**Response to the proposal to return to face-to-face meetings for Costessey Town Council**

Dr Katherine Deane, BSc PhD. Senior Lecturer in Health Research, School of Health Sciences, University of East Anglia, Norwich.

Resident in Costessey, NR5.

*A short story of risk*

First please understand the risks – you are given a bowl with 100 sweets in it. You are invited to pick one to eat. But, you are warned two of those sweets will kill you, 18 of them will make you so ill you will be hospitalised, but most people find their sweets OK.

Have a sweet.

No? These are the risks the average person runs with Covid-19.

Now, let's make you over 70, or with an "underlying health condition" so your bowl of sweets has up to 15 that will kill you and most of the rest will hospitalise you. I hope you'll agree no sane person would voluntarily eat those sweets.

*Risk from Covid-19*

Covid-19 is a disease to which the vast majority of the population has no immunity, there are very limited therapies to reduce its severity, and there are no cures or vaccines. Whilst Covid-19 infection is described as "mild" for the majority of patients, there are a number of caveats. Mild in epidemiological terms means you were not hospitalised. It can still mean you were very ill at home for 2-3 weeks[1]. We do not know the long-term implications of Covid-19 infection, but reports of patients with even "mild" disease experiencing longer-term symptoms (fatigue, breathlessness for months) are starting to emerge[2].

A significant minority will have a substantially worse response to the Covid-19 infection, requiring hospitalisation. Some of these patients will die[1]. These are usually people who are over 70 years of age, with lung or cardiovascular conditions, or who are immunocompromised[3]. The biological risk is exacerbated by social factors such as low socioeconomic status, poor air quality, or having to work in high person-contact key-worker positions. People from Black and minority ethnic (BAME) communities are at high risk probably from a combination of biological and social risk factors[4]. However younger people with no underlying conditions can have a severe enough reaction to be hospitalised, and some have died. Again the long term implications for having been hospitalised with Covid-19 are only just starting to be realised, with kidney disease, lung scarring, and neurological complications all being flagged as sources of concern[5].

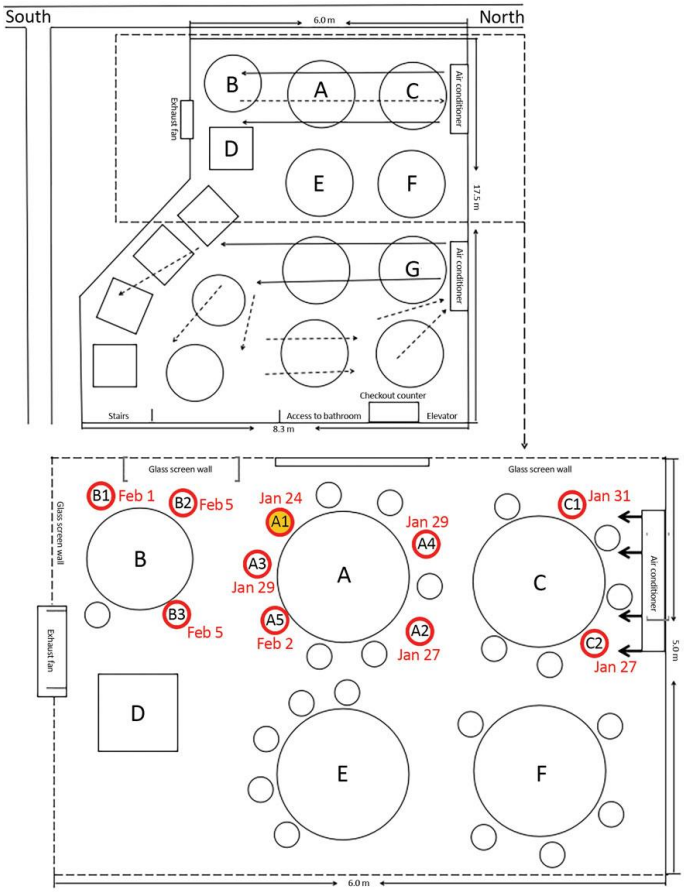
So in summary we know the acute characteristics of Covid-19, but are unsure of its long-term impact. We know the more severe disease is more likely to occur in those over 70, those with underlying health conditions, and those from the BAME community. With no vaccine we have to rely on behaviour changes to prevent transmission.

*Mechanism of transmission*

It takes up to 14 days for people who are infected to show symptoms[6]. People who are asymptomatic can infect others, so whilst it is critical to ask those showing symptoms to self-isolate, this will not remove the risk of infection completely[7].

The majority of infections from Covid-19 are acquired from person-to-person transmission via respiratory droplets[8]. The risk of infection is time x distance but the risk of transmission is substantially higher in indoor spaces due to the circulation of respiratory droplets from an infected person[9]. Virtually all super spreader events have occurred in indoor spaces[10].

Social distancing can help reduce the risk of infection outdoors, but in an unventilated indoor environment, time of exposure is the greater risk factor. For example, one infected person who was present in a restaurant for 1.5 hours managed to infect 9 people, most of whom were greater than 2m from him[11].




*Sketch showing arrangement of restaurant tables. Red circles indicate seating of future case-patients; yellow-filled red circle indicates index case-patient.*

The additional risk of Covid-19 infection whilst indoors or in confined spaces such as public transport is reflected in current government guidance. The government recommends avoiding the use of public transport, and when indoors to use social distancing, face-masks, and regular hand sanitising to try to reduce the risk. However it is acknowledged there is still a risk of infection, and those at higher risk are often still reducing their exposure.

