



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

## Evidence informing the UK's COVID-19 public health response must be transparent

### Citation for published version:

36 signatories 2020, 'Evidence informing the UK's COVID-19 public health response must be transparent', *The Lancet*, vol. 395, no. 10229, pp. 1036-1037. [https://doi.org/10.1016/S0140-6736\(20\)30667-X](https://doi.org/10.1016/S0140-6736(20)30667-X)

### Digital Object Identifier (DOI):

[10.1016/S0140-6736\(20\)30667-X](https://doi.org/10.1016/S0140-6736(20)30667-X)

### Link:

[Link to publication record in Edinburgh Research Explorer](#)

### Document Version:

Peer reviewed version

### Published In:

The Lancet

### General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

### Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact [openaccess@ed.ac.uk](mailto:openaccess@ed.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.



## **Evidence informing the UK's COVID-19 public health response must be transparent**

The government asserts that its response to the COVID-19 pandemic is based on evidence and expert modelling. However different scientists can reach different conclusions based on the same evidence, and small differences in assumptions can lead to large differences in model predictions.

Our country's response to COVID-19 is demonstrably different from how most other countries are responding globally, including elsewhere in Europe. As the government has stressed, it is imperative to delay and 'flatten' the epidemic curve to ensure the NHS can cope.(1) This is particularly essential for the UK, which only has 2.5 hospital beds per 1,000 population--behind Italy (3.2), France (6.0) and Germany (8.0).(2) Initial data from Italy have shown that 9-11% of actively infected patients with Covid-19 required intensive care during the first 10 days of March.(3)

It is not clear how the UK's unique response is informed by the experiences of other countries, particularly those that have achieved relative control over the virus as a result of widespread testing, contact tracing and state-imposed social distancing measures, such as Singapore, Hong Kong, Taiwan and South Korea.(4) The World Health Organization's report of its WHO-China Joint Mission on Coronavirus Disease demonstrates very clearly that only immediate and decisive public health responses worked to prevent or delay hundreds of thousands of cases in China, and have advised that it is vital to tackle the virus at the early stages with social distancing.(5)

We welcome the government's announcement that the modelling and data considered by its Scientific Advisory Group for Emergencies (SAGE) will be published in the future.(6) However, we request that the UK government urgently and openly shares the scientific evidence, data and models it is using to inform current decision-making related to COVID-19 public health interventions within the next 72 hours and then at regular intervals thereafter. Time is a luxury we simply do not have as we face this critical public health crisis. As we have already seen in other countries, a matter of a few days can prove critical in terms of saving lives and avoiding health system collapse.

As the UK was not the first country to face a COVID-19 outbreak, knowledge of the disease and evidence pertaining to effective public health interventions is increasingly available. However, this is only advantageous if we incorporate the best available evidence from observations elsewhere, and use the time this affords us to refine a comprehensive response based on input and scrutiny from a broad base of scientific experts.

With the UK increasingly becoming an outlier on the global scale in terms of its minimal social distancing population-level interventions, transparency is key to retaining the understanding, co-operation and trust of the scientific and healthcare communities as well as the general public, ultimately leading to reducing morbidity and mortality.

## Signatories

Nisreen A Alwan, Associate Professor in Public Health, University of Southampton  
Raj Bhopal, Emeritus Professor of Public Health, Usher Institute, University of Edinburgh  
Rochelle A. Burgess, Deputy Director, UCL Centre for Global Non-Communicable Diseases;  
Lecturer in Global Health, UCL Institute for Global Health  
Tim Colburn, Associate Professor of Global Health Epidemiology and Evaluation, UCL  
Institute for Global Health  
Anthony Costello, Professor of Global Health and Sustainable Development, UCL  
Luis E Cuevas, Professor of International Health and Epidemiology, Liverpool School of  
Tropical Medicine  
George Davey Smith, Professor of Clinical Epidemiology, University of Bristol  
Matthias Egger, Professor of Epidemiology and Public Health, University of Bristol  
Sandra Eldridge, Professor of Biostatistics, Institute of Population Health Sciences, Queen  
Mary University of London  
Paul Fine, Professor of Communicable Disease Epidemiology, LSHTM  
Valentina Gallo, Honorary Associate Professor in Epidemiology, LSHTM  
Mark S Gilthorpe, Professor of Statistical Epidemiology, University of Leeds  
Trish Greenhalgh, Professor of Primary Care Health Sciences, University of Oxford  
Christopher Griffiths, Professor of Primary Care at Barts and The London School of  
Medicine and Dentistry, Queen Mary University of London, Acting Director of the Institute of  
Population Health Sciences, Centre Lead for the Centre for Primary Care and Public Health  
Paul R Hunter, Professor in Medicine, University of East Anglia  
Shabbar Jaffar, Head of Department of International Public Health, Chair of Epidemiology,  
LSHTM  
Ruth Jepson, Professor of Public Health in Social Science, University of Edinburgh  
Andrew Lee, Reader in Global Public Health, University of Sheffield  
Nicola Low, Professor of Epidemiology and Public Health, University of Bern  
Adrian Martineau, Professor of Respiratory Infection and Immunity, Institute of Population  
Health Sciences, Queen Mary University of London  
David McCoy, Professor of Global Public Health, Queen Mary University London  
Borislava Mihaylova, Professor of Health Economics, Institute of Population Health  
Sciences, Queen Mary University of London  
Miriam Orcutt, Senior Research Fellow, UCL Institute for Global Health  
Bharat Pankhania, Senior Clinical Lecturer, University of Exeter  
Hynek Pikhart, Professor of Epidemiology and Medical Statistics, UCL  
Paul Pilkington, Associate Professor of Public Health, University of the West of England  
Bristol  
Allyson Pollock, Professor of Public Health, Newcastle University  
Gabriel Scally, Honorary Professor of Public Health, University of Bristol  
Nicola Shelton, Professor of Population Health, UCL  
James Smith, Honorary Research Fellow, London School of Hygiene & Tropical Medicine  
Devi Sridhar, Professor of Global Public Health, University of Edinburgh  
Andrew Tatem, Professor of Spatial Demography and Epidemiology, University of  
Southampton

Stephanie Taylor, Professor in Public Health and Primary Care, Queen Mary University of London

Peter WG Tennant, University Academic Fellow in Health Data Science, University of Leeds

Yrene Themistocleous, Clinical Research Fellow, University of Oxford

Anne Wilson, Lecturer in Epidemiology, Liverpool School of Tropical Medicine

## References

1. UK Government (2020), Press release - update from SAGE: delay phase modelling. <https://www.gov.uk/government/news/update-from-sage-delay-phase-modelling> [Accessed 15th March 2020]
2. OECD (2018), Hospital beds. <https://data.oecd.org/healtheqt/hospital-beds.htm> [Accessed 15 March 2020]
3. Remuzzi A, Remuzzi G. (2020), COVID-19 and Italy: what next? The Lancet. DOI: [10.1016/S0140-6736\(20\)30627-9](https://doi.org/10.1016/S0140-6736(20)30627-9)
4. Anderson RM, Heesterbeek H, Klinkenberg D, Hollingsworth TD (2020), How will country-based mitigation efforts influence the course of the COVID-19 epidemic? The Lancet. DOI: [10.1016/S0140-6736\(20\)30567-5](https://doi.org/10.1016/S0140-6736(20)30567-5)
5. WHO (2020), Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> [Accessed 15 March 2020]
6. <https://www.gov.uk/government/news/update-from-sage-delay-phase-modelling> [Accessed 15 March 2020]