in or self-isolation advice being given—you were not at that time asked to plan for what would happen if that was extended more widely.

Sarah West: We already had a pandemic contingency plan that had been executed during the SARS epidemic, so we brushed that off and used it to do an update. In mid-February we produced our own contingency plan and we exercised it with all our stakeholders. So we already had a plan in force and we had a flowchart of what people should do if anyone displayed symptoms. We took self-isolation measures and did track and trace within the company and our stakeholders at that early stage.

Q591 **Chair:** What was the most extreme point as part of that pandemic planning? What could you have planned for?

Sarah West: We were planning for a mass of people arriving on ferries as a worst-case scenario. We actually have not seen anything—we have had one false warning, as it were, but nothing else at all. The ferry operators have very robust measures in place onboard.

Q592 **Chair:** Are those measures designed only for symptomatic people identified while travelling, or did you also have provision for what would happen if the Government suddenly told you that had to make quarantine arrangements or testing arrangements for everybody at the border?

Sarah West: The ferry operators would be better able to comment, but they were putting out early guidance to their travellers: people who had



HOUSE OF COMMONS

symptoms or had been in touch with someone with symptoms were not to travel. But yes, we were also contingency planning for “What if this happened?” The panel are probably aware that we have juxtaposed borders, so the actual immigration border into Dover is in our French ports.

Q593 **Chair:** Thank you. Let us go to Tony Smith.

Tony Smith: We were supposed to be holding our international border management conference in Singapore in February, so this hit us very hard because, of course, we had to cancel that as Singapore stepped up its own entry requirements. We were supposed to be in Brussels this week, and a number of international border agencies were going to be attending. As a result of the travel restrictions we have of course not been able to hold face-to-face conferences. We have been in touch with a number of our members around the world on the different responses that border agencies have taken, and I have seen a very stark contrast, in that each country has very much taken the matter into its own hands. There has not really been any international collaboration between countries and, as you know, borders are an end-to-end process: good borders demand good practice at both ends. We promote collaboration between international border agencies, but also with ports and airports and with technology providers, to come up with an end-to-end system.

I feel that the World Customs Organisation and the World Health Organisation have not really provided any real international leadership; it has been very much left to individual countries, and responses have varied. If you look at travel between here and Singapore, for example, British citizens cannot go to Singapore at all at the moment, but Singapore citizens can still come through here, to the UK, and actually pass through an e-gate without even being inspected by a border officer, let alone having any medical inspection.

We are really quite anxious to see a greater international set of standards for pandemics and crises like these. I learned a lot about that from my time in government, when I lived through a number of crises, and that is really where we are. The main message from me is that from where we sit, we have not seen the kind of international collaboration that I think is needed.

Q594 **Chair:** If you look at what other countries are doing compared with what the UK has been doing since mid-February, can you tell us how the UK’s approach has compared with those other countries?

Tony Smith: Again, I did put in some written evidence about what was happening in Singapore—I am very close with the border agency there. They reviewed their processes at the border daily, and new interventions were imposed incrementally as the risk was assessed—groups of people who had been to certain countries, groups of people from certain countries, and certain ports and borders. Some airports were systematically closed down on a constant review basis. We did start with some quarantine measures here, as you know, for evacuating people from



places such as Wuhan, but before we had really got ourselves into a position of that kind of approach, the virus was already widespread in the UK. I think the position here was that we needed to focus on what we could do within our communities. Natural progression dictated that international traffic was going to drop anyway, and so we have not really introduced any measures at our borders so far—until whatever announcements that we hear this week about potential quarantine. I just come back to the point that there has been a very vast variation in the way that countries have approached this. It would be helpful to do some more international benchmarking in future about how we can work and adjudge best practice when we come up against international crises such as this.

Q595 Chair: So the UK lifted any restrictions, or any self-isolation guidance, on 13 March, which was several weeks before the peak of the UK's first wave. It was also still several weeks before the peak in many other countries from which we have had high levels of international travel, including, obviously, places such as New York, America, Spain, Italy and so on. Were there any other countries that lifted restrictions—that reduced their self-isolation—at an early stage before they had reached their peak of infections?

Tony Smith: In places like the European Union, again, there was an approach from the Commission giving guidance to member states in the Schengen zone that it wanted to preserve free movement. I think that is based more on a political aspiration rather than on any risk assessment judgment, but, again, even in the Schengen zone, we saw borders systematically being closed in places such as Czech Republic and Austria against the desires of the European Commission. Again, national Governments will respond to protect their own indigenous population and that is understandable.

Q596 Chair: So, if you look at what those other countries were doing during that period—early to mid-March—were any reducing their border checks, restrictions or quarantine arrangements? The UK reduced its on 13 March. Was there any other country in that period that was reducing their restrictions rather than increasing them?

Tony Smith: Not that I am aware of. That is not to say that it did not happen, but for most countries that I have been involved with it has been incremental increases in checks rather than decreases.

Chair: OK. Thank you very much. Diane Abbott?

Q597 Ms Abbott: Thank you, Chair. Just to be clear—and this is probably one for Karen—were you given any instruction to test, check or quarantine people arriving at your airport when covid-19 first struck?

Karen Dee: The airports were given advice, so in the early stages it was part of enhanced monitoring. That was advice to passengers and, clearly, some repatriation flights were quarantined. After that, as the flights began to be cancelled, what we saw, working in conjunction with PHE, was simply advice to passengers about what they needed. They were given



HOUSE OF COMMONS

advice, I understand, on the flights about what they should do, but we do not implement the quarantine. What we were doing was facilitating the extra signage and helping with the enhanced monitoring.

Q598 **Ms Abbott:** Who does facilitate the quarantine?

Karen Dee: As airports, we do not quarantine, so we work in conjunction with Border Force and Public Health England. We will work with them with our staff to ensure that they can have the checks that Public Health England thinks are necessary.

Q599 **Ms Abbott:** Are any of the other witnesses able to say whether they were given instructions to test, check and quarantine? Sarah? Tony? Sarah.

Sarah West: We were not given any specific instruction, but we did work closely with Public Health England to execute a risk-based approach on the basis of where our inbound traffic was coming from.

Q600 **Ms Abbott:** So you were not given instructions. Obviously, you will know that staff working at the airports and ports were very concerned to see flights coming in from covid hotspots and were worried about the lack of a proactive policy. Were you surprised when the Government decided not to introduce quarantine, testing or track-and-trace measures in March this year? Anybody—were you surprised?

Tony Smith: Perhaps I could come in there. I just make it clear to the Committee that I am not here to represent the UK Border Force. I was in the UK Border Force, in its various manifestations, for 40 years, but I am here now as an international border management consultant, so I would not have access to any instructions that may or may not have been issued to the Border Force. You would no doubt be taking evidence from the Border Force on that. But what I would say is that we haven't seen any huge or clear guidance in the public domain, or to my association, about what standards ought to be introduced at international borders, whether that's here or anywhere else, emerging from the World Health Organisation or the World Customs Organisation. We have seen some broad guidelines from the International Civil Aviation Organisation, which is geared really at international airport processes. But from where I sit, we haven't seen a huge amount of guidance about what should have been done, at what point, and what should be done now, at what point. It does seem to be that we are watching other countries, and we are falling in line now with quarantine. That does seem to be taking off in a lot of places, but there is such a wide, disparate variation.

For example, if you go to the US now—if you can get to the US—you will only be allowed in if you're a returning American or a returning resident. And even then you will have to fly to one of 13 specified airports—you won't be allowed to go anywhere else—where they have got additional screening.

Again, it is a patchwork quilt of different responses in different countries that we are seeing, and I'm afraid I can't really help you with any specific



HOUSE OF COMMONS

advice or guidance that may have been given to frontline workers either in the UK Border Force or anywhere else, for that matter.

Q601 **Ms Abbott:** That's why I deliberately didn't ask you about what instructions Border Force had been given, but can I ask you this? Were you surprised when the Government decided not to introduce quarantine, testing and/or track and trace?

Tony Smith: Yes, I was surprised that we had not seen earlier measures introduced at the UK border. As I said in my written evidence to the Committee, I did live through a number of pandemics in my time in government service, including SARS, bird flu and swine flu, and I have obviously been following events, in my new role, in other places.

The normal response would be that there would be a significant introduction of public health into the ports and borders. That is what we would normally expect. I think there was some of that in some of the ports, where hotspots were identified. The airports do have the capability, working with the Border Force and with the airlines, to isolate flights, to move, segment, passengers into more remote areas of the airport and to conduct testing, if such a thing is medically proven as worth while.

I would have thought that I would have seen more of an incremental approach, such as I described was in Singapore, where a risk assessment would be done almost daily, but certainly every couple of days, as part of the critical incident command structure, which would be informing Government on what we ought to be doing at our borders. I am not sure that that is what has happened. I think we have very much, and maybe rightly, diverted our attention away from our borders and into the country to focus upon the health and safety of our indigenous population, which is perfectly understandable, but I think we may have been able to introduce more incremental steps, in other ways, that might have reduced the transmission from abroad, and I'm afraid by the time we actually did get round to doing that, it was too late, because the virus was already rife, as you know, in the population.

Q602 **Ms Abbott:** Okay, so you were surprised. Maybe I can go back to Karen. What information have you had from Government to support your implementation of these new requirements, and is there any more information needed?

Karen Dee: Do you mean in terms of the new requirements that have been rumoured in the press, or—

Q603 **Ms Abbott:** Yes, the new requirements possibly in relation to quarantine.

Karen Dee: At the moment, we have had some discussions with Government, predominantly with the Department for Transport, so we understand that we may see an announcement of a 14-day quarantine, with some requirements for enforcement, and that incoming passengers and returning passengers—UK people as well—will be required to self-isolate for 14 days. I understand there will be enforcement, via spot checks and fines, but I think that most of our information is already in the



HOUSE OF COMMONS

public domain, via the press, so we have not yet had specific discussions about how that will be implemented.

Q604 **Ms Abbott:** So they have not told you how they will enforce the 14-day quarantine?

Karen Dee: Not as yet, other than the spot checks. I believe that passengers will be asked to give an address in the UK and that there will be spot checks and fines for people, but I do not know the detail of how that will be implemented.

Q605 **Ms Abbott:** As I said, there was a lot of concern among staff members at the airports when they saw flights coming in from China and possibly other hotspots. One of their concerns—Border Force concerns—was the lack of PPE. I know that Border Force is not a matter for you, but have the airports thought about the availability of protective equipment?

Karen Dee: Certainly, that is something that the airports have been looking at for their own staff. They have put arrangements in for their staff, compared with what they are doing for passengers, so they certainly understand that.

I think there is a challenge for any business to make sure your key staff are protected but, at the same time, if there is a shortage, to ensure that you are not taking PPE away from others who are more at the frontline. So, yes, we have made sure that, where it is appropriate, PPE has been made available. I cannot speak for Border Force.

Ms Abbott: Thank you, and thank you, Chair.

