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Lockdown failed. We must follow the Swedish model and learn to live with Covid

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I knew a second lockdown was on the cards before we'd had the first one. In mid-March my team at the University of Edinburgh modelled a lockdown that ended in June and was followed by a slow, initially imperceptible rise in cases over the summer, culminating in a second lockdown in late September.

We knew that scenario was likely because we knew that a lockdown is a short-term fix, not a long term solution. However cautiously we relaxed restrictions the time would come when the epidemic started to take off again. In the UK, that time is now.

This is not mid-March though. Back then cases and deaths were doubling every 3-4 days. In mid-September, cases are doubling every 7-14 days and deaths even more slowly. This too was expected; the way we are living now does not permit the virus to spread as easily as before, so this should be more of a second bump than a second wave.

Some kind of response is called for, but it must be proportionate. One suggestion is a '[circuit breaker](#)', the social distancing version of a short, sharp shock to drive down incidence over a two-week period. The virus would bounce back in time but we'd

have bought a few weeks.

It is profoundly disappointing that six months into this pandemic, having rejected every alternative proposed, we keep coming back to lockdown, a strategy that is visibly failing around the world. If we must go this route, let us at least avoid earlier mistakes. The March lockdown was too harsh, failed dismally to protect those who most needed protecting, and had no exit strategy. A [circuit breaker](#) must be targeted to minimise disruption, especially to health care provision and education, but also to business and services; it must focus on protecting the elderly and frail; and it must be time-limited, come what may.

We should set some ground rules too. First, we deploy only evidence-based interventions, unlike the [rule-of-six](#) in England which unnecessarily applies to children, who play a minor role in transmission, and outdoor activities, which are very low risk. Second, we have a clear plan for using the time we have bought; for instance, to build testing capacity. Third, we agree on a long term strategy that does not involve a crippling on-off cycle of circuit breakers until whenever we might get a vaccine. We must not allow the cure to become worse than the disease.

That long term strategy has to be a risk-based approach to living with Covid-19. This is a very unpleasant virus but, for the great majority of people, not nearly so unpleasant that we should contemplate shutting down society to deal with it. We can help individuals assess the risk to themselves and the people around them, enable everyone to mitigate those risks while ensuring that the most vulnerable are protected, and thereby minimise the need for government-led interventions. Would that work? It seems to be working in Sweden.

Prof Mark Woolhouse is Chair of Infectious Disease

Epidemiology at the University of Edinburgh. He is a member of the UK SPI-M advisory group and of Scotland's Covid-19 Advisory Group. He is writing in a personal capacity.