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## End face masks and social distancing on June 21 - top scientists demand

Lucy Johnston 38 mins ago

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Kate Garraway confronts Stanley Johnson for failing to wear mask

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The open letter states that "a good society cannot be created by an obsessive focus on a single cause of ill-health" and states all

restrictions should be lifted in June on the final date in Prime Minister Boris Johnson's 'roadmap' out of lockdown. Masks should no longer be worn by schoolchildren after May 17, say the scientists - and they warn the damage to society will be too great if the current Covid control measures continue beyond the June roadmap date.

Vaccine passports should also be scrapped along with mass community testing, they say.

Instead, the government should focus on targeted testing, creating better incentives for staying home if ill and basic hygiene measures, such as handwashing and surface cleaning.

The scientists, from a broad range of specialities and all sides of the political spectrum say the "theoretical risk" of vaccine-immune strains or a new Covid surge should not outweigh the harms caused by lockdown rules, including damage to children's education and the nation's mental health.

The letter, written by Robert Dingwall, professor of sociology at Nottingham Trent University, Professor Carl Heneghan, director of the Centre for Evidence Based Medicine at Oxford University and Professor Anthony Brookes, Geneticist and Health Data Scientist, University of Leicester, states: "We are being told simultaneously that we have successful vaccines and that major restrictions on everyday life must continue indefinitely. Both propositions cannot be true.

"We need to give more weight to the data on the actual success of the vaccines and less to theoretical risks of vaccine escape and/or surge in a largely vaccinated population."

Citing official data, the letter states that the vaccine programme will

almost totally eliminate deaths and hospitalisations from Covid-19 and become "demonstrably less fatal than seasonal influenza viruses."

It states: "We can be very confident that they (the vaccines) will reduce Covid deaths by around 98 per cent and serious illness by 80-85 per cent," once uptake of the vaccine among vulnerable groups is completed in the forthcoming weeks.

Face coverings, it states, should no longer be worn by schoolchildren after May 17th, and "all exceptional measures to control the virus should cease no later than June 21," because unproven benefits are outweighed by "damage to mental health, education of children and young people, to people with disabilities, new entrants to the workforce and to the spontaneous personal connections from which innovation and enterprise emerge."

And it states: "All consideration of immunity documentation should cease."

It concludes: "In short, the level of population immunity we have now achieved by targeted vaccination and natural infection means that the SARS-Cov-2 virus in the UK has become demonstrably less fatal than seasonal influenza viruses.

"It is time to recognize that, in our substantially vaccinated population, Covid-19 will take its place among the 30 or so respiratory viral diseases with which humans have historically co-existed....For most vaccinated and other low-risk people, Covid-19 is now a mild endemic infection, likely to recur in seasonal waves which renew immunity without significantly stressing the NHS."

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Continued virus surveillance as well investments towards better

vaccines should continue along with improved support people who need to stay at home with respiratory symptoms.

It concludes: "Just as before the pandemic, it will remain desirable to promote general standards of public hygiene, such as thorough handwashing and surface cleaning, although neither has been shown to be particularly important in reducing SARS-Cov-2 transmission. There would also be value in increasing the ability of the NHS to deal with surges of infection, although these are as likely to come from other respiratory infections as from Covid-19, and to ensure good care for long Covid.

"We have learned that a good society cannot be created by obsessive focus on a single cause of ill-health. Having endured the ravages of 2020, things are very different as we enter the spring of 2021. It is more than time for citizens to take back control of their own lives."

Robert Dingwall, a professor of sociology at Nottingham Trent University and co-author of the letter, said: "This Open Letter is not the product of any organized group, alliance or coalition. The signatories do not share anything beyond their frustration that policy conclusions promoted from a limited set of scientific disciplines have constantly emphasised fear, anxiety and worst cases. Pandemics challenge the whole of society, not just medicine and public health.

"Proportionate responses require all the expertise available to citizens and governments, especially as we begin to live with Covid-19 as an endemic infection in a vaccinated population. The authors respect the same data but bring broader perspectives on risk and its management to question the policy implications drawn

from it. Citizens' lives do not have to be micromanaged by government restrictions on human contact and tracked morning, noon and night."

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Mike Hulme, professor of human geography, University of Cambridge who is one of the signatories said: "It is increasingly clear that pursuing a strategy of virus eradication is delivering an increasingly unfavourable risk-benefit ratio. Eradication is an unattainable goal. In the meantime, the damage to the country's broader social, political and economic health caused by this misguided strategy deepens.

"It is time to commit to a prudent and balanced strategy for managing Covid-19 risk in society, a strategy which this Open Letter points towards. We assimilate a wide range of public health risks into everyday life, without straining to eradicate them at enormous and indefensible economic, social and political cost. As much as containing the virus itself, part of this strategy must be to arrest the contagion of pandemic fear."

### **Letter to the Government**

We are writing as scientists and scholars concerned about the confused and contradictory directions currently being promoted in the management of the Covid-19 pandemic. We are being told simultaneously that we have successful vaccines and that major restrictions on everyday life must continue indefinitely.