Q606 **Dame Diana Johnson:** I would like to ask some questions about managing people at the ports. My questions are really for Sarah. I think you are here representing the Port of Dover, but I noticed from your biography that you have experience in other ports around the country, including the Humber port, which is one of the biggest ports in the country. I just wanted to ask how easy it has been to introduce safe distancing when you are dealing with freight, how you are keeping people at the port safe, whether there is access to PPE, and about all the other hygiene measures that we are encouraged to do—washing hands, and all of that. Can you just talk through how you have had to adapt since the pandemic was declared?

Sarah West: Yes. Obviously, I am here representing the Port of Dover. We took a risk-based approach. We have made risk assessments throughout the full flow of our traffic, from entering the port to leaving.

I suppose that one of the unique points for us is that because the operators took early action to stop foot passengers, most of our customers are arriving in their vehicles and then staying in their vehicles until they actually board the ferry. At that point, when they board the ferry, ferry operators have place to ensure social distancing; they actually reduced the amount of traffic they are taking on the ferries, to ensure that. Also, there is access to fresh air before the customer continues their journey.



HOUSE OF COMMONS

So our customers are staying in their car; they go through border checks with the French border police, and remain in their car. We have put measures in place to ensure social distancing, provide hand washing and put Perspex screens in place. They then do the same going through check-in. So we have made sure that P&O and Dover ferry staff feel safe.

We have made sure that we have welfare facilities, so if people need to get up and wash their hands, those facilities are available. We have also taken steps for our staff, and made sure that contact is minimised. Most of our staff who are able to do so work from home now. For the critical staff who work here in our operational functions, we have changed the way they work. They do not do face-to-face handovers. We make sure that they are isolated in their rooms. We do not do visits. As a result, we have had a very low level of absenteeism due to covid.

We have also taken steps to protect customers by liaising with DfT. We have had a lot of support from the maritime security division within DfT, so we have maintained our security standards but had less contact with the customer—for example, by using explosive trace detection.

In particular, freight drivers are very much aware of the requirement to protect themselves, because it is their livelihood. The Freight Transport Association has imposed restrictions that are being maintained, and we hear a lot about how freight drivers minimise their contact with other people.

Q607 Dame Diana Johnson: Could you say a little bit more about that? Obviously, freight drivers are key workers. What are they being told that they should or should not be doing? What is the advice?

Sarah West: What I can repeat is the information I am getting from them. I understand that they are very much remaining in their cabs, so they have very little interaction when they pick up their load and drop off their load. As I say, the FTA would be best placed to explain that, but the logistics chain has really taken a risk-based approach. We have followed Government guidance, but a lot of the trade associations have produced guidance, whether it is the cruise industry or a body like the Freight Transport Association, and we are hearing that that is being robustly followed.

Q608 Dame Diana Johnson: Are additional things happening at the ports in Rotterdam or Calais, for example, that we are not doing?

Sarah West: We are in regular contact with those, and we are very much aligned. Obviously, there are slightly different requirements here and in France—for instance, France has 1 metre social distancing, and we have 2 metres here. But we make sure we comply, and we have twice-weekly calls with both our French ports.

Q609 Dame Diana Johnson: In terms of the comments that have been made about the different requirements at different borders, you are saying that, with the channel ports going into Belgium and Holland, it is aligned—it is seamless.



Sarah West: It is not aligned, but we have made sure we have aligned it, because we want our customer to have the same experience at either side of their journey. The ferry operators make sure they have announcements on board so that people are aware of what the requirements are. For instance, when they go from Dover to Calais or Dunkirk, there are announcements on board reminding people that face masks are required in France on public transport, whereas they are not in the UK. So we make sure we adapt to the higher level and we have consistency, because there is some uncertainty for travellers.

Dame Diana Johnson: Thank you.

Q610 **Stuart C. McDonald:** I have a couple of questions for Sarah and Karen about the practicalities of the suggestions in the road map for coming out of lockdown and how this quarantine will work. As I understand it, the idea is that passengers will have to explain where they are going to self-isolate and have to have self-isolating accommodation. Where exactly does that process happen, and who will be responsible for getting that information from passengers?

Sarah West: Unfortunately, I am in the same position as Karen—although I know the approximate detail of what will come in, I do not know the exact detail, so I do not know how that will happen. Particularly for Dover, with our juxtaposed borders, people go through immigration before they board the ferry, so we have had discussions with DfT and Border Force, and we are trying to plan for what that might look like, because, obviously, we want to keep the freight flowing into the UK. That is something that we consider we have done effectively during the crisis so far, and we want to maintain that, but we do not have the detail at the moment.

Q611 **Stuart C. McDonald:** I can see that Tony wants to come in, but I will go to Karen first. Are you in the same position?

Karen Dee: We are in the same position. We do not have the detail. We have said to Government that you need that information and that process to take place as early as possible. We would like that process to happen before people board their flights, and the information is perhaps collected by the airlines on the way. We don't want people to arrive who do not have an address or who refuse to give an address—what happens to them, then? You have then got people in the country, at the airport, that you have to deal with in some way, so that makes it more difficult. At the moment, we do not have that detail.

At the moment, there are very few flights into and out of the UK. You can manage some of this, in theory, when you have small numbers of flights, but if it is an enhanced check-in process at the airport, once they arrive and you are scaling back up—if that is possible—that would be a very difficult process.

Q612 **Stuart C. McDonald:** Tony, I am guessing the evidence is that it should happen as early as possible, perhaps like a landing card process, where you fill it in while you are on the flight or on the border, or even before



that.

Tony Smith: I lived through a lot of issues at the UK border in terms of delays to flights. We had issues with airports and airlines when we introduced too many onerous bureaucratic procedures in the arrivals halls, which you will be aware of. I very much agree with Karen that what we really need to do is avoid form filling, certainly in the arrivals hall and preferably even in-flight. In my experience of landing cards, people invariably did not understand them and did not fill them out properly, or they did not speak English.

So I very much support an initiative, in terms of the carrying companies and the airlines, where there could be a declaration that is completed electronically, perhaps as part of the booking process. We now routinely get data on flights from all around the world transmitted electronically to us in advance. There would only be a flag raised against a passenger coming through if that process had not been completed. Preferably, if that passenger had not completed that process at boarding, they would not be allowed to board until such time as they had completed it.

My big worry is the bureaucratic implementation of this in terms of form filling and officers at our ports having to take down details manually, which could very quickly lead to delays and defeat the whole object of the exercise. I hope we can be innovative in the way in which we capture that information and in how we enforce notifications, so that people are aware of the requirements that the Government has introduced and the potential penalties if they do not comply, rather than staff having to speak to every individual passenger and hand them papers to explain what the case is, because that simply will not get the ports moving again in the way that I think we all want.

Q613 **Stuart C. McDonald:** Another challenge, Tony Smith, is the idea that there will be exemptions—for example, to ensure security of supply or for workers supporting security or national infrastructure. If somebody declares that they are an exempt person, there has to be some sort of scrutiny, I guess. I don't know how light-touch that can be, otherwise everybody would be claiming they are involved in national security or whatever else. How do you envisage going about testing to make sure that people are not abusing that exemption to avoid having to declare an address, for example?

Tony Smith: That is a good point. I haven't seen, as nobody else has, the detail of the measures and exemptions that will be introduced, but we can all think of, as you say, key supply chain workers—even our own Border Force officers go across to France every day to do their duties before coming back, and, clearly, it cannot apply to them. There are ways of doing this, but it does require some thought and some kind of accreditation that could be attached to the passport or some kind of digital accreditation. We have seen trusted trader schemes in other parts of the world, where exemptions apply to certain requirements for certain groups of traffic, and that could be the solution. Obviously, it would be part of the declaration. There would be a box to declare whether you are claiming



HOUSE OF COMMONS

exemption, and then we could find a way of giving you some form of accreditation that would verify that you are exempt from the requirement. But it does require further detail.

Q614 **Stuart C. McDonald:** Sarah West wants to come in, but I want to ask Tony Smith a final question. People will provide an address, but that is pretty light-touch—it is an end to the matter. You do not have the facility to make sure that that person genuinely has access to that address. That would be beyond what is practicable, I take it. So this is just harvesting an address, passing it on and nothing more than that.

Tony Smith: Well, enforcement is going to be a challenge. We do actually see lots of this type of practice in borders. You will be asked to give all kinds of declarations, as you know, when you fly to other countries, about your history, your potential travel history, your criminal antecedents, and so on, which can't be verified; but once you have signed that declaration you have committed yourself to a contract with us. I would imagine that, in country, you would not see routine raids, or anything like that, on people. That would be disproportionate. I can see spot checks taking place potentially in certain locations.

I think the other unanswered question for me is what if somebody is in breach of a notice. You have got the criminal justice penalty and of course we have got the juxtaposed controls in Calais. If people turn up at Calais and present themselves to a Border Force officer and don't have an address, what are we going to do then? It would be, of course, a solution to deny boarding or deny admissibility to people in those circumstances, and I am quite keen to see the detail of that.

Q615 **Stuart C. McDonald:** Should we be asking people to provide proof of an address?

Tony Smith: Again, that would be difficult. I think that might be disproportionate, and that is my worry—how this would work in practice. I think we would, in normal circumstances, back in the day, have had addresses that you filled out on your landing card when you presented them to us, but we very rarely checked to see whether that was in fact the address that you were going to, or whether, in fact, you were staying there. So I don't think there is very much we can do by way of advance verification, other than a self-declaration. I think enforcement does need some really serious thought about how, in practice, the compliance will be measured and enforcement would be implemented.

Q616 **Stuart C. McDonald:** Sarah West, you wanted to come in, I think, on the issue of exemptions.

Sarah West: Yes, as I say, I do not know the confirmed detail, but the initial discussions we were having with DfT and Border Force were that there wouldn't be exemptions for the requirement to provide an address. The exemptions would be for the quarantine. So we were expecting cross-border workers and haulage drivers to still have to provide that address; they would be exempt only from quarantine.



HOUSE OF COMMONS

Q617 **Stuart C. McDonald:** Again, have you had any discussions about whether anything beyond just provision of an address is going to be required—any sort of proof of address—or is it just, “Here’s my address” and nothing more than that?

Sarah West: No further details. Just what I have seen in the media.

Q618 **Tim Loughton:** I want to come to Tony Smith, but can I just go back to something Sarah West said early on? You said that the ferry companies seem to have some quite robust measures operating on board and that you had dusted down your old pandemic contingency plan from SARS. Has that proved to be fit for purpose?

Sarah West: It was just the basis for our subsequent plan. The port has successfully executed it. We have a number of contingency plans that we have on the shelf at short notice. We regularly review them with stakeholders, as well, so everyone anticipated what it would look like. Our final version of the contingency plan is very different, and it has been shared and approved by Public Health England.

Q619 **Tim Loughton:** So regardless of what advice Government may or may not have been given in the early stages, you got on with it and had a plan that you think has dealt with things as effectively as you could have done.

Sarah West: Yes I do.

Q620 **Tim Loughton:** Okay, thank you. Mr Smith, coming back to you: you have clearly said that the World Health Organisation has got it wrong. There was no international co-operation going on, be it through the WHO, the World Customs Organisation or whatever. In terms of where individual countries were doing it better, you have come back, I think, a lot to Singapore and an incremental and constant risk assessment approach. How could we have done things differently, with the benefit of hindsight? We seem to have an awful lot of professors of hindsight springing up all over the place at the moment, but bearing in mind that London is one of the major hubs in the world, and also bearing in mind that the scientific advice, whether you believe it or not, has been that some form of checking at airports would only have had a minimal impact on people coming to the country and acting as spreaders, what would you, if you had been in charge, have done differently, starting in February?

