

Ben Warner

From: Ben Warner
Sent: 13 March 2020 14:55
To: 'Ferguson, Neil M'
Subject: RE: Following up [OFFICIAL]

Hi Neil,

Quick question.

I think there is a step change in deaths at the NHS capacity and I don't think this non-linearity is built into our RWC planning assumptions.

E.g. In the RWC, we assume the attack rate is 80% and 1% mortality. I think this overwhelms the NHS and the mortality rate is likely to increase. So the number of deaths for local councils models etc can basically never be 1%.

Do you agree? I also assume you don't model these type of effects?

Regards,
Ben

From: Ferguson, Neil M <Name Redacted>
Sent: 12 March 2020 19:20
To: Ben Warner <BWarner@no10.gov.uk>
Subject: RE: Following up [OFFICIAL]

I was somewhat reassured from the PM's comments at the press conf this afternoon that he seems to grasp it. That said, the reality in a few weeks will be very challenging

From: Ben Warner <BWarner@no10.gov.uk>
Sent: 12 March 2020 19:18
To: Ferguson, Neil M <Name Redacted>
Subject: RE: Following up [OFFICIAL]

Thank you for sending this over.

I think the point you make is very valid, important and I will continue to raise it here.

Regards,
Ben

From: Ferguson, Neil M <Name Redacted>
Sent: 10 March 2020 13:58
To: Ben Warner <BWarner@no10.gov.uk>
Subject: Following up

Dear Ben,

Good to talk today.

If there is one set of graphs I would like the PM to see and understand it is those on page 13 of the attached. I don't want to generate too much in the way of back channels, so the attached is the report I generated last week and which was circulated to SAGE – so Chris and Patrick have seen it, and accepted it (the report is informing current UK planning, clearly!)

The top figure on page 13 is bed demand per day. GB capacity is, with surge, perhaps 100 thousand.

The second is daily deaths. Under the strategies being considered, these will still likely peak at 4-6000 per day. If we can even test and count that many. While this got called the reasonable worst case until today, this is my Centre's best estimate of what might happen. Even allowing for uncertainty, we will still see at least half of those numbers. Put another way, a very large proportion of people in the country will know someone (likely old and frail) who died by the time the epidemic is over.

So long as the PM and Cabinet accept and understand this is what is likely to happen and are still happy to proceed with current plans, then there is a rational basis to that decision which I would say the science supports. I might suggest the messaging start quickly changing to reflect the likely magnitude of even though. This event is in the natural disaster category, and the cure (e.g. massive social distancing, shutdowns) could be worse than the disease. Nor do we know whether we could sustain very intensive China/Italy style policies for the many months required before a vaccine is available.

But what would be the worst outcome – in my opinion – would be to go for mitigation (the policy package currently being discussed) and for the health, social and political cost to be judged later to be unacceptable – necessitating a policy pivot in the midst of what will already be a national crisis. If the numbers on those graphs (for the mitigated epidemic) are viewed as unacceptable, that message needs to come down from the top now. We might still follow the currently planned measures for the next few weeks, but then much more intensive measures would need to be introduced. Which need to be thought about now.

Again, without bypassing SAGE, Patrick and Chris, do let me know if I can provide any more help.

Best,

Neil

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Professor Neil Ferguson
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Head, Dept. of Infectious Disease Epidemiology
Vice-Dean (Academic Development), Faculty of Medicine

Irrelevant & Sensitive

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Email: Name Redacted

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