

Message

From: WOOLHOUSE Mark [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C4153BCEE124D7181397F6F48883523-MEJW]
Sent: 11/06/2020 10:37:31 PM
To: Andrew.Morris; I&S
CC: Gregor.Smith@gov.scot; Nicola.Steedman@gov.scot
Subject: re: state of play

Dear Andrew,

At our first AG meeting you spoke to the virtues of writing a memo to oneself from time to time. It was good advice, but this one I am sending to you and, as I have done with previous briefings, to the CMO and DCMO.

You have rightly commented that this is an important juncture in the national COVID-19 response and AG has discussed in detail many of the immediate steps that might be taken. But those steps will also start us down a longer path and I am anxious that we bear that in mind in our deliberations.

I should put on record that I have hardened my view that history will judge harshly the decision to take the lockdown route in the first place. This is not the fault of SG nor any national government; lockdown was the invention of WHO and China. It had a place as a short-term emergency measure faced with an exponentially growing epidemic and no obvious alternative. But for it still to be the WHO-recommended response six months into the pandemic is deeply concerning, and arguably represents a failure of public health scientists to agree viable alternatives.

Having said that, in Scotland and elsewhere we are now committed to a policy of slow and cautious relaxation of lockdown measures, with the possibility of lockdown being re-imposed if deemed necessary. I have a number of concerns with this. Let me detail those concerns and try to suggest a way forward afterwards.

I remain concerned – as I and others have pointed out repeatedly – that the lockdown strategy is being justified in terms only of its public health benefits without proper accounting for the many harms that lockdown causes. These include major problems with access to health care provision, mental health, social well-being and our children's education, coupled with enormous damage to our economy. As I stated at the House of Commons Science & Technology Select Committee on June 10th, if those harms are being quantified and factored into policy decisions then the underpinning evidence has never been made available to me as an advisor, nor to the wider public. What's more, many of those harms may take years or decades to become fully apparent. All of this is in marked contrast to the epidemiological and public health analyses - these are very detailed and have been widely disseminated. I note that I raised this issue at a meeting with Catherine Calderwood on February 24th.

This brings me to a specific issue, schools. Here, the costs of depriving our children of several months' education are surely immense (though, again, no formal analysis has yet been published to my knowledge). One would expect that there would have to be substantial public health benefits to justify this course of action. My reading of the evidence reveals no such benefit. The children themselves are at minimal risk from COVID-19 and may not even transmit it if they do get infected. The handful of outbreaks associated with schools worldwide are linked more to teachers than pupils, though there is no evidence that teachers are more at risk than any comparable occupation. Nor is there any epidemiological study showing that schools contribute disproportionately to wider transmission. The concerns about schools are, in my view, theoretical concerns unsupported by empirical evidence. I spoke to this at the May 7th AG meeting.

Our extreme caution concerning schools has its roots in the wider failure of the scientific community to accurately communicate the risks posed by COVID-19. Those risks are hugely concentrated in the elderly and the frail. That simple observation should, in my view, be at the heart of any public health response to COVID-19. I made this point at the AG briefing to Ministers on June 5th and I have also raised it with SPI-M.

My final point concerns data. You are better placed than anyone to understand the limitations of data flows in the Scottish Health Care system. The patent frustrations of my colleagues over the accessibility and quality of COVID-19 data speaks volumes. This has been a huge problem for many years. I first raised it with Catherine Calderwood in 2017, and wrote subsequently (May 7th 2018) “I dread to think of the consequences if we ever find ourselves facing a health emergency such pandemic influenza”. I reminded her of my concern in a COVID-19 briefing sent on January 21st 2020.

These issues are not easily fixed, and Scottish Government policy is now set out. So I cannot reasonably expect much to change. What I can do is stress the need for flexibility. AG has pointed out several times that evidence – both observational and from research – is accumulating rapidly and we gave notice that scientific advice may change accordingly. The DFM remarked that this could be problematic for government – and I understand that. But, for example, I can easily imagine that by August the evidence that schools are safe enough to re-open fully – no social distancing required, at least for the children - will be so compelling that AG will advise that they do.

My second recommendation concerns testing. The immediate testing agenda is being advanced very capably by the testing sub-group. Progress is slow but that reflects the complexity of the issues. I am more concerned with the longer term. My expectation is that COVID-19, or the threat of COVID-19, will be with us indefinitely and that testing will play a key role in keeping it contained. We will need a readily scalable testing capacity to protect vulnerable institutions (e.g. care homes) and vulnerable individuals (e.g. those receiving care in the home). I have previously stated at AG that I think we have to have an ambitious longer term plan to increase our testing capacity significantly (as much as 10x current plans). I repeat that now.

I hope these thoughts are useful.

Kind regards,

Mark

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