Tony Smith: Yes, hindsight is always a wonderful thing, particularly in our business, and I lived through a number of crises in my time in government. It is difficult, actually, particularly when you have very little advance notice of an impending threat. I don’t think that we can point fingers at different countries, saying, “You should have done this” or “You should have done that.” All I can advise you is that I would certainly have expected a daily review of our processes at the border—I do not know whether that happened—and advice going in through whatever mechanism, into Cobra or SAGE, about what other countries are doing and what the art of the possible would be. It is possible to segment flights



HOUSE OF COMMONS

from particular zones and passenger segments from different areas, but this happened so quickly that it was very clear that no sooner had we started to implement some of those measures than the virus was already widespread in the UK and passenger traffic was in decline.

We can all look back and say, “Perhaps we should have done this or that”, but I can understand why we are now doing this. If we have got the virus under control in this country and there is evidence that other countries have not, or that other countries are getting second waves, there are measures that can be undertaken on a flight-by-flight or segment-by-segment basis. I hope that is what will happen next. I heard talk of an announcement from the Transport Secretary earlier this week about things like air bridges. We are going to preserve the common travel area. That makes sense to me, because we do not, as you know, check passports routinely in the common travel area. Potential air bridges with other countries and a mutual recognition agreement with those countries about these declarations—an end-to-end process—is where I would like to see the conversation going. I am not sure it has gone there.

Q621 Tim Loughton: Okay. I want to come back to what may happen in the future, but let me just go back to what should have happened. You are not convinced that if there had been some form of intensive testing of people coming in—that depends, of course, on whether testing capability was available, and that was one of the issues as well—that would actually have made a significant difference, given that, for whatever reason, the virus had already started to take hold within the community and the population, particularly in the largest urban centres in the UK, such that testing every single person and turning some of them back would have had only a minimal impact on that, potentially, even if you could practically have done it?

Tony Smith: Yes, I think that would have been disproportionate, frankly. I spent a long, long time working in borders here and in other countries, and I only saw one border closure ever. That was after 9/11 in Canada/US, and the crisis then became, “How do we get the border open again?” We have 140 million arrivals at the UK border every year, and trying to implement a draconian measure like that immediately upon an outbreak in another country would certainly have attracted criticism, certainly from other stakeholders you are interviewing. The travel industry is very important to us, so we need to find that balance constantly between facilitation and control. That has always been the challenge, and it is no different in this scenario. I do not think it is unreasonable that we did what we did in terms of what we knew at the time. The question now is, how do we get it right next time around?

Q622 Tim Loughton: Coming to that question—of course, we are speculating on an announcement about potential quarantine measures that has not been made yet and may or may not be made this afternoon—is it too late, effectively, to start some form of testing and closer scrutiny at the borders now? Should we have some form of “trusted trader” country, almost? If we take the example of Greece, Greece has done remarkably well in terms of the spread of the pandemic. Surely, it would be more



HOUSE OF COMMONS

dangerous, if you are a Greek citizen, for UK citizens to go to Greece than for a low-epidemic country like Greece to send Greek citizens to the UK. At the moment, the Greeks do not want us, but actually, we should be welcoming in the Greeks, potentially. How realistic is it to set up a series of countries where we have an air bridge and those protocols are followed, or whatever? Is that really the way to go now?

Tony Smith: I think so. I think we are heading for a new normal in international travel, and that will require mutual recognition agreements with other countries based on risk. We have seen this in other areas—we do have agreements with the Border Five, for example, and with the EU and other countries—but you are right. Where you find a country where you are satisfied that the risk in that country is low, and they are satisfied that the risk of infection in our country is low, you could create a bilateral agreement between those two countries, which would be mutually recognisable in terms of checks.

Just coming back to the point of checks, as I said at the top of this, checks should be done prior to travel wherever possible. If we can get agreement with, for example, the Americans, whom I have been talking to this week, that all US-bound traffic will be pre-checked by US authorities—the Transportation Security Administration, and Customs and Border Protection—prior to travel, including a health credential, and flown into specific airports, and they could do that same to us on a flight which we recognised as checked, recognising that there is not a comprehensive test, that is the kind of process we are advocating: an end-to-end model with mutual recognition.

Q623 **Tim Loughton:** Let us have a final comment on that. You have mentioned specific airports. It looks as though certain airlines are now going to start up unilaterally—we have heard about easyJet and Ryanair. Should we be limiting the airports from which they can operate? You said that in the US there are only 13 ports of entry—if you are allowed to get into the US. Shouldn't we be mothballing certain airports temporarily and focusing on certain ones where we can more easily have this form of scheme you are mentioning?

Tony Smith: I think that would form part of the accreditation process. The challenge for the airport would be: are you able to institute whatever measures are required by your destination country? If they require some form of a check, health screen or health credential before boarding, are you, at your airport, able to implement that or not? If you can't, you can't fly to those countries. If you can, you will need to allow inspectors from that country to verify that—we have had the TSA over here before talking about pre-clearance. We would need to do the same thing at the other end, but I do potentially see a way through if we can all collaborate together on this.

Q624 **Tim Loughton:** Karen Dee, do you want to come in on that?

Karen Dee: I just wanted to build on that. I agree with Tony that this sort of more risk-based approach is something airports would very much prefer. We see the quarantine proposal as being a rather blunt tool



because it just applies to everybody, in all circumstances. If the medical evidence suggests that is what is need, of course we will go with that, but our preference is to work on, "What is the international agreement on a set of standards?" We are already doing some work on, "Can you do some thermal checks?" They are trialling that at Heathrow at the moment. We are also working on whether there are other things we could be doing. For example, on public transport should we be asking passengers to wear face masks, should we be providing more hand sanitisers and so on? That, in combination with the air bridge proposal, which is to look at agreements with other countries, would be a much better approach to this, because not only would it be much more risk-based and would therefore reduce the economic impact, which is going to be huge, but it would also achieve the kind of safety we are looking for.

Let me just touch on your point about whether we should limit this to certain airports and whether airlines will fly. All airports in the UK are keen for this international standard, because they want to be able to get up and running, while making sure that consumers feel safe in travel. We are already engaging in those kinds of discussions. I think you would not find an airport that would not be willing to implement those measures. The only thing I would comment on is that at the moment airlines are planning to restart. I think it will be interesting to see whether we do see the announcement. I have made this point about the usefulness of exemptions a number of times. Of course, an airline is not going to fly a flight if only one or two people who are exempted are going to be coming in. That is why we are concerned about the way this will operate; it may simply lead to a prolonged shutdown of all aviation.

Q625 Ruth Edwards: I wanted to ask some questions about the channel crossings in small boats and dinghies that we have seen, and my questions are for Tony Smith. What do you understand to be the scale and spread of illegal migration via small boats since the start of the lockdown?

Tony Smith: This was declared a critical incident by the Home Secretary last year. In my experience, critical incidents are declared in order to put out the fire with a taskforce, and when the fire is put out, we return to business as normal. It is too enduring to be just a critical incident; I think this is becoming a major threat, I am afraid, to the UK border. You will see as much about the numbers as I do. As I understand, in some circumstances the French are able to prevent boats from coming across, but we have seen recent evidence in the media of that not happening, or of vessels being pushed out to sea. That huge risk to life and limb should be our top priority in any case, wherever someone is from.

The migrants are told by the smugglers that if they get picked up by UK Border Force, they will be okay and get into the UK. If they get picked up by the French, they will get sent back there again, so they should aim to get close to a UK Border Force vessel, get picked up, and then they can come across. That raises questions about our capability. The capability we have is a legacy one. The cutters were there before my time—before we merged with customs and UKBA in 2008. We haven't really geared



HOUSE OF COMMONS

ourselves up to a major maritime threat like this, either in terms of infrastructure, powers, our response capability, or our international response capability with France.

We need to have a serious look at this and examine our own capability. Are we capable of interdiction on the high seas? How would that work safely? Regardless of who picks up the individuals, once we have established that they are safe and well, are we able to return them to their point of disembarkation? Otherwise, we will continue to fuel the supply chain. This is all driven by money. Smugglers will be showing people pictures now of what they saw on Sky News yesterday: "This is all you need to do. Pay us the money, we'll put you in a dinghy and push you off." We need to send a very, very clear message that that is not going to work. In order to do that, we need a comprehensive agreement with the French, and a post-Dublin convention agreement on a safe third country. I advocate joint or integrated border enforcement teams. That is something I worked on after 9/11 between Canada and the US on the Great Lakes. There are things that can be done. There is huge learning from Australia, which is a world leader on this. I really think we need to tap into that now, because I cannot see an immediate end to what is becoming a crisis.

Q626 Ruth Edwards: We have all seen the footage you alluded to, which has been doing the rounds in the media. As you say, it appears to show a French naval vessel accompanying a dinghy with migrants in it from French waters into British waters. I think that surprised a lot of people, because they thought they would be accompanying them back to France. As former head of the Border Force, could you clarify for us what is going on in those images, and say what is the legal position?

Tony Smith: Interdiction on the high seas is an extraordinarily difficult area. It is not something that challenged us in my day. Indeed, when this began two years ago and I was asked about it, I thought it would simply be a flash in the pan. The advice we were getting from coastguards and people closer to the channel, was that this is a very dangerous waterway with busy shipping lanes, and that these things could turn over and people were not going to run the risk. They have proved us wrong. People have been able to do it and get across, and they have adapted their tactics in line with ours. They have seen that if they can get close to a British vessel, essentially they are guaranteed to be taken to one of our ports. They are pretty well guaranteed—these are vulnerable people—to be taken into the UK system, and it is very unlikely that they will ever be returned anywhere. That is the message getting out.

International law is that health and safety must come first. Any vessel that sees another vessel that is in that state, with women and children on board, no navigation equipment, and people at risk of drowning, should immediately take measures to take them on board. As I understand it, however, migrants are resisting giving any indication that they would be prepared to be rescued from a small dinghy by a French vessel. They want to be rescued by a British vessel. We must be agile, see what is going on, and be quickly ready and able to adapt. That is my main concern.



HOUSE OF COMMONS

Ruth Edwards: Thank you. You mentioned joint teams between the Canadians and the Americans—

Q627 **Chair:** May I interrupt for just a second? I wonder whether Sarah West wants to come in on that point.

Sarah West: I can only comment at operational level and reassure the Committee that Border Force has an operating procedure in place to ensure the safety of port users and their staff, and all migrants are health screened on arrival. We work with them on a plan so that not only do our staff and port users feel safe, but they are also confident. We have a good working relationship with Border Force, and if migrants do get through and are not met by Border Force, the Port of Dover police also have the ability to health screen.

Q628 **Ruth Edwards:** To go back to the international examples of best practice you were talking about, Tony Smith, of the Great Lakes and Australia, could you summarise what they have done so well that we are not doing?

