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

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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.

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