

**1. A brief overview of your qualifications, career history, professional expertise and major publications.**

Academic qualifications:

PhD in Epidemiology and Public Health	2018 – July 21
MSc in Public Health (Distinction)	2015
Infectious Disease & Public Health MSc module (Distinction)	2012
BSc Microbiology(1st class honours)	2004

I am a registered Consultant in Public Health (CCT date 31<sup>st</sup> July 2021) specialising in the field of Health and Justice (prisons and other places of detention). At the time of my participation in SAGE I was in the final year of my NIHR PhD fellowship at UCL, investigating the implementation of telemedicine in English prisons.

I currently work 0.4WTE as a public health Consultant in the UKHSA national Health and Justice team and 0.6WTE as a specialist clinical advisor to the NHSE national Health and Justice team. I remain an honorary clinical lecturer at UCL within the Collaborative Centre for Inclusion Health.

Most recent publications include:

Integration, population commissioning and prison health and well-being – an exploration of benefits and challenges through the study of telemedicine", Journal of Integrated Care (2022), Edge, C., Luffingham, N., Black, G. and George, J. Vol. 30 No. 5, pp. 108-124. <https://doi.org/10.1108/JICA-11-2021-0055>

-Specific COVID-19 messaging targeting ethnic minority communities (2021)  
EClinicalMedicine, Volume 35, 100862, ISSN 2589-5370,  
<https://doi.org/10.1016/j.eclinm.2021.100862>. Aftab Ala, Chantal Edge, Alimuddin Zumla, Shuja Shafi

**-High COVID-19 death rates in prisons in England and Wales, and the need for early vaccination (2021) The Lancet Respiratory Medicine, Pub Date: March 16 2021  
DOI:[https://doi.org/10.1016/S2213-2600\(21\)00137-5](https://doi.org/10.1016/S2213-2600(21)00137-5) Isobel Braithwaite, Chantal Edge, Dan Lewer, Jake Hard**

- COVID-19: Digital equivalence of health care in English prisons. (2020) The Lancet Digital Health, Volume 2, Issue 9, e450 - e452. Edge, Chantal et al.

-Improving uptake of hepatitis B and hepatitis C testing in South Asian migrants in community and faith settings using educational interventions - a prospective descriptive study. International Journal of Infectious Diseases ( IF 3.202 ) Pub Date : 2020-08-27 , DOI: 10.1016/j.ijid.2020.08.059. Claire Kelly,Marinos Pericleous,Ayesha Ahmed,Tushna Vandrevalla,Jane Hendy,Shuja Shafi,Simon Skene,Sumita Verma,Chantal Edge,Margot Nicholls,Charles Gore,Simon de Lusignan,Aftab Ala

\*- Secondary care clinicians and staff have a key role in delivering equivalence of care for prisoners: A qualitative study of prisoners' experiences. EClinical Medicine 2020. Chantal Edge, Rich Stockley, Laura Swabey et al

- Using telemedicine to improve access, cost and quality of secondary care for people in prison in England: a hybrid type 2 implementation effectiveness study- BMJ Open 2020;10:e035837. doi: 10.1136/bmjopen-2019-035837 Edge C, George J, Black G, et al

-Improving care quality with prison telemedicine: the effects of context and multiplicity on successful implementation and use. Journal of Telemedicine and Telecare 2019 Oct 22;1357633X19869131. doi: 10.1177/1357633X19869131

Chantal L. Edge, Georgia Black, Emma J. King, Julie George, Shamir Patel, Andrew Hayward

-Premature mortality attributable to socioeconomic inequality: an observational study of 2.5 million deaths in England between 2003 and 2018. Lancet Public Health 2020 Jan;5(1):e33-e41. doi: 10.1016/S2468-2667(19)30219-1. Epub 2019 Dec 5. Dan Lewer, Wikum Jayatunga, Robert W Aldridge, Chantal Edge, Michael Marmot, Alistair Story, Andrew Hayward

-Using qualitative data to produce an animated clinical engagement tool: secondary health-care experiences of people in prison The Lancet, 2019, Volume 394, S37 Edge, Chantal et al.

-Co-production of a research and advocacy agenda for Inclusion Health. The Lancet 2019, Volume 394, S68. Luchenski, Serena., Chantal Edge, Niccola Hutchinson-Pascal, Binta Sultan, Georgia Black, Stan Burridge, Luke Johnson, Natasha Palipane, Diana Margot Rosenthal, Cassandra Fairhead, Emma King, Dan Lewer, Velvet Dibley, Zana Khan, Lucie Collinson, Neha Pathak, Alistair Story, Prof Andrew Hayward,

\*-Prisoners co-infected with TB and HIV : a systematic review. J Int AIDS Soc. 2016 Nov 15;19(1):20960. doi: 10.7448/IAS.19.1.20960. eCollection 2016.Chantal L. Edge, Emma J. King, Kate Dolan, Martin McKee

## **2. A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods**

I attended SAGE EMG transmission group on several occasions (~3) and SAGE on one occasion (SAGE 84) during March 2021.