Tony Smith: In the US, there is a separate organisation called the Border Patrol, which is a subset of the Customs and Border Protection Department responsible exclusively for irregular migration in the areas between the ports of entry and via the maritime threat. They have a rapid response capability to protect their land borders and their sea borders.

You will have seen from independent chief inspector reports over the last couple of years that the Border Force is primarily concerned with the sorts of things we have been talking about: processing passengers through the border. That is a very, very big job and they do it very well. Don't get me wrong, I know that Border Force and Immigration Enforcement are working really hard with our colleagues in France to try to stop this—of course they are—but we do not have an independent border patrol; there is a mixture of Border Force and Immigration Enforcement officers out there at the moment with a mixture of training and a mixture of powers.

In Australia, they created taskforces. They had a specific taskforce drawn from a range of different agencies, be they defence or home affairs, to deal with the boats. They also had an offshore taskforce to deal with the source and transit countries. Those are the kinds of responses I have seen in other countries where there has been this type of maritime threat that is relatively new to us, and I am really keen that we take note of that and bring in some advice from these countries. This is going to be an enduring threat unless we can see some kind of breakthrough on that.

Q629 **Chair:** I have a couple of final follow-up questions. We are expecting an announcement from the Home Secretary today about what the next steps might be around the border. Apart from the points you have covered so far, what particular things do you still need to know to make things work? Is there anything else?

Karen Dee: We would like to see more detail about how the paperwork system will work—Tony referred to it earlier—because we do not yet know whether or not we need to provide additional space or facilities at the border hall or on arrivals to facilitate that. We do not have that detail at



HOUSE OF COMMONS

the moment, and we really need to understand that and the scale of exemptions, what numbers of people might be exempt and how the checking process will differ, because if that slows up the system, we need to be able to accommodate the area.

Sarah West: Exactly the same as Karen: it is the real details so that we can make sure we put that in place. In addition for us, it is all about making sure that freight comes into the country. We need to make sure we have the right arrangements in place to facilitate that.

Q630 **Chair:** If you were given that information today, how long would it take to implement?

Sarah West: It would really depend on the content of that information and where those checks are going to be done. We are also very conscious that we need to get that information out to the hauliers so that they can implement it.

Karen Dee: It would take a few weeks. It depends, really, on what we are required to do, but if we need to make changes to the arrivals halls, that will take some time and some planning. It is also about making sure that the staff are prepared, coming in.

I just wanted to say, on the level of detail, we understand that this will be reviewed after three weeks, on a three-week rolling period. We are really keen to understand what the basis is of that review—is it going to be health-based, economic-based, practically-based or a combination of all of those? We would like to understand how the Government is going to assess that so we can understand what the exit strategy will be, going forward.

Q631 **Chair:** Back in February and early March, you had guidance which said that people should self-isolate if they were coming from Wuhan, northern Italy or a couple of other places. Presumably that did not take you two weeks to introduce.

Karen Dee: No, for self-isolation, people were given the information on the flights, and at the very early stages in any case they were being escorted—as Tim mentioned earlier, you will have seen coaches going off to particular areas. After that, it was more about people being given the information on the flights, but the number of flights had already scaled down, so the number of passengers coming through was relatively small. We were not being asked at that stage to check for isolation, check details or check addresses.

Q632 **Chair:** You could bring it in on a guidance basis immediately, even if it is not yet being enforced.

Karen Dee: I think the proposals could be implemented. We just do not know what will be required of us. When I say it is two weeks, it really depends on whether we need to make changes to the airports and whether Border Force then needs to change its own practices. If the checking is not overly difficult, of course, it can be done more quickly than



HOUSE OF COMMONS

if it is, but I am afraid we do not have the detail at the moment to understand that. It could be quick, but it might not be.

Q633 Chair: But suppose the Government said, "Okay, on a temporary basis, until we have our new enforcement admin-based system in place, we want to revert to a version of the guidance that we had at the end of February or early March that says, 'It is now the Government recommendation that you should self-isolate for two weeks.'" You could implement that bit pretty much straightaway, because you did that last time round when, at that time, the number of flights and ferry passengers and so on was considerably higher.

Karen Dee: Yes, that would be relatively easy, because we are not required to check that. If people are asked to do that and given instruction, clearly that is relatively easy to do. The question then is whether that is effective, depending on the outcome that you are seeking to achieve.

Q634 Chair: Tony Smith, do you agree that you could do the guidance pretty much immediately, but it would then take a couple of weeks to do something that is admin-based to enforce?

Tony Smith: Yes, Chair, I do think that. That is right because, as Karen said, the initial requirement, apart from the quarantining of arrivals from Wuhan, was simply to advise passengers that, "This is what you need to do." There was no requirement to give an address or make an individual declaration; that is the difference.

What I hope is happening—I suspect it is—is that consultation is going to happen urgently with organisations such as Karen's, Sarah's and the other ports and airports about how this will work in practice. We all want it to work in practice, but if we do not have that collaboration, we could find that we are defeating the object of the exercise.

We need a seamless, slick process that gives the Government what it needs by way of data and information, but at the same time promotes a return to international travel. That will require collaboration, urgently, and consultation with the port operators, the airlines and so on.

Q635 Chair: The Government first briefed the newspapers on about 26 April that some form of quarantine arrangements was going to be introduced, so we are talking almost a month ago now. Would you have expected to have had more debate within that month?

Tony Smith: I do not know who that was addressed to, but yes, I certainly would have thought that that would have been the case. I do not know though; Karen is probably better placed to tell you exactly what has happened.

Q636 Chair: I saw you nodding, Karen.

Karen Dee: Yes. All I was going to say was that certainly one of our concerns has been that we have felt that we have not been able to fully understand what the objectives of the policy were, how it was being



HOUSE OF COMMONS

judged, and how it would be implemented. Very recently, we have begun to hear some details, but in contrast, we would have preferred some more early consultation, so that we could have explained the likely impact that it will have on our industry, and also perhaps proposed some alternative ways of achieving the same aim. We see the combination of the air bridges and the medical standards—all those things—as a better alternative.

Q637 Chair: The final issue I want to ask you about is that Greece now seems to be introducing testing at the airports, and a one-day quarantine hotel while you wait for the test result, having previously also operated forms of self-isolation and quarantine for some weeks up to this point. I think South Korea has also started shifting from a quarantine emphasis to a testing emphasis. If it was shown that shifting to testing at the borders was more economically sensible and a way of targeting the infection, could you operate a similar regime to the Greek regime at the airports and ports?

Karen Dee: We are really keen to understand and learn from that international experience. There is a quite a lot of discussion going on through international bodies—EASA, ICAO—looking at what kinds of measures work and can be implemented effectively. We have begun some discussions with the Department for Transport about how we adapt those to within the UK. Social distancing, for example, would be very difficult, like on any public transport where you have people closely at scale, but we are really keen to understand some of those other things.

The trials that were announced at Terminal 2 in Heathrow yesterday are some of the ways that airports are beginning to look at this. We are really keen that what we get are some common international standards. As Tony mentioned earlier, this is about a seamless journey both ends. Other countries are beginning to move towards the lifting of quarantine methods towards something more risk based.

Q638 Chair: Does it feel to you then that the UK has been completely out of kilter with most other countries? They introduced quarantines when we reduced them; they are introducing more testing when we are switching to quarantines.

Karen Dee: On the current quarantine proposals, it does seem odd to introduce them now, but I am not a medical expert and wouldn't want to second-guess what the medical reasons or the scientific arguments are for that. What we do know is that a blanket quarantine proposal as it stands is not really consistent for our industry with restarting recovery—it is much more to do with lockdown.

Q639 Chair: Sarah West, could you operate any kind of testing system like that Greek airports system?

Sarah West: We are carrying very few tourists at the moment, but we would like to be part of and facilitate trying to open up the travel corridors, on a risk-based approach. We would be very keen to be engaged with that and to try to get people travelling again, with confidence.



Q640 **Chair:** Tony Smith, what is your assessment of the Greek approach of testing people when they arrive?

Tony Smith: I think you are right that there are different measures being introduced in different countries. I have a colleague in Dubai who was telling me about a finger prick with a blood test in 20 minutes for Emirates. There are all kinds of different initiatives. The problem with testing is that we don't have a universal testing about what the test is for and how comprehensive it is going to be. We have a range of measures, ranging from a simple self-declaration through to temperature testing and blood tests; all kinds of different things are going on. We need to benchmark this internationally to figure out if there is a process. If there is a test that can be rolled out that we are satisfied reduces the risk of infection in the travel continuum, obviously we ought to look at it, but I am not sure that that is there at the moment.

Chair: I thank our first panel. We very much appreciate your evidence this morning. Thank you. We are going to move on to our second panel now; I hope you will bear with us while we do the technical switches between the two panels.

Examination of witnesses

Witnesses: Professor Gabriel Scally and Professor Annelies Wilder-Smith.

Q641 **Chair:** We are now looking at some of the science and the medical evidence and issues around the decisions at the border, and also some international comparisons.

We welcome Professor Gabriel Scally from the University of Bristol and Professor Annalies Wilder-Smith from the London School of Hygiene and Tropical Medicine. Welcome to you both. Can I ask you for your opening assessment of the approach that the UK Government has taken to border checks, self-isolation, quarantines, restrictions and different kinds of things compared with other countries? I will start with Professor Scally.

Professor Gabriel Scally: I saw an estimate recently from the Pew Research Centre in the United States looking at the use of border controls, and it estimated that more than 90% of the world's population currently lives in countries where there are public health restrictions on travel to and from those countries. I find it very strange to be in Britain and Ireland as a common travel area with very permeable borders that does not have any travel restrictions in place at this time in the epidemic, particularly given the amount of travel to and from the UK and Ireland. There is some very interesting work plotting the travel corridors, the amount of travel going on between countries and correlating that with the intensity of outbreaks.

I think timing for me is a major issue with many of the particular features of this outbreak. Testing, tracing, case finding and isolation is certainly one of those issues. The banning of mass gatherings is another one that has distinct crossover with issues around border control, given some of the international sporting gatherings, for example, that have been central to



HOUSE OF COMMONS

the early part of the control efforts in the UK. Even where those sporting gatherings were stopped taking place—cancelled—the international travel associated with them continued. I think that is a matter of major concern.

For me the issue now comes into focus as this phase of the epidemic in the UK and Ireland seems to be drawing towards some sort of conclusion. The numbers of deaths and admissions are going down, sometimes very considerably. The Republic of Ireland in particular has had fewer than 100 positive cases in the country for the past six days and has a daily death toll that is in the teens every day, rather than very substantially higher than that. I hope that the UK will find itself in a similar position.

Looking at the experience from elsewhere, particularly in China, South Korea and other countries, the importation of new fresh cases potentially sparking off hotspots or flare-ups of the disease within country is a major, major concern. That concern has to be allied with the availability of a case finding, testing, tracing and isolation procedure in place right across the country. The issue of borders, border control and quarantine are very important, as indeed it has been in the control of infectious diseases for centuries.

Chair: Professor Wilder-Smith.

