Message

From: McLean, Angela SCS (CSA-Personal) [Angela.Mclean113@mod.gov.uk]
Sent: 18/04/2020 06:06:27
To: Graham Medley [Graham.Medley@ I&S]
Subject: A different thought

***** This message originated outside LSHTM *****

Two things you have said have been milling around in my head. First, that Australia thinks they can eliminate (and they have kept it out of hospitals). Second, ages ago, you said that maybe R would be high initially because of a core epidemic in health care. I've been assuming that the community epidemic is driving the hospital and care epidemics. Could it be the other way round? I know LSHTM thinks R in hospitals is < 1, but what if you count staff as well?

Is there a way we can look at data from the three epidemics to ask if it is plausible that, at the moment, the community epidemic is being driven by the health and care epidemics?

Should we challenge the view that this cannot be eliminated?

Thanks for your thoughts on modelling strategy. I'll have another bash at the middle section.
On the question of an agent-based model to include all three sub-epidemics, a company called improbable are keen to do ABM for no10, and no10 is keen to hear what we think about them (we = you, John E Neil, Charlotte, John A, Me, Ian, Patrick). They are excellent salesmen, but I think they are also pretty good at ABM and would have access to data beyond our wildest dreams. You will get an invitation to do a 1 hour zoom Q&A with them on Tuesday. If you are able to attend it would be really useful for no10 to hear your opinion. I they might be useful if they could be persuaded that just making rules up won't work (they are game makers).

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