## **3. An overview of your involvement with those groups between January 2020 and February 2022**

My PhD supervisor Prof. Andrew Hayward was asked to lead on a SAGE EMG commission on COVID-19 transmission in prisons. As his PhD student and a specialist in prison public health, Prof Hayward asked me to lead on preparation of the report under his supervision and guidance.

I attended ~3 EMG group meetings and one SAGE meeting. At EMG group meetings we discussed the available evidence, gaps and later the final report and recommendations within it. I presented headline findings to the group in advance of the submission and took comments via email to edit the report draft. I also liaised with DHSC colleagues and the Go-Science team as required, supported at all times by Prof Hayward. I attended SAGE 84 where the final report was presented and discussed, led by Prof Hayward.

Given my experience and expertise in the field of prison health I was able to provide additional narrative, interpretation and suggestions for report sections to SAGE EMG. I also

reached out to contacts from the field of prison health, including VCSE agencies, for evidence to include in the report.

A recommendation from SAGE was that a teach-in on the report be delivered to policymakers, which I delivered via video conference.

I was also part of a small working group at UCL who prepared an analysis on the standardised mortality rates of prisoners compared to the community (publication highlighted in bold in question 1) which found prisoners to have 3-4 x the death rate seen in comparison to the community age structure, with rates higher in wave 2 of the pandemic.

**4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.**

I was the lead author for the following document, supported by my PhD supervisor Prof. Andrew Hayward: EMG Transmission Group: COVID-19 transmission in prison settings, 25 March 2021 - GOV.UK ([www.gov.uk](http://www.gov.uk))

**5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible**

I have not written any articles specifically related to my participation, however I was an independent author for the Health Foundation impact inquiry prisons chapter: COVID-19 and the prison population - The Health Foundation which drew on the SAGE report (which was available in the public domain).

**6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims.**

I found the SAGE EMG group to be well resourced, and comprised of professionals with a wide range of expertise to ensure all aspects of transmission could be considered (e.g. modellers, epi scientists, engineering colleagues). Team members were quick to respond to questions and to provide comments and advice. I found the structure of the group very conducive to report preparation. Recommendations were proposed by Prof Hayward and I based on interpretation of the wide range of evidence included in the report, and considered and ratified by the entirety of the SAGE EMG group.

SAGE 84 were very receptive of the report. They asked questions about the content (answered by Prof Hayward) and finally ratified the report and recommended that it be sent to JCVI to reconsider prison vaccination in light of the evidence presented which concluded: **Increasing early vaccination of all prisoners and staff would allow faster lifting of severe restrictions, reduce outbreaks and decrease mortality, and benefit the wider control of Covid-19**

However, to my knowledge JCVI did not consider the prisons report until after vaccination was available to all age groups in society, therefore negating the need to prioritise prisons as a setting.

**SENSITIVE INFORMATION – request for redaction, but for information to the chair:**

There were some issues with MoJ colleagues, who although not included in SAGE EMG meetings had been pre-warned of recommendations/evidence within the report by an

HMPPS member of the SAGE EMG group. This member fed back that MoJ did not want qualitative evidence included which suggested harm related to mental health and isolation. Prof Hayward and I refused to alter or remove evidence from the report to ensure the entire breadth of evidence was available to SAGE.

**7. Your views as to any lessons that can be learned from the UK's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making**

The evidence in the report submitted to SAGE at meeting 84 demonstrated clearly that prisoners had suffered disproportionately during the pandemic, both in terms of increased mortality compared to the community, and also in relation to wider consequences such as the impact on mental health given their isolation within cells for 23hrs/day for the first year and no contact with families for the first year. Yet despite this evidence prisons were not at any time prioritised for vaccination.

Prisons have remained vulnerable to outbreaks throughout the entirety of the pandemic. When the decision to stand down much of the testing in the community was made (March 2022) symptomatic, asymptomatic and outbreak testing was kept in place in prisons and places of detention given the recognition by policy makers as a vulnerable setting (based on advice provided by UKHSA). At the start of 2022 at one point nearly 90% of prisons were in outbreak status, showing the importance of considering these settings as highly vulnerable and an important factor in potential amplification and seeding back in to the community via prison staff (as detailed in the SAGE report).

The report provided evidence to support widespread and early vaccination of the entire prison (including staff) as an effective intervention to reduce mortality and morbidity. This learning should be applied to future scenarios e.g in the event of a new widespread VOC and rapid rollout of new tailored vaccines. The inquiry may therefore wish to consider making a recommendation that as a recognised vulnerable setting (for COVID-19 transmission and poor outcomes) a whole prison approach to vaccination should be recommended at an early opportunity (e.g after CEV groups, but before the whole community becomes eligible). The inquiry may also wish to recognise, that although this report was specifically for prisons, the principles will also apply to other places of detention such as immigration removal centres.

**8. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically).**

I have retained emails relating to correspondence in the preparation of the report and the subsequent policy teach in.

I have retained word copies of different iterations of the SAGE prisons report as comments were received. I also have copies of the slides I used to convey evidence/recommendations to SAGE EMG (with these same slides used for the policy teach in).