Professor Annelies Wilder-Smith: The effectiveness of border quarantine measures really depends on the timing and is highest very early on in an outbreak. That is why countries that have no or low cases and island states will need to focus everything on extremely stringent quarantine or entry measures. It is never too late, but it always has to be combined with containment at source.

I can say a little bit about the Asian experience because I lived in Singapore for a long time. I also want to come back a little bit to the basics of the mathematics of the disease. The reproduction number of the disease—it is everywhere in the news—is extremely high, but there is another factor, which is the dispersion factor. That means that some cases will not lead to secondary attacks, but others will lead to super-spreading events. We still do not fully understand which ones will lead to super-spreading events.

If we remember SARS in 2003—I was in Singapore at the time—it was one single case that led to the outbreak in Singapore. The second case, which was also imported, had no secondary cases. Therefore, I do think that we still need to put all our efforts into quarantine. Now, at a time when the cases are declining, it is very important to strengthen and tighten up our border quarantine measures.

Q642 **Chair:** May I ask about the Government's decision in early March to lift the restriction that they did have. They did some early quarantining on particular flights from Wuhan, and they also had some guidance in place for 14 days' self-isolation for northern Italy and Wuhan. Those were lifted on 13 March, several weeks before the UK peaked, and in advance of the peaks in Italy, Spain, New York and other countries. What would be the



HOUSE OF COMMONS

reason for lifting any restrictions at that point in the epidemic?

Professor Annelies Wilder-Smith: At that time, the risk was not Wuhan and China any more. They were already in control of that, and their cases were close to zero. The problem that we had was that, in Europe, we missed the spread of community transmission in Italy and Spain. Italy was a wake-up call, but when it happened, a lot was happening in Spain, and we missed that. Indeed, we would have needed to start very strict measures at that time. We didn't do that, because we knew that there was already community transmission in the UK, so it was almost disproportionate, unless you do it total.

The lesson in retrospect is that it is like lockdown. Lockdown is a very difficult Government decision, because it has so many economic repercussions. We now know that the earlier you do it, the shorter the lockdown is; the economic downturn is not as bad. It is the same for these measures.

I want to share the Singapore experience. Singapore immediately had very strict measures, including legal enforcement of quarantine for people coming from these areas, whereas the UK still had "self-quarantine" without legal enforcement, daily checking, policing, fining and so forth. Singapore was able to delay the introduction. Then they saw that most of the introduction was not from China but from Italy, Spain, etc. so then they had a total travel ban. They allowed only their residents to return home. They allowed them to quarantine at home for 14 days, which was enforced by daily checking. You had an app, they would call you, and you had to show with your phone where you were to show that you were indeed at home. Then there were police checks: they would come to your home to check that you were still quarantined there.

With these measures, they still showed some in-household transmissions. Returning Singaporean residents gave it to members of their household, who were obviously allowed to go out, so there were a few spikes. Then Singapore decided even to stop quarantine at home. Now, it is enforced quarantine at a hotel, where you are not allowed to see anyone. Even with those strict measures, they missed a little link to the migrant population within that setting, so now they have a major outbreak within the migrant population.

Whatever we do, we will never be perfect, but I think we need to strengthen our quarantine measures with legal enforcement. Self-isolation doesn't work; sorry.

Professor Gabriel Scally: The 12 or 13 March was a defining moment, because there was a series of decisions made then on the basis of the four-phase strategy, which was the Government's approach at that time—containment, delay, research and mitigation. I never properly understood that, I must admit. The abandonment of containment—the abandonment of community testing and the attempt to control entry of new cases—seemed to me to be going in entirely the wrong direction at that time.



I understand why. The explanation given was fairly clear. It was said that the virus had now spread so much within the community that there was no point in doing these things. I completely disagree with that. One of the major failings has been the failure to regard measures as additive. It seems to me that there was often a desire to find the one thing that would work; cancelling mass gatherings, for example, is another one that was seen as not making much of a contribution, but those measures are additive, and it all adds up to dealing with the virus. You need all those contributions. They are sometimes synergistic, as well. The abandonment of the testing and of any attempt to control the entry of new cases was a very distinct error.

I have seen some of the assessments—the figure of 0.5% is used quite widely—and I must admit that I get quite confused, because it seems to me to be quite imprecise as to what exactly people are talking about. Clearly, at some point in this epidemic, it was 100% of cases that had been imported. That, for me, is the important thing. We should not regard it as, “Because we failed to contain it inside the country, there is no point in stopping new cases.” There is always a point in finding new cases and stopping them, and that should be the backbone of everything that is done during the course of this epidemic.

Q643 **Chair:** So basically, even though there would have been community transmission taking place, it was still important to capture and prevent further transmissions coming from abroad?

Professor Gabriel Scally: Indeed. In my view, every single opportunity should have been taken to detect cases and stop transmission. That includes border control and the importation of fresh cases from abroad—first, simply because they are cases, but secondly, because of the nature of the journeys that people are making. They are coming off and on to aircraft in close proximity, at a time when we are trying to tell people to self-isolate. They are passing through sometimes multiple transport hubs, often using public transport on their onward journeys. In particular, it seems to me that travel-related importation of cases is particularly important.

Q644 **Chair:** The Transport Secretary said at one point that he had been advised that stronger border measures might have delayed the epidemic by maybe three, four or five days. What would be the impact of being able to delay the epidemic for, say, three to five days?

Professor Gabriel Scally: I would take three or five days any time, because, as I think was pointed out, this virus replicates very rapidly. A week's or two weeks' delay could lead to doubling, and multiplied many times the number of cases, because that is how it is spread. That is how it spread. Within a matter of weeks, it went from a very small number of cases to a huge spread. I was very frustrated at that time—I don't think it was hindsight; at that time, it was very much insight—at the notion of taking the right decisions at the right time. The use of that phrase seemed to me a very worrying trend, because the right decisions were always the right decisions. They were the right decisions at the very beginning and all



HOUSE OF COMMONS

the way through, about testing, restricting travel and movement, and social isolation measures. They were right all the time.

Q645 **Chair:** Do you think the decision not to have stronger border safeguards that other countries had has increased the number of lives lost?

Professor Gabriel Scally: I think that is almost inevitably true. My particular concern at the moment is that, as my colleague from the London School of Hygiene and Tropical Medicine said, this is a good time—it is always a good time—to restrict the flow of new cases into the country. My concern is that as we try to get the numbers down, assuming that there is an effective contact tracing and testing system in place, what we do not need is new cases producing flare-ups in places where we have restricted them. There are a huge number of ports in the country and potential for cases to come in. Something has to happen about that. The experience of China was that, when they got to zero domestic transmission, which I hope we will get to, they were still getting returning Chinese people bringing the virus back into the country. The only reason they were able to control that was because of the very strict border controls.

Q646 **Chair:** Professor Wilder-Smith?

Professor Annelies Wilder-Smith: The risk of importation is a function of the number of air passengers and of the incidence of covid in the origin countries. We need to take that into account. The travel bans and the lockdowns have helped. At the height of our lockdown, the relative contribution of importation was relatively low, but now, at a time when our rate is coming down, the relative contribution of importation will increase again. We need to take it seriously.

My suggestion to the UK Government would be to have two or three scenarios. We will soon be in equilibrium with most countries, within Europe and beyond, which means we will have a similar incidence. With those countries, the risk of going out and getting the disease when you are visiting somewhere else and returning, is the same both ways. For those countries, in that scenario, you can have a travel hub, travel bridge or travel bubble, if you wish. If you have equilibrium—there is no increased risk of importation. If you bring in people from a country with a lower incidence, that is even better for the UK. They will return and that country will have a quarantine for the British.

The scenario that we really need to look at, and to be very careful about measuring, is where there is a differential, in that the UK has a lower incidence and you bring in people from a higher incidence. That is where you need to focus, zoom in and take all your measures. That is cost effective and has the highest impact.

Q647 **Chair:** Can I clarify this? It seems to me that you are taking slightly different approaches to this. Professor Wilder-Smith, you said what was significant was the proportion, and that therefore if the prevalence is lower in another country from which people are coming in, then that is better, but Professor Scally, you seemed to be saying that the absolute



HOUSE OF COMMONS

numbers of infection matter, so any new infections coming in, even relative to the proportion in the population already, would all be new infections. Do I understand correctly that you are taking different approaches?

Professor Annelies Wilder-Smith: You have to look at the stage of the epidemic. Early on in the epidemic, the proportion and the relative contribution of importation was extremely high—as high as 100%, as was said. Basically, all cases came in. During the height of the epidemic, the relative proportion of importation was relatively low, because there was a lockdown and hardly any incoming travellers. Now you are lifting that and there is an increase in air passengers, the relative contribution is indeed increasing.

That was not my point. What I really wanted to say is that your decision should be based on a differential. Are you bringing in people from a higher-incidence country versus a lower-incidence country? If I bring in passengers from Greece, it doesn't matter. It does not increase our overall incidence within the UK.

Q648 **Chair:** Let us suppose some cases come from Greece. Even if they are a smaller proportion than the existing incidence in the UK, doesn't that still add new cases to the UK that could then further spread?

Professor Annelies Wilder-Smith: No, because of two-way travel. The British go to Greece and—

Q649 **Chair:** Okay. You are making an assumption that we are swapping passengers, which we might not be doing.

Professor Annelies Wilder-Smith: Usually we all go back and forth on return flights.

Q650 **Chair:** Okay, so we might be making things a lot worse in Greece. Professor Scally?

Professor Gabriel Scally: I understand the analysis, but I am not sure I agree with the conclusion. A swap of sick people doesn't seem to be a great idea under any circumstances. Secondly, we have to take into account the circumstances of travel, as I mentioned earlier. If we are still saying that social distancing is important, then that seems to be antipathetic to aircraft travel. Movement through transport hubs or ferries is flawed.

My other point is about transit, which is a very difficult issue and one that requires dealing with in any consideration of air bridges, so that people are not making use of transit arrangements in some countries to come in indirectly from high-incidence countries. I absolutely agree with Professor Wilder-Smith: now is a good time, as—we hope—the number of cases starts to fall fairly dramatically, to do something to ensure that it is not further added to by imported cases.

Q651 **Laura Farris:** I want to pick up on the themes that you have been covering. You have both given a really helpful analysis of what you think



HOUSE OF COMMONS

we should have been doing in and around mid-March. Professor Wilder-Smith gave the example of Singapore and the lessons that could have been learned from there.

One of the things that I wanted to ask about is your view of the quarantine that is proposed from 1 June. Is it your view that it is better late than never, or is your view now that there are more deft ways in which the Government could approach the issue of new arrivals? For example, Tony Smith was talking about the potential of testing. The Chair gave the example of Greece, where I think there is the 24-hour isolation hotel while you get your test results. What I am really asking is whether we are going for an optimal strategy. If not, why not, and what should the optimal strategy look like?

Professor Gabriel Scally: I think that any strategy that is adopted has to be flexible and respond to developments in technology. If there are rapid-turnaround tests with suitable sensitivity and specificity that will be a tremendous boon, and will be very helpful, if it fits with our knowledge about the development of the infection in the individual as well. They will certainly, if they come about in a practical sense, and are introduced in a practical sense, make the isolation a great deal easier, in my view.

