
March 20, 2021

The Independent Scientific Advisory Group for Emergencies (SAGE)

The Independent SAGE Report 40

An Independent SAGE position paper

Supported isolation

Why supported isolation is crucial to break community transmission

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Submitted to The UK Government and the People of Great Britain
& Northern Ireland by Sir David King, former Chief Scientific Adviser,
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Good = *****
Average = ***
Poor = *

What did countries with low death rates do?

Few countries in Asia have had national lockdowns. They focused on rapid action to break transmission, through local lockdowns, intense testing in hotspot areas, community worker-led contact tracing and follow-up, with links established with primary care services for all cases and contacts. These arrangements provided symptom monitoring and reassurance, hotel, hostel or community centre isolation facilities if home isolation was difficult, and generous financial support to all cases and close contacts during isolation.

South Korea had no national lockdown but a rapid deployment of mobile clinics in the two hotspot provinces. Free testing was available, with quick results provided within a few hours. An app is given to positive cases, which required them to enter their symptoms twice daily, and allowed the authorities to monitor their GPS signal for compliance with isolation. Food and medicines were provided, allied to financial support to cover rentals and living costs, and guaranteed employment. China did the same. Within two weeks, they mobilised 9,000 community workers for tracing and isolation support to cover a population of 11 million people in Wuhan.

Asian states also devoted serious attention to media coverage, and through 24 hour TV stations in each province, shared information, preventive messages, local data, stories and news items.

The UK experience with supported isolation

There is no apparent reason why we could not have emulated Asian countries. The English epidemic began with hotspots in London and the West Midlands. We could have broken transmission chains if we had mobilised local test and trace capacity during February and early March, with proper incentives for isolating households, and community facilities provided for less severe cases. But the 'scientific advice' supplied to the government was erroneously based on the 2011 pandemic influenza plan, and determined there was no point in stopping the spread of infection. On 9th March 2020, SAGE minutes report the unanimous view that China and other Asian states would inevitably face a sizeable second wave. This hasn't happened. Asian death rates are 50-1000 times lower than in the UK. In January 2021, Asian states have seen minor flare-ups, which they have tackled aggressively with mass testing, community contact tracing, supported isolation and local lockdowns.

A UK CORSAIR study of 2,240 people in May 2020 showed that of those who reported symptoms of COVID-19 in the previous seven days, only 18.2% said they had not left home since developing symptoms (1,2) . Remarkably, 75% of those with someone in their household with COVID-19 symptoms had left home in the last 24 h. The volume of outings and shopping for non-essentials indicated non-adherence to lockdown. In the CORSAIR studies, the