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- Zahradník J, Tuekprakhon A, Ginn HM, et al. Receptor binding and escape from beta antibody responses drive omicron-B.1.1.529 evolution. *bioRxiv* 2021; published online Dec 7. https://doi.org/10.1101/2021.12. 03.471045 (preprint).
- 2 WHO. Classification of omicron (B.1.1.529): SARS-CoV-2 variant of concern. Nov 26, 2021. https://www.who.int/news/item/26-11-2021classification-of-omicron-(b.1.1.529)-sarscov-2-variant-of-concern (accessed Dec 13, 2021).
- 3 Stuart ASVS, Shaw RH, Liu X, et al. Immunogenicity, safety, and reactogenicity of heterologous COVID-19 primary vaccination incorporating mRNA, viral-vector, and protein-adjuvant vaccines in the UK (Com-COV2): a single-blind, randomised, phase 2, non-inferiority trial. *Lancet* 2021; **399:** 36–49.
- 4 Cele S, Jackson L, Khan K, et al. SARS-CoV-2 omicron has extensive but incomplete escape of Pfizer BNT162b2 elicited neutralization and requires ACE2 for infection. *medRxiv* 2021; published online Dec 9. https://doi.org /10.1101/2021.12.08.21267417 (preprint).
- 5 Roessler A, Riepler L, Bante D, von Laer D, Kimpel J. SARS-CoV-2 B.1.1.529 variant (omicron) evades neutralization by sera from vaccinated and convalescent individuals. medRxiv 2021; published online Dec 11. https://doi.org/10.1101/2021.12.08.21267491 (preprint).
- 6 Wilhelm A, Widera M, Grikscheit K, et al. Reduced neutralization of SARS-CoV-2 omicron variant by vaccine sera and monoclonal antibodies. *medRxiv* 2021; published online Dec 8. https://doi. org/10.1101/2021.12.07.21267432 (preprint).
- 7 UK Health Security Agency. SARS-CoV-2 variants of concern and variants under investigation in England. Technical briefing 31. Dec 10, 2021. https://assets.publishing.service. gov.uk/government/uploads/ystem/uploads/ attachment_data/file/1040076/Technical_ Briefing_31.pdf (accessed Dec 13, 2021).
- 8 Munro APS, Janani L, Cornelius V, et al. Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK (COV-BOOST): a blinded, multicentre, randomised, controlled, phase 2 trial. Lancet 2021; **398**: 2258–76.

The UK People's Covid Inquiry

The People's Covid Inquiry anticipated that any official public investigation into the COVID-19 pandemic would be much delayed. It was a citizens' tribunal —ie, part legal proceedings, part theatre, part publicly speaking truth to power aimed at raising issues to more visible levels than government or the media were prepared to do on their own. The renowned human rights barrister, Michael Mansfield, acted as chair. A final report in December, 2021, set out conclusions and recommendations on the basis of the evidence collected.1 Key findings included that the depleted state of the National Health Service and other public services before the pandemic was a determining factor in poor outcomes. Additionally, the government was poorly prepared and responded too slowly, adopting an incorrect strategy leading to a loss of life and growing mistrust in its advice. Furthermore, a consistent failure of government policies to reduce inequalities put the most vulnerable at high risk of illness and death from COVID-19.

Mansfield's introduction to the report emphasises the "dismal failure in the face of manifestly obvious risks...When it mattered most and when lives could have been saved, the various postures adopted by government could not sustain scrutiny...Within this narrative lies a theme of behaviour amounting to gross negligence by the Government... There were lives lost and lives devastated, which was foreseeable and preventable. From lack of preparation and coherent policy, unconscionable delay, through to preferred and wasteful procurement, to ministers themselves breaking the rules, the misconduct is earth-shattering".1

Anyone in government who was responsible for health and safety should have been aware of the ever-present risk of a pandemic. This responsibility is well recognised under international and domestic law; for example, the 1948 Universal Declaration on Human Rights Article 25,2 the 1945 Charter of the UN Article 1,3 and the constitutional provisions of WHO and the World Health Assembly both giving rise to the International Health Regulations.⁴ The 1966 International Covenant on Economic, Social and Cultural Rights Articles 12 (1) and (2) affirm that "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest standard of physical and mental health. The steps to be taken

by the States Parties to the present Covenant...include those necessary for...(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases."⁵ The UK ratified this treaty in 1976.

For behaviour to be categorised in criminal law as misconduct in public office, it must be serious enough to amount to an abuse of the public's trust in the office holder and an affront to the standing of the public office held. The People's Covid Inquiry concluded that ministers do indeed have a case to answer.

I am co-chair of Keep Our NHS Public, the organisation that conceived and coordinated the People's Covid Inquiry.

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- People's Covid Inquiry. The People's Covid Inquiry into the handling of the pandemic by the government in England—misconduct in public office. London: People's Covid Inquiry, 2021.
- 2 UN. 1948 Universal Declaration of Human Rights. Nov 23, 2015. https://www.un.org/en/ udhrbook/pdf/udhr_booklet_en_web.pdf (accessed Dec 17, 2021).
- 3 UN. 1945 Charter of the UN. Sept 19, 2008. https://treaties.un.org/doc/publication/ctc/ uncharter.pdf (accessed Dec 17, 2021).
- 4 WHO. International Health Regulations (2005), 3rd edn. Jan 1, 2016. https://www. who.int/publications/i/item/9789241580496 (accessed Dec 17, 2021).
- 5 UN Human Rights Office of the High Commissioner. International Covenant on Economic, Social and Cultural Rights. Dec 8, 2004. https://www.ohchr.org/ documents/professionalinterest/cescr.pdf (accessed Dec 17, 2021).

Department of Error

Halperin SA, Ye L, MacKinnon-Cameron D, et al. Final efficacy analysis, interim safety analysis, and immunogenicity of a single dose of recombinant novel coronavirus vaccine (adenovirus type 5 vector) in adults 18 years and older: an international, multicentre, randomised, double-blinded, placebo-controlled phase 3 trial. Lancet 2021; 399: 237-48-In this Article, the third section of the Procedures section should have stated "A single 0.5 mL dose of either the Ad5-nCoV vaccine or placebo was administered to each participant in the deltoid muscle of the non-dominant arm." This correction has been made to the online version as of Jan 13, 2022, and the printed version is correct

For more on the **citizens' tribunal** see https://www. publicsphereproject.org/ content/ citizenstribunal