Both propositions cannot be true. We need to give more weight to the data on the actual success of the vaccines and less to theoretical risks of vaccine escape and/or surge in a largely vaccinated population. It is time to reassess where we are and

where we go next.

Phase One of the Covid-19 vaccination programme will shortly be completed, with every vulnerable adult in the UK having been offered two injections. It is clear that the vaccines are fully delivering on the promise of the clinical trials. We can be very confident that they will reduce Covid deaths by around 98 per cent and serious illness by 80-85 per cent.

This level of protection against serious illness seems not to be significantly affected by any of the variants that have been observed, because of the breadth of T-cell responses. There are sound evolutionary reasons why this is unlikely to change in the near future with new variants. In short, the level of population immunity we have now achieved by targeted vaccination and natural infection means that the SARS-Cov-2 virus in the UK has become demonstrably less fatal than seasonal influenza viruses.

Given this, it is time to recognize that, in our substantially vaccinated population, Covid-19 will take its place among the 30 or so respiratory viral diseases with which humans have historically co-existed. This has been explicitly accepted in a number of recent statements by the Chief Medical Officer. For most vaccinated and other low-risk people, Covid-19 is now a mild endemic infection, likely to recur in seasonal waves which renew immunity without significantly stressing the NHS.

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Covid-19 no longer requires exceptional measures of control in everyday life, especially where there have been no evaluations and little credible evidence of benefit. Measures to reduce or discourage social interaction are extremely damaging to the

mental health of citizens; to the education of children and young people; to people with disabilities; to new entrants to the workforce; and to the spontaneous personal connections from which innovation and enterprise emerge.

The DfE recommendations on face covering and social distancing in schools should never have been extended beyond Easter and should cease no later than 17 May. Mandatory face coverings, physical distancing and mass community testing should cease no later than 21 June along with other controls and impositions. All consideration of immunity documentation should cease.

There will be continuing value in investments towards better vaccines with a broader spectrum of action against the virus; in establishing a genuinely voluntary, targeted surveillance programme with a genomic component to monitor the spread and evolution of the virus; and in improving social security provision to encourage people to stay at home if experiencing respiratory symptoms.

Just as before the pandemic, it will remain desirable to promote general standards of public hygiene, such as thorough handwashing and surface cleaning, although neither has been shown to be particularly important in reducing SARS-Cov-2 transmission. There would also be value in increasing the ability of the NHS to deal with surges of infection, although these are as likely to come from other respiratory infections as from Covid-19, and to ensure good care for long Covid.

We have learned that a good society cannot be created by obsessive focus on a single cause of ill-health. Having endured the ravages of 2020, things are very different as we enter the spring of

2021. It is more than time for citizens to take back control of their own lives.

**Signatories (in alphabetical order)**

Professor Ryan Anderson, Translational Science, Medicines Discovery Catapult

Dr Colin Axon, Mechanical Engineering, Brunel University

Professor Anthony Barrett, FRS FMedSci Organic Chemistry at Imperial College London



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Sadiq Khan: Radio caller says 'no one' enforcing face masks

Sadiq Khan: Radio caller says 'no one' enforcing face masks

Professor Anthony Brookes, Genomics and Health Data Scientist, University of Leicester

Professor Jackie Cassell, FFPH, Deputy Dean, Brighton and

Sussex Medical School

Professor Angus Dalgleish, FRCP, FRCPath, FMedSci, Oncology,  
St George's, University of London

Professor Robert Dingwall, FAcSS, HonMFPH, Sociology,  
Nottingham Trent University

Professor Sunetra Gupta, Theoretical Epidemiology, University of  
Oxford

Professor Carl Heneghan, MRCGP, Centre for Evidence Based  
Medicine, University of Oxford

Professor Mike Hulme, Human Geography, University of  
Cambridge.

Dr John Lee - formerly Pathology, Hull York Medical School

Professor David Livermore, Medical Microbiology, University of  
East Anglia.

Professor Paul McKeigue Genetic Epidemiology and Statistical  
Genetics, University of Edinburgh

Professor David Paton, Industrial Economics, University of  
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Emeritus Professor Hugh Pennington, CBE, FRCPath, FRCP  
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Dr Gerry Quinn, Biomedical Sciences, University of Ulster

Dr Roland Salmon, MRCGP, FFPH, former Director of the  
Communicable Disease Surveillance Centre (Wales).

Emeritus Professor John Scott, CBE, FRSA, FBA, FAcSS,  
Sociology, University of Essex

Professor Karol Sikora, FRCR, FRCP, FFPM, Medicine, University of Buckingham

Professor Ellen Townsend, Psychology, University of Nottingham

Dr Chao Wang, Health & Social Care Statistics, Kingston University and St George's, University of London,

Professor John Watkins, Epidemiology, Cardiff University

Professor Lisa White, Modelling and Epidemiology, University of Oxford.