*Risk assessments for holding in person meetings for Costessey Town Council*

To hold a Town Council meeting with councillors being present in person would require a full health and safety risk assessment specific for the management of Covid-19 risks. Health and safety risk management aims to reduce risks to as low as practically manageable. The risk assessment has to consider how people will travel to and from the venue, the conduct of the meeting, and the cleaning of the venue. Individual risk assessments would have to be created for all councillors and officers

attending, and cleaning staff responsible for cleaning the venue before and after use. Additionally a generic risk assessment would have to be created for any members of the public who decide to attend.

Whilst officers are paid members of staff, councillors are volunteers, and of course, members of the public attending are not paid to do so. This does have implications for the level of risk people can be asked to undertake. In particular, volunteers and members of the public may decide that irrespective of any risk management undertaken, it is unsafe for them to attend meetings in person, and so decline from doing so. This risks particularly excluding those who are at higher risk of infection from Covid-19 from the democratic processes of the council.

*The case for continued virtual meetings for Costessey Town Council*

Virtual meetings represent zero risk of infection to all participants. Participants are able to join by computer or phone, and councillors are able to vote on proposals.

In person meetings in contrast, represent a risk of Covid-19 infection to all who attend, and all who clean the venue subsequently. This risk is not spread evenly, with those over 70 years of age, with underlying health conditions or who are from BAME communities being at substantially higher risk of poor health consequences from infection. This differential risk impacts particularly on those with protected characteristics under the Equalities Act (2010), and so must be considered in the management of the activities of the council.

As virtual meetings mitigate the risk to zero, with no impact on the participation of the councillors or members of the public in the democratic process, it would be a breach of the Equalities Act to return to face-to-face meetings in the current pandemic conditions. Should the conditions change substantially – a cure or vaccine is identified – then the council can revisit this assessment.

*Brief CV*

I did research for my doctorate and first post-doctoral position on the immune response to Chlamydia. Chlamydia is a bacterium that acts like a virus i.e. it is dependent on host cells to multiply. I have subsequently researched the management of long term conditions alongside many clinical colleagues and patients. This has included 47 systematic reviews, which critique and amalgamate evidence to determine the efficacy of clinical interventions. 34 of these reviews are Cochrane reviews, which are heavily relied upon to inform NICE Clinical Guidelines used by the NHS. I have also worked to improve the power of lay advisers in directing clinical research. I have been using this expertise to create recommendations for processes to allow safe reopening after Covid-19 lock-down for the museum and theatre sectors and my university.

*References*


1. Why is COVID-19 so dangerous? UCI Health 29/04/2020 https://www.ucihealth.org/blog/2020/04/why-is-covid19-so-dangerous (Accessed 28/06/2020)
2. Revealed: the long-term severe effects of Covid-19 that could go on for months. G Hayes 21/05/2020 The Telegraph https://www.telegraph.co.uk/global-health/science-and-disease/revealed-long-term-severe-effects-covid-19-can-go-months/ (Accessed 28/06/2020)
3. Who's at higher risk from coronavirus. NHS Guidance. https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-

coronavirus/whos-at-higher-risk-from-coronavirus/ (Accessed 28/05/2020)
4. Emerging findings on the impact of COVID-19 on black and minority ethnic people COVID-19 chart series. T Elwell-Sutton, S Deeney, M Stafford, 20/05/2020 The Health Foundation https://www.health.org.uk/news-and-comment/charts-and-infographics/emerging-findings-on-the-impact-of-covid-19-on-black-and-min (Accessed 28/06/2020)
5. Coronavirus: What are the long-term health implications of Covid-19? S Lovett 03/06/2020 The Independent https://www.independent.co.uk/news/health/coronavirus-long-term-health-disease-covid-19-lungs-heart-brain-a9546671.html (Accessed 28/06/2020)
6. Symptoms of Coronavirus. CDC 13/05/2020 https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html (Accessed 28/06/2020)
7. A systematic review of asymptomatic infections with COVID-19. Z Gao, Y Xu, C Sun et al. 15/05/2020 J Microbiol Immunol Infect. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7227597/ (Accessed 28/06/2020)
8. The coronavirus 'does not spread easily' from touching surfaces or objects, CDC says. Y Saplakoglu. 22/05/2020 https://www.livescience.com/cdc-coronavirus-surfaces-update.html Live Science (Accessed 28/05/2020)
9. You're most likely to catch the coronavirus in a poorly ventilated space. That makes offices very risky. A. Woodward 06/05/2020 https://www.businessinsider.com/coronavirus-risk-higher-tight-indoor-spaces-with-little-air-flow-2020-5?r=US&IR=T Business Insider (Accessed 01/06/2020)
10. What settings have been linked to SARS-CoV-2 transmission clusters? QJ Leclerc, NM Fuller, LE Knight, et al 2020 Wellcome Open Research 5:83 https://wellcomeopenresearch.org/articles/5-83/v2 (Accessed 28/06/2020)
11. COVID-19 Outbreak Associated with Air Conditioning in Restaurant, Guangzhou, China, 2020 J Lu, J Gu, K Li et al. 07/2020 Emerging Infectious Diseases 26:7 https://wwwnc.cdc.gov/eid/article/26/7/20-0764-f1 (Accessed 28/06/2020)