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COVID RESTRICTIONS ARE LIFTING — WHAT SCIENTISTS THINK

Researchers are divided over whether the return to normality is too fast, too soon.

By Chris Stokel-Walker

Countries worldwide are starting to lift restrictions that were first imposed in 2020 to slow the spread of COVID-19 — including rules that govern travel, socializing, mask wearing and self-isolation. The changes are prompting mixed reactions from scientists.

Bolstered by dropping infection rates and studies suggesting that the Omicron variant of SARS-CoV-2 is causing less severe disease¹⁻³, politicians in places where that variant is dominant are relaxing rules that were introduced to tackle the pandemic.

In the United Kingdom, for example, all legal restrictions related to COVID-19, including wearing masks in public and self-isolation following a positive test, are being scrapped. Other nations have removed the requirement to wear masks and relaxed rules on gatherings, including reopening nightclubs and lifting capacity limits.

Too soon?

Some researchers think things have been too quick to open up. In Switzerland, people no longer need to wear masks in most public places. And although those who test positive for COVID-19 must isolate for five days, all

other restrictions have disappeared. “Lifting the masks was premature, and I don’t really understand why it was done,” says Isabella Ecklerle, co-head of the Geneva Centre for Emerging Viral Diseases in Switzerland. She adds that 35% of administered polymerase chain reaction (PCR) tests in the country are returning positive, and only seven in ten people have had at least one dose of a vaccine (the same proportion of UK adults have had three doses).

Several countries that have dropped restrictions have seen subsequent increases not only in cases, but also in hospitalizations and deaths, although the link between cases and severe outcomes has decoupled, says Deepti Gurdasani, an epidemiologist at Queen Mary University of London. “Although some [deaths following a positive test] are incidental, there is a very large proportion that are deaths due to COVID-19,” she says. “It’s a very concerning situation — and that’s not even talking about the impact of long COVID.”

Gurdasani would like to see measures that can help to minimize the impact of relaxing restrictions. For example, she says, if mask wearing is optional, there should be more focus on adequately ventilating buildings.

But others think that high rates of immunity from recovery and vaccination in some places

mean that many of the interventions designed to stymie the spread of COVID-19 are now moot. “We’re in a different place now,” says Müge Çevik, who researches infectious diseases and medical virology at the University of St Andrews, UK. “We can’t prevent infections, so the focus needs to be on preventing severe outcomes.” She is optimistic that people won’t start “going crazy” as soon as the rules on masks and socializing are relaxed — instead, there will be a gradual shift back to normality.

Joël Mossong, an infectious-disease epidemiologist at Luxembourg’s Health Directorate, supports lifting restrictions in his country. “We’ve seen some deaths, but nothing of the sort that we witnessed last winter, even last spring,” he says. “The argument for keeping up the restrictions has really gone, and I think we were we’re now in a phase where the strategy to remove restrictions is the right way to go.”

Testing remains ‘vital’

Alongside lifting restrictions, some governments are significantly scaling back their COVID-19 testing capabilities. Some researchers think this is a step too far at this stage of the pandemic.

A reduction in routine testing will make it harder to identify flare-ups in infectiousness and to detect variants, says Ecklerle. “It’ll be a bit like finding the needle in the haystack,” she warns. Fewer restrictions and increased mingling among members of a population who have largely been separated could cause the SARS-CoV-2 virus to mutate, and testing could act as an early warning system should a variant of concern arise.

Gurdasani thinks it is a mistake to remove contact tracing and testing, which the UK government plans to significantly scale back, including ending free testing for most people. “Testing is vital,” she says, “so we can live as freely as possible.”

But not everyone is convinced of the need to keep large-scale testing going. Çevik thinks the system should be more targeted. She says the benefits of testing asymptomatic people aren’t commensurate with costs in terms of disruption to people’s lives. But she thinks regular testing should remain in high-risk settings such as hospitals, care homes and prisons.

“I think you have to have a good rationale for keeping up surveillance,” says Mossong. More mutations will undoubtedly arise in the SARS-CoV-2 virus, and it will be important for governments to keep track of them, but that needn’t involve recording every single individual case. “What is important is not actually the testing, but what happens afterwards,” he says.

1. Davies, M.-A. et al. Preprint at medRxiv <https://doi.org/10.1101/2022.01.12.22269148> (2022).
2. Hay, J. A. et al. Preprint at <https://hrs.harvard.edu/URN-3:HUL.INSTREPOS:37370587> (2022).
3. UK Health Security Agency. SARS-CoV-2 Variants of Concern and Variants Under Investigation in England: Technical Briefing 36 (UKHSA, 2022).