Professor Annelies Wilder-Smith: Testing should be the strategy of the near future. I am not sure whether the UK is in a position to offer all these tests to incoming passengers at a time when it is not able to provide 100,000 for its own population. I believe in tests. That is probably the most cost-effective measure, because you get the results within eight hours, or maybe in the future even faster. Then you can isolate those who are positive and let go those who are negative, but remember that you will still miss a few, because a few will still be negative because they are still in the incubation time, just before they test positive.

The quarantine remains the highest standard, but at a high cost. It is a deterrent to travellers, and to economic recovery. Having said that, I want to share what Hong Kong does. Hong Kong tests everyone. They wait in a special hall where separation is possible. If passengers arrive at night they are sent by coach to a hotel to wait for the results, but even if their result is negative, knowing that some still may become positive in a few days, they are still on a two-week quarantine-type measure, where they have wristbands with a code, and they have to be contactable at all times. This is obviously very strict, and remember that Hong Kong still has a very strict travel ban for everyone.

Knowing that testing will not be immediately possible to the scale that you need with an increasing number of passengers now, I still believe that we should do quarantine, but we should do the 14-day quarantine zoomed in to the high-risk countries—countries that have a clear higher incidence than the UK at the time. These countries need to be identified on a weekly basis. Singapore identified these countries on a daily basis. On a daily basis they looked at the incidence and added them to the list for travel bans.



HOUSE OF COMMONS

We need to be as agile as Singapore. Maybe a weekly basis is enough. We should have certain criteria for high incidence and maybe a total travel ban or real quarantine. I believe in the notion of a travel bubble, as in Australia and New Zealand, where, if you have an equilibrium of similar incidence, there would be a free exchange, if we can trust in the testing of those countries. Within Schengen, that is politically possible. We are coming to a stage where we are all at a similar incidence.

Q652 **Laura Farris:** I want to put to you something the Home Secretary said to this Committee, when she gave evidence about three weeks ago. She said the effect of lockdown was—I cannot remember exactly how she put it—that by March we were already seeing a 99% reduction in travel into the United Kingdom. I have seen data suggesting that is not the right figure; it may have been more like a 98%. Either way, it was in the high 90s. If that was the case, taken with the restrictions put on people arriving from Wuhan, did that go some way towards being an adequate alternative to having a quarantine system in place in the middle of March?

Professor Gabriel Scally: Of course, aircraft stopped flying because of the travel bans imposed by other countries. The UK and Ireland are in a very small percentage of countries without restrictions. The ideal situation would be to be an island and for every other country to have travel bans, so that you didn't have to bother. That is not the situation in the UK. We still have people coming—I think a relatively large number of people—from countries that have a significant number of cases.

As I said, I don't understand how we can expect people in the country to observe social distancing, if we are content to have large numbers of people coming by aeroplane into the country, who have not been observing social distancing for hours at a time and who have passed through busy travel hubs. I do not find it an ideal substitute. There is no doubt that the travel restrictions imposed by other places have helped the UK.

Laura Farris: Thank you.

Professor Annelies Wilder-Smith: The risk of importation is totally dependent on travel volumes. Travel volumes have decreased. That is why I believe that at the height of the lockdown importation did not play a major role, but it will now, when our numbers are coming down and air passengers will increase as we lift the lockdown worldwide. Now is the time to be very careful about how and to what extent you want to have border measures, which could include a 14-day quarantine, testing or an app, which people have to sign up to, so they can be followed up for 14 days, called upon and asked if they have symptoms, and we can ensure they do not have much contact.

I believe we must be strict about it. We know that total containment may not be possible, so in the spirit of lifting, a travel bubble between certain countries is still a valid idea.



Professor Gabriel Scally: I should have said, about the common travel area between the UK and Ireland, that Ireland meets every passenger who comes off an aeroplane. They must complete a public health passenger locator form, based on the international model, in which they are provided with a lot of advice and must give very detailed information about themselves and their proposed travel plans. They are expected to socially isolate for 14 days. They must provide details for that. They are told that they might be checked up on. Interestingly, they also make sure that for people who are travelling on to Northern Ireland, that information could be shared with the authorities there. That is a good way forward in the absence of a proper quarantine measure, but it is not good enough.

People arriving at Dublin airport who want to travel to Belfast, as many do, can claim exemption from that 14 days. In a common travel area, that seems unhelpful to me, and one of the things I would certainly argue for is a firm agreement between the UK Government and the Government of the Republic of Ireland about what happens in terms of travel restrictions and border restrictions on public health grounds.

Q653 **Laura Farris:** That brings me on to my next question, which is my final one. To what extent do you think there has been a failing, either by this Government or more widely, to agree with other countries a common form of border entry policy?

One of the things we heard this morning from the previous witnesses is that there is quite a difference in the way that is dealt with. In the US, they only have certain cities you can fly into, and I think you have to have US citizenship to be one of the people who can go. Do you think there has been a failing more widely to try and find a common strategy?

Professor Annelies Wilder-Smith: We are in uncharted areas, and there was a lot of time pressure: policy makers had to make a decision very rapidly. Obviously, there was not enough time to harmonise it with others, and another confounding factor was that, unlike pandemic flu, which has a much more homogenous spread, this has super-spreading events—epicentres here and hotspots there.

Everyone reacted differently, and there are also cultural differences in worldviews. Some have a stronger emphasis on keeping the economy; for others, like most of the Asian countries, the emphasis is on going down to zero cases. In Europe, I think we are in a compromise. The US is more about the economy, we are in the middle, and in Asia the aim is zero cases.

I think it was very hard at the very beginning, under incredible time pressures, but now is the time. The lockdown itself was the time to reflect and build up the public health measures that we missed earlier on, maybe also because we wrongly pulled influenza pandemic plans rather than SARS pandemic plans, whereas Asia pulled all their SARS plans. Now is the time to reflect and do it better, because a second wave will come, so we must make sure that the second wave is smaller and with fewer repercussions.



Professor Gabriel Scally: I think you are probably quite right. My view is that there was not enough international co-ordination between countries. I think the European Commission tried very hard to produce helpful ways forward for EU countries and EU-plus countries, but that was not totally successful—how could it be, given the very wide variation in the incidence of disease between those countries? The countries, quite rightly, made judgments about their public health on the basis of what they saw before them, rather than a paper agreement.

I do think there are anomalies that we should be seeking to iron out at this stage, and one of them is around travel. Being from the North of Ireland myself and living in England, I am very conscious that the UK has a 310-mile land border with the Irish Republic. On one side of that border, you are told that if you have symptoms, you should isolate for seven days. If you walk across the bridge over the river from Strabane to Lifford, you will be given the WHO advice, which is to isolate for 14 days. It seems to me that there are anomalies very close at hand that could benefit from some co-operation and agreement.

Professor Annelies Wilder-Smith: Just to let you know, the mean duration of infectivity is 12 days, so the 14-day quarantine time is the correct one, not seven days.

Q654 **Tim Loughton:** To come back on Professor Scally's point, as you heard from the witnesses earlier you can have all sorts of paperwork—providing of addresses and so on and so forth—either side of the UK-Irish border, but if it is not actually checked up on or enforced, it is relatively meaningless, isn't it?

Professor Annelies Wilder-Smith: Exactly.

Professor Gabriel Scally: It would be if it was not checked up on—that is right—and if it was not observed. But in the island of Ireland anyway, there has been a great deal of adherence to voluntary social distancing and the disciplines that Governments have managed to exert, simply because they are seen as having done the right thing at the right time. The ability of the Government to develop that confidence in its communities and amongst its population is very important in this regard.

Q655 **Tim Loughton:** Professor Wilder-Smith, I just want to try to work out exactly how much of a hawk you actually are on this. I saw you earlier with the previous witnesses, and when Tony Smith was mentioning what he had heard from Dubai about an almost instant—20-minute—test result turnaround, you were shaking your head quite vigorously.

You have said that self-isolation does not work. You have referred to what goes on in Singapore as a daily risk assessment, and I think everybody is agreed that probably you need to be that agile. But, effectively, what I understand you are saying is that only complete, compulsory isolation actually really works. You have come up with this idea of an equilibrium—a travel bridge based on an equilibrium—but then you have also said that you cannot predict super-spreaders.



HOUSE OF COMMONS

If we have one in 400 cases in the UK and we have an equilibrium bridge with another country that has got roughly one in 400, and 400 people come over here, one of them may be a super-spreader and do a huge amount of damage, or vice versa. I do not think anything you have said actually is a solution, other than if what you are getting at is that everyone needs to be locked up for two weeks.

Professor Annelies Wilder-Smith: There are several issues; they are all a little bit different. On self-isolation, I think we have seen the data from Wuhan, where they flattened the curve with the measures that they took—lockdown and everything—but they only really managed to totally bring the curve down to zero cases because of centralised or Government-enforced or supervised isolation. I think we have been too lax about self-isolation. Remember that isolation is for the sick, quarantine is for the contacts: those in quarantine are not sick.

If the aim is containment down to close to zero, we have definitely not been strict enough in all of Europe and all of the US—only in the Asian countries. If that is the aim, then we need to take a lot of precautions and model what is done in Asia.

My understanding is that Europe and the US—Europe is more the compromise; the US even more on the economy side—have said, “We have come to the conclusion we cannot contain it. We need to live with this virus and have a certain balance between livelihoods and lives.” This is I think the current approach, and with that approach you allow a certain number of mistakes.

The next issue is that if you have an equilibrium, you cannot predict where the super-spreader is, so it could be in your own country or in that other country. From a probability point of view, we do not know. I think the idea of a travel hub, where you do know that the incidence is about the same, the social distancing is about the same and you trust the testing of the other country and of your own country, then you can probably allow a flow. That is in the spirit of allowing a recovery of the economy and allowing an increase in flow.

What I think at the current stage is most important is to make sure that you do not now import from countries with a high risk. There is a very simple mathematical model: it is the number of air passengers times the incidence in the origin countries that increases the risk of importation. I would have a travel ban for Brazil, for the US and for Russia at the moment.

Q656 **Tim Loughton:** By the same measure, though, quite a lot of European countries—probably all of them—would have a travel ban for us.

Professor Annelies Wilder-Smith: Well, they do. I live in Switzerland where there is a total travel ban for the UK. Germany would not allow anyone from the UK to come in, unless you were a German returning. As far as I know, all of Europe is not allowing the UK in—except Italy, which is opening in June.



HOUSE OF COMMONS

Q657 **Tim Loughton:** You seem to suggest that testing is not foolproof by any means with a 12-day incubation period. You may have a super-spreader who appears right at the early stages of the infection and who does not test positive at the airport, and then goes on to super-spread. It sounds to me as though testing is not a panacea by any means, unless you get everybody to quarantine, so that you catch those who are not showing the symptoms when tested at the port of entry.

Professor Annelies Wilder-Smith: The incubation time is five to six days on average. The duration of infectivity is on average 12 days.

Tim Loughton: Okay, the direction of infectivity.

Professor Annelies Wilder-Smith: Yes, that is the difference. As far as I know, the 20-minute test that they do in Dubai is a blood test, unless you tell me differently. The blood test is a serological assay that measures the recent infection, so it does not really help for current infections.

