

Message

From: Steven Riley [redacted I&S]
Sent: 06/04/2020 20:23:03
To: Graham Medley [graham.medley@lshtm.ac.uk I&S]
CC: WOOLHOUSE Mark [mark.woolhouse@lshtm.ac.uk I&S]
Subject: Re: Shielding

Hi Graham,

I completely agree, but I haven't seen anything from Treasury and I don't expect to. We've been asking for months for them to tell us comparative costs of... pretty much anything! After the lock-down policy, I was really hoping to see an assessment of cyclical stringent interventions. The speed to startup and shutdown would be crucial if we ever did that, so the interaction of the economic and epidemiological processes would be crucial. Have you seen anything?

I worry more that because we are the ones "stepping up," we are the default committee of COVID intervention design and assessment. If such a committee did exist, it would have a modelling component, but it also have a lot of other skills as well.

best

Steven

On Mon, 6 Apr 2020 at 18:04, Graham Medley <Graham.Medley@lshtm.ac.uk [redacted I&S]> wrote:

Steven

I think that we on SPI-M have to be very careful that we don't only model the things that we can easily model. We are all coming from a PH background and all the models are PI based. However, given the economic impact of this epidemic, the solutions / policy are going to be increasingly from Treasury rather than DHSC and we should be responding to that. That this epidemic is not PI is inconvenient, but should not leave us floundering. We have particularly been caught napping in regard to the age distribution and role of HCW in this epidemic.

Graham

Graham Medley

Professor of Infectious Disease Modelling

Director of CMMID

Dept of Global Health and Development

London School of Hygiene and Tropical Medicine

<https://www.lshtm.ac.uk/aboutus/people/medley.graham>

On 6 Apr 2020, at 16:27, Steven Riley [redacted I&S] wrote:

Hi Mark,

I appreciate you and Graham highlighting that we need to be doing better on this. The microsim does not have hospitals or care homes in it. I have played a bit with compartmental models with adjusted contact matrices, and I think Roz Eggo is doing this. Roz's age structured model is fantastic, so I am not sure I want to duplicate her effort. But (as I mentioned on the call) my worry is that the key parameters are _even_ less informed than others we are forced to use right now. But we had a chat today about some ways to think about care homes specifically in a way that might inform more general models. And generally, I may have under-rated the potential value of compartmental models for this question.

There is definitely scope to improve our thinking here.

cheers

Steven

On Mon, 6 Apr 2020 at 16:15, WOOLHOUSE Mark <[Mark.Woolhouse](mailto:Mark.Woolhouse@imperial.ac.uk)> wrote:
Steven,

Yes, but we are exploring the consequences of doing shielding better.

Given that GovUK policy is about saving lives and protecting the NHS then this has to be highly relevant.

I'm not suggesting it's the only think we do (though if we could do it 99% effectively I might re-think that) but have been presenting it as a potentially important part of a broader exit strategy.

The problem I'm finding is that none of the models incorporate shielding explicitly. Do yours?
mw

From: Steven Riley <>
Sent: 06 April 2020 09:16
To: Graham Medley <[Graham.Medley](mailto:Graham.Medley@imperial.ac.uk)>
Cc: SPI-M <SPI-M@dhsc.gov.uk>; Neil Ferguson <[neil.ferguson](mailto:neil.ferguson@imperial.ac.uk)>
Subject: Re: Shielding

Thanks Graham,

to be up front - my feeling is that enhanced shielding incredibly important as a policy in its own right and should be part of all exit strategies. But I don't feel it is, in itself, is a strategy. Shielding has been in place since the very beginning, so we will be able to see how effective it is in the data, especially once the ONS report COVID-associated deaths outside hospital.

best

Steven

On Mon, 6 Apr 2020 at 09:09, Graham Medley <[Graham.Medley](mailto:Graham.Medley@imperial.ac.uk)> wrote:

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Hi Steven

I think it was going to be on the agenda today anyway.

There seem to be two potential novel interventions gathering momentum: app-based contact tracing and enhanced shielding. Its important that we don't get too distracted and only work on these. However, we should be developing the models that will support the policy decisions. It is likely that other interventions that haven't been thought of yet will also develop, and we need to have an idea of our capacity to develop models that can include these. We mustn't get caught in only modelling the interventions that we can model.

Graham

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<https://www.lshtm.ac.uk/aboutus/people/medley.graham>

On 6 Apr 2020, at 08:03, Steven Riley <I&S> wrote:

Dear all,

Can we discuss shielding as an exit strategy this morning.

Best

Steven

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I&S

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