

Message

From: Vallance, Patrick (GO-Science) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=34A3DB026A094839B977362D13396897-VALLANCE, P]
Sent: 15/03/2020 1:40:01 PM
To: Ferguson, Neil M; [Irrelevant & Sensitive] Whitty, Chris [Chris.Whitty@dhsc.gov.uk]
Subject: Re: Public release of modelling results

Neil

Thanks for this, I look forward to seeing the report. We are trying to release all of the SAGE work this week if we can. I think it would be helpful to have some degree of coordination without introducing delay. Given that we expect a PM statement with probably Chris and me tomorrow afternoon, could you release the data just after that? Should be late afternoon.

I assume the paper refers to the evolution of the modeling (ie it wasn't that this was obvious 2 months ago), and that we are indeed as you say slightly ahead?

Best wishes

Patrick

From: Ferguson, Neil M; [Irrelevant & Sensitive]
Sent: Sunday, March 15, 2020 1:04:14 PM
To: Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>
Subject: Public release of modelling results

You will appreciate we are now under intense pressure to release our modelling results. We are therefore preparing a draft report/paper which shows results both for mitigation and long term suppression strategies. It is as even-handed as we can be, given I still think the cure may end up being worse than the disease in adopting long term suppression. But we will conclude that suppression is the only feasible strategy given how much hospital demand is likely to be exceeded.

The report will also include our estimates of mortality, critical care demand and hospital demand for the UK, derived from Chinese and other data. I am increasingly convinced that our IFR estimates are reasonable best estimates, not RWC. But even if mortality is 4 fold lower, the NHS will still be overwhelmed.

I will share our report with you this evening, so you are aware, but our current plan is to release tomorrow morning. If a few hours delay would make allow better syncing with govt announcements, please get in touch with me. But given the pressure we are now under, we can't delay much more than that.

Also, it might be helpful for your to know that our mortality estimates are being quoted in the French press (attributed to me), given it was also our modelling which (in part) informed the French response.

Last, if it would help, I am very happy to talk to ministers today or tomorrow. I think it would be preferable for the inevitable policy pivot to happen now rather than later. In terms of messaging, I would (and will) emphasise that it is only in recent days that the ICU requirement estimates have been refined (based on UK and Italian experience) and that maximum NHS surge limits have been determined. We are in a situation nearly twice as bad as the RWC, and need to act accordingly. (Not that the decision would actually be different for the RWC or even something half as bad). Also, it is still important to highlight that we are still acting faster than most other EU countries and the US, given the relative stage of epidemics.