The PCR test, which involves a very uncomfortable swab, is still our best test. It is relatively sensitive but not too sensitive. That means that it picks up the infection, but if you are very early on—in the first, second or third day after infection—it will be negative in all cases. It becomes positive around day four. So you miss a few of those cases, and some of them could become super-spreaders.

Q658 **Tim Loughton:** I have a final question. Can you point to anywhere in Europe where you think they are, at the moment, getting it absolutely right? The figures I see show that, in terms of deaths per head of population, the worst record is in Belgium, by quite a large margin. The death numbers are high in Italy, Spain and now the UK, but per capita, Belgium is way up there. Why is that?

Professor Annelies Wilder-Smith: I don't know for Belgium.

Tim Loughton: No pressure, Professor!

Professor Annelies Wilder-Smith: To be honest, I have followed the Swedish model and did a lot of modelling around the Swedish approach, so I do not know the Belgian approach—I cannot tell you. I live in Switzerland, where we are now at 50 cases per day. We will not allow any British people to come to Switzerland.

At the moment, Switzerland will open—it is not even open yet—only to Germany and Austria, and not to Italy and Spain, our neighbours. So you see how seriously we take it here in Europe and I am surprised that there are not stricter travel restrictions in the UK. The UK benefits because everyone else is in lockdown and has travel restrictions. Sweden is the same: officially it is open, but has hardly any incoming travellers because everyone else is protecting them due to their lockdowns.

Q659 **Ms Abbott:** The UK Government have set five tests to remove the lockdown. They want to see a fall in the death rate and a decrease in the rate of infection; they want to make sure that the NHS can cope; they



HOUSE OF COMMONS

want to ensure there are supplies of tests and PPE; and they want to know that there is no risk of a second peak. The last few are a little bit subjective, but are those the right tests?

Professor Gabriel Scally: That is a very good question. I have been looking very carefully at the sets of criteria or tests that are being set out. I did not find those tests particularly satisfactory, no. The WHO director general posed six criteria on April 13, and I thought that was a much better list and entirely relevant to the proceedings of the Committee today. The fifth of those six WHO criteria said, "The risk of importing new cases 'can be managed'." That is terribly relevant, and I would commend the set of six criteria.

One could think of the fifth of Her Majesty's Government's five tests—ensuring actions do not risk a second wave—and one could think of the opening up of mass air travel as certainly creating the potential for a second wave. One criterion is very important and was not in the five tests of Her Majesty's Government. The WHO put it as: "Health systems are able to detect, test, isolate and treat every case and trace every contact." That was a very comprehensive statement.

The UK set included confidence in operational testing and PPE capacity and supply, which did not quite say the same thing to me as the WHO did. I found them fairly poor compared with the six WHO criteria, which were a much better public health plan for the way forward.

Professor Annelies Wilder-Smith: I totally agree: the six criteria set by the WHO are very good and very comprehensive. The emphasis, I totally agree, is that we need to do containment at source. We need to identify every single case and interrupt every chain of transmission from that case. We need to have contact tracing in place, and we need to know how to supervise and monitor quarantine. If we have all this in place, we can also cope with importations.

Q660 **Ms Abbott:** If these are not quite the right tests, is there a danger that lifting the lockdown, however gradually, might lead to a second wave of infection?

Professor Gabriel Scally: I think that is almost inevitable. What isn't mentioned, actually, is that case finding is very important as well. Finding, testing, tracing and isolating are the four key things.

My personal advice would be that no significant reduction in the enforced social restrictions should take place until there is a proven system in place right across the country for case finding, testing, tracing and isolation. Otherwise, it is not just a question of risking it: there will be a second wave.

Q661 **Ms Abbott:** Thank you. Does your colleague want to say anything?

Professor Annelies Wilder-Smith: I totally agree with that assessment: a second wave will come if we relax too early. Again, it is a very difficult decision between balancing the economy, mental health and cases.



HOUSE OF COMMONS

Just to reiterate, in China they lifted the lockdown only when they had four weeks of zero new cases. In the rest of the world—Europe, Italy, Spain and even Switzerland, where I now live—we eased the lockdown when there were still ongoing cases, even in decline. Active case detection is the most important.

In China, they went from house to house to identify new cases. We all look to Asia—I look to Asia because I lived there—but let's look to Cuba, which is closer to the US. They have managed to keep their cases down because they do house-to-house contact tracing. Every single case gets totally isolated, while in Europe we send them home to self-isolate. In Cuba, as in Asia, they are all isolated in centralised shelter homes, and their contacts are quarantined through enforcement. That means daily phone calls: "Are you still there? Do you have symptoms today? If you have symptoms, we'll send you an ambulance."

Public health measures are needed for this particular virus. Unfortunately, we in Europe—all of Europe and all of the United States—have not really learned, because we have not had to do it for the past decades, while in Asia they had SARS and MERS and were able to quickly reactivate those plans. So yes, that is why the lockdown was bad, but it was also a second window of opportunity to build up the public health structures needed—that is, isolation, the level of testing and contact tracing; and in my view, contact tracing should be enhanced with the digital technology that you are all working on.

Ms Abbott: Thank you. I have no further questions, Chair.

Q662 **Stuart C. McDonald:** I wanted to ask your opinion about how the proposed new quarantine regime in the UK might help our efforts to tackle coronavirus. We do not know the full details yet, but from what we know so far, new arrivals will have to satisfy border officials that they have a place that they can go to to self-isolate for 14 days, and then there will be some spot checks done by health officials, with a possibility of a £1,000 fine for breach of the self-isolation requirements—that is just what we have read in the news this morning. How likely is that to be successful and play a significant part in tackling coronavirus? Let us start with you, Professor Scally.

Professor Gabriel Scally: I am very reluctant to comment too extensively, given that I have not seen the detail. I go back to what I said earlier: one of my concerns is the fact that we are in a common travel area with the Republic of Ireland. What is to stop someone avoiding all of that regime by flying into Dublin, rather than London or Edinburgh, and claiming an exemption in Dublin, which they can do at present, from their restrictions? We need to see the detail of this and it probably needs to be enhanced significantly, from what I hear already.

Q663 **Stuart C. McDonald:** But is that not a similar regime to what you described as being in place in Ireland earlier?

Professor Gabriel Scally: It is, and I do not think that is satisfactory. I am absolutely on record as saying about the Irish Government that now



particularly, since they are down to very small numbers of cases, is exactly the time when they need to put in place a much more stringent regime. But again, they are in difficulty—if they put in a stringent regime, what is to stop people flying to Belfast and then coming down to Dublin and avoiding the regime? It has to be done as one.

Q664 **Stuart C. McDonald:** How much more stringent would these measures need to be to be effective?

Professor Gabriel Scally: I personally favour the quarantine. I personally favour an approach that ensures that people are isolated for a period of time prior to entry. I think that obviously requires a great deal of advance planning and the facilities to be available, but there are any number of empty hotels located all around our ports and airports that could be brought into play there. If we do not deal with the importation issue, particularly as the virus spreads—Professor Wilder-Smith mentioned Latin America, where it certainly seems to be a significant problem—one can imagine that any inadequacies in those requirements, whatever is proposed, will be found out very rapidly, I would have thought.

Q665 **Stuart C. McDonald:** So what you are talking about is actually monitoring people in accommodation that is provided by the Government to make sure that they are distanced from everybody, rather than going to their own homes and self-isolating there.

Professor Gabriel Scally: Yes, I think that would be the gold-standard approach, and it is what has been put in place elsewhere. But I can see, as we get down to very low numbers of cases in the UK, that it does become possible, for example, to make use of direct flights between London and Australia and not have any quarantine arrangements, on agreement between the two countries. I am very interested to see that the Baltic countries—Latvia, Lithuania and so on—have agreed a common travel area with no restrictions in the last day or two, I believe. Those sorts of agreements can be agreed in future and would remove the need for the quarantine of people from everywhere.

Q666 **Stuart C. McDonald:** Professor Wilder-Smith, from what we understand of this process of providing an address and self-isolating, subject to the possibility of a fine if you don't comply, is that worthwhile, or does it not go far enough?

Professor Annelies Wilder-Smith: I believe that quarantine is necessary, but I am against blanket quarantine for all incoming travellers. Why should someone coming in from New Zealand, where there are zero cases, be quarantined in the UK for two weeks? Seriously, that does not make sense. Here in Switzerland, where we now have 10 cases per day, out of a population of 8 million, the risk of that one person travelling is extremely low, so I would not quarantine them. I still believe in the differential: if the risk is higher than yours in the UK, you must quarantine.

Brazil, for example, now has incredibly rapid increase and exponential growth. The current estimate is that, today, 1% of the population are



HOUSE OF COMMONS

infected. Basically, on a flight of 100 Brazilians to the UK, at least one would be infected. To pick up that one case, 100 people would need to be quarantined, which I think is worthwhile. But if the risk is only one out of 1 million travellers being positive, the quarantine measure is disproportionate.

Q667 **Stuart C. McDonald:** Are you also of the view that it is not enough to quarantine at an address provided by an incoming traveller? Should it be done where it can be supervised, or is a regime in which there are possible fines and spot checks sufficient to ensure compliance?

Professor Annelies Wilder-Smith: There are different ways of doing it. The hotel idea is the best, because that is truly isolated. The second best option—such as for returning students, because in July the UK will expect a lot of returning students, who might have accommodation—you could say, “Okay, they can stay in their dormitories”, but yes, you need spot checks. It needs to be monitored, and in different ways.

Singapore monitors by you being on an app all the time. In Hong Kong, it is this wristband with a code, and you check all the time. I believe that there must be fines and penalties if you breach—it is a criminal act, to me.

Q668 **Stuart C. McDonald:** The other feature of the UK proposals that we know about are the big exemptions from the requirement to isolate for road hauliers, medical officials and, indeed, people entering from Ireland. Is that justified, or is it too big a hole to put in the proposals? Will it totally undermine them?

Professor Annelies Wilder-Smith: The more equal they are, the less criticised they will be. Early on, for example, I heard that an exemption for France was wanted: that is unacceptable. France has a much higher risk than Switzerland. There have to be certain criteria that no one can fight against. As for health professionals, personally, I think that there should be quarantine for all people coming from countries with a higher incidence than the UK, regardless.

Q669 **Stuart C. McDonald:** Professor Scally, are those exemptions justified, or will they undermine the system?

Professor Gabriel Scally: We have to keep the flow of freight coming in and out of the country, to feed ourselves. Some of the ways in which that has been pursued by the European Commission—green lanes and other rules they have put in place, covering drivers, for example—are probably adequate, but I would want to do a risk assessment before I gave a green light to the green lanes. There are also issues with flight crew, another group coming to and fro whom, potentially, we would have to look at particularly.

Everything is about risk. Nothing is either risk-free or easy. In terms of the risk assessment that is made about which countries to have arrangements with for people to move to and fro between, it is a dynamic situation where decisions have to be made, but always hopefully on the basis of public health and reducing incoming infection. Unless the UK gets its



HOUSE OF COMMONS

numbers down—we are still seeing 2,000-odd new cases identified every day in the UK—there are not going to be very many countries that will be willing to open up to us without very strict quarantine in place.

