

## Note on talk with UK government connected to COVID-19 and the question

## "Should government intervene now, and if so, how?"

A short note from a Swedish perspective based on the experience of the pandemic in Sweden and the work at the Public Health Agency. Public health activities in Sweden should by decree be based on scientific evidence and well-tried experience. We need to remember that the scientific evidence in the area of public health has always been weak in general for a number of reasons. The UK is one of the most active countries in the area of evaluating and following up public health effects but in many other countries little has been done in the past.

The short answer to the question above is in my opinion yes. The myth that Sweden did nothing during the pandemic is false. We have initiated a wide range of activities not least in the area of communication. During the last 20 years the public health community has discussed pandemic preparedness extensively and taken aboard experiences from previous events during this pandemic (SARS, MERS, the swine-flu pandemic etc). I believe there is a strong consensus that with a pandemic a government need to be active even if we know that most of the nonmedical measures have comparatively little effect and the evidence for how and when they work is limited. But even so there is a possibility to make a difference.

What basis for activities have we used in Sweden?

Measures are based on the specific Swedish context, we have tried to use tools that were in place.

- Identify where we could make the biggest difference with the least side effects
- Take into account possibilities for implementation, sustainability and acceptance
- Mix legal obligation and voluntary measures
- Follow results to adapt (flexibility)
- Consistency and sustainability

In practise, we have done the following:

- Break chains of transmission by minimising contacts with a focus on symptomatic persons
- Focused on places where important transmission takes place; restaurants, big gatherings, long term care facilities, areas with vulnerable groups
- Increased resources and quality of contact tracing, isolation and quarantine

Solna Folkhälsomyndigheten, SE-171 82 Solna. Street address: Nobels väg 18. Östersund Folkhälsomyndigheten, Box 505, 831 26 Östersund. Street address: Campusvägen 20. +46 10-205 20 00, info@folkhalsomyndigheten.se, www.folkhalsomyndigheten.se

## Information in English on the Swedish COVID-19 response:

https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19--the-swedish-strategy/

https://www.government.se/government-policy/the-governments-work-in-response-to-the-virus-responsible-for-covid-19/

Report: Covid-19 in schoolchildren - A comparison between Finland and Sweden

https://www.folkhalsomyndigheten.se/publiceratmaterial/publikationsarkiv/c/covid-19-in-schoolchildren/

Solna Folkhälsomyndigheten, SE-171 82 Solna. Street address: Nobels väg 18. Östersund Folkhälsomyndigheten, Box 505, 831 26 Östersund. Street address: Campusvägen 20. +46 10-205 20 00, info@folkhalsomyndigheten.se, www.folkhalsomyndigheten.se