Stuart C. McDonald: Thank you.

Q670 **Dame Diana Johnson:** This has been a really interesting opportunity to hear some of the science. I want to ask you both what your views are about the fact that the SAGE papers and agendas have not been published, so we have not been able to see the evidence that has been used for some of the decisions that Government have made. Do you think they should be published?

Professor Gabriel Scally: I will start with a declaration of interest: I am a member of the Independent SAGE, which, as you probably know, was brought together by Sir David King, the Government's former chief scientist, because of widespread dissatisfaction with the SAGE arrangements on several grounds—not just the absence of transparency about the papers and the decision-making process, but the absence of transparency about who exactly was on the committee. We learned the first inkling of that when there were the revelations about the disciplines that were represented among independent members of the SAGE committee. It was shocking to find that public health was not part of that membership.

The Independent SAGE takes a different view. We believe that it is everyone's science—the science that people are talking about should be common property, and the discussion about it should be an open and transparent discussion that we can all understand, hopefully, and we certainly can all observe and hear what the conclusions are and how the advice has been cast. I find it very, very difficult to hear official spokespeople standing up and saying that they are following the science when they are advocating approaches to public health problems that are completely different from a public health approach. It is quite remarkable, in the greatest public health emergency of our time, to hear people quoting science for not doing things that are just standard public health practice and should be put in place immediately. That is, for me, quite shocking.

Q671 **Dame Diana Johnson:** Thank you. Professor Wilder-Smith, would you like to say anything?

Professor Annelies Wilder-Smith: I would like to showcase what the WHO does. You should make transparent who is on a committee and their conflict of interest. The expertise needs to be known. The basis on which decisions have to be made needs to be transparent. We all agree that there will be mistakes, and we may change over time on this virus, which we are all still learning about, but there still needs to be transparency.

Q672 **Dame Diana Johnson:** Is there any issue of personal safety with membership of these bodies? Professor Scally, your name is already out there on the alternative SAGE committee, but is there a feeling within the scientific community that people do not want to have their names



disclosed publicly?

Professor Gabriel Scally: Certainly that was one of the reasons that was given for the non-disclosure. Personally speaking, I am an academic now, but for many years I was very actively involved in the practice of public health medicine in both Northern Ireland and England. During that time, I received death threats, abuse and so on, but that kind of goes with the territory. If you believe you are doing something right and saying something right, why should you be worried about that? I find it difficult to comprehend why scientists who are perfectly content to publish their papers in journals and so on are not content to have their evidence published in the context of SAGE. It seems to me to be totally against scientific principles.

Q673 **Dame Diana Johnson:** This is my final question. We understand that the scientific advisers at the Department for Transport and the Home Office were not consulted or called to advise when the Government were making decisions about the borders and quarantine. What is your view on that?

Professor Gabriel Scally: Transport systems are extremely important, as has been demonstrated: how did this terrible virus arrive on the shores of this island and the neighbouring island? It arrived by transport. Ever since the beginning of infectious disease, transport systems have been important. It was faster ships that brought cholera to the shores of England in 1832, and it is now superfast airliners that are bringing the coronavirus to our shores within days. Transport and epidemics go together hand in glove, so transport must be part of the solution.

Dame Diana Johnson: Thank you.

Q674 **Chair:** I have a few quick follow-up questions. On the SAGE publication issue, what is your reaction to the fact that the Government will be announcing travel restrictions or border restrictions today, but they still have not published the two SAGE papers on travel restrictions—one from 13 February on the effect of travel restrictions on the spread of the 2019 novel coronavirus and one from 23 March on the scientific advice on restricting flights from specific countries? What is your view on the general form of practice being for the Government to announce new policy in this area without having published those two papers?

Professor Gabriel Scally: I think you know what I am going to say: it is extremely disappointing, really. It is very difficult for people to absorb decisions that are going to affect their lives the lives of their families without knowing what lies behind the decision-making process. I cannot see any reason for it. There a clear reticence to publish SAGE papers, going back weeks now. It may well be that there are things in those papers that are wrong, but that does not mean that they should not be published. This is one of the disappointing things in the whole handling of this very serious incident: having experienced and been involved in such incidents in the past, whether it was swine flu, foot and mouth or the fuel crisis, I know that in any of these crises mistakes will be made, and one of the acid tests is the ability of the people who are leading to be able to say,



HOUSE OF COMMONS

“We got that wrong, but we’re going to put it right. This is what we’re going to do differently and this is what went wrong.” That is what builds public confidence and public support; what destroys it is a lack of transparency.

Q675 **Chair:** Professor Wilder-Smith, can you see any reason why those two papers should be withheld?

Professor Annelies Wilder-Smith: There are no reasons for them to be withheld, but I must say that the data from February do not apply to the current situation, so I do not think it would be of any help. The situation now is new: there is a totally different risk-benefit assessment and a totally different scenario. It needs to be looked at with the current data and epidemiological numbers.

Q676 **Chair:** In terms of us understanding the kinds of figures that are used for the decision, can I come back to you, Professor Wilder-Smith, on the issue of what measure we should be looking at? You kept talking about the relative prevalence between countries, which I am still trying to understand. The Government told us that because 0.5% of current cases in the country were effectively coming from abroad—because it was down at that lower figure of 0.5%—that was part of the justification for not needing to have border checks, quarantine checks and so on. If the ONS assesses the current prevalence in the UK to be 137,000, that 0.5% would end up being around 700 new infections from abroad. Is your view that we should not be troubled by 700 new infections from abroad because we already have 137,000? Or, given that we are trying to bust a gut to get those 137,000 cases down, should we be doing everything possible to stop those 700 as well?

Professor Annelies Wilder-Smith: I am going to give a Swiss perspective. The whole idea of lockdown—which included, for all European countries except the UK, a total travel ban—was because we had no capacity left to even look at importation. We had to focus on containment within the country. Now that we have contained it, we have the capacity—the testing and the resources—to deal with importation as well, and that is the emphasis now. Now that cases in the UK are coming down and you have built up your resources, you can also focus on importation.

Q677 **Chair:** But they were not in tension, were they? We could have done quarantines and lockdown at the same time.

Professor Annelies Wilder-Smith: I do not understand why there wasn’t a travel ban; there were hardly any people coming into the UK.

Q678 **Chair:** I am asking because it affects what we do at different stages in the future, and at what point the Government might lift restrictions, or not. I am still trying to understand whether relative prevalence is what is important, or whether it is the absolute number of cases coming in.

For example, during the period between 13 March and 23 March—perhaps you could respond to this, Professor Scally—we still did not have full lockdown in the UK. It was before we had the complete “stay at home” guidance. We had no advice to self-isolate or have any restrictions



HOUSE OF COMMONS

at the border at all. During that period, we had over a million people entering the country. We were still in the run-up to the peak in Italy, Spain and New York. We still had 40,000 people a week coming from Milan and 40,000 people a week coming from Madrid. In those circumstances, what would be your estimate of the number of people likely to be coming into the country in that 10-day period—when a million people came in total—who were likely to have coronavirus but who were not asked to self-isolate or anything? Do you think that was in the scale of dozens, tens, hundreds or thousands?

Professor Gabriel Scally: I would have thought it must be hundreds or thousands. Actually, to me it does not matter; a case is a case. If you are importing—I think you mentioned 700 or so earlier—700 cases is 700 people who can go on and transmit, or 700 people who could lose their own lives, or be responsible, not deliberately but accidentally, for infecting other people and causing death.

On the question of the relative importance of quarantine at that point in time, I think it was extremely important, but I also think that the case finding, testing and tracing was extremely important.

In the absence of social restriction and in the absence of—after the abandonment of—tracing, if you are going to have a laissez-faire approach to the virus in the country, why not have a laissez-faire approach on your border as well, if that is what you are going to do? If you wanted to deal with the epidemic, of course you would put in border restrictions for public health, and that is what 90% of the world has done—90% of the world population is living in countries with restrictions. Also, you would not abandon but strengthen the testing and tracing; you would put in immediate bans on mass gatherings; and you would put in socially restrictive measures.

Of course you would do all of that, but it wasn't done—the wrong decisions were taken at a time when the right decisions would have saved tens of thousands of lives in the UK.

Professor Annelies Wilder-Smith: I agree. Just yesterday there was a publication from the US also showing that, if the US had done a lockdown just two weeks earlier, they would have saved tens of thousands of lives. I know policy makers face a very difficult decision in having to lock down at a time when there are only a few cases, but that is the right thing to do. If you say that there were about 1 million people in those few weeks, I think that there would have been at least 1,000 infected people—probably up to 10,000—who brought it in. We know that it was probably the Spanish, because Italy had already locked down. It was probably the Spanish who came to the football game. That was a mass gathering, and probably a super-spreading event. Indeed, an earlier lockdown would have helped the UK, but that is hindsight now. We need to look forward to see what is the best way forward.

Q679 **Chair:** So when the chief scientific adviser talked about there being many, many cases from Italy, from Spain, from people coming home after half-



HOUSE OF COMMONS

term and from people travelling during that period in March, it sounds like you are saying that that was a very significant number of people?

Professor Annelies Wilder-Smith: Yes.

Q680 **Chair:** Thank you very much. Just as a final thing, you were talking about the value of quarantining if it was one in 100 people on a plane, one in 1,000, one in 100,000 and so on. Does that not suggest that a significant consideration for the Government should be the proportion of people coming into the country who may have coronavirus, not what the level is and how it compares with that in the UK at the moment? In terms of how we go forward from here, rather than it being relative to the scale of whether we are in a second peak, the issue should simply be whether that particular country is likely to have people coming in on that plane.

Professor Annelies Wilder-Smith: Totally agreed. Indeed, with regard to the very high incidence in Brazil, quarantine is not enough. You need to have a full, 100% travel ban on people from Brazil. The same for the US, I am afraid, and the same for Russia. The quarantine is for the other countries where you think there is a relatively high risk, but do not punish New Zealand or South Korea. Why should they have 14 days quarantine when they have hardly any cases? We can ascertain the number of cases and we can ascertain it on a daily basis. Singapore did that. Every day, they relooked at the list, and then, very suddenly, early on in March, the UK was on it.

Q681 **Chair:** Thank you very much. Your evidence has been extremely fascinating, although very troubling. Very quickly, I have one final question that Laura Farris left with me: what approach would we take if we replaced the 14-day quarantine with a combination of a shorter quarantine period and a test at the border. Would that be an effective way to do it?

Professor Gabriel Scally: It depends on the test, more than anything else. There are difficulties with all of the tests. None of them is 100% sensitive. As Professor Wilder-Smith very clearly explained, it depends where someone is in the course of their infection as to how effective the test will be. I do not think that, at this stage, one could easily substitute it. To be entirely realistic, we are not in a position in the UK at the moment to find cases and test people in our own communities, let alone at borders. It is fanciful to be talking about testing people at airports if we cannot do it in our own streets.

Chair: Thank you very much. I thank you both for your evidence. You have given us a lot to think about—both about what has happened up to now, but also about what the implications are now for future decision making on border quarantine policies. Thank you. That is the end of our session.