

Discuss the role of Public Health England in the Covid-19 Pandemic

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Introduction

The Covid-19 virus has harshly impacted the health and safety of the population within England, with a reported number of 2.75 million cases and 72,685 deaths as of 13th January 2021: which vastly exceeds the number of cases in comparison to other areas in the UK. [1] Consequently, more people and vulnerable groups in England are increasingly prone to contracting the virus, leading to further health complications, an increasing strain on the National Health System (NHS), and more deaths.

As it is a virus spread by respiratory droplets [3], Covid-19 is extremely contagious and therefore it was crucial that the Public Health England (PHE) responded with efficacy to contain and reduce the spread of the virus, as soon as the World Health Organisation (WHO) had announced a public health emergency of international concern on the 30th January 2020[2].

Currently, the UK ranks 5th highest worldwide in handling the virus the worst [1]; this poses the questions ‘Where did England go wrong?’ and ‘What decisions are to blame in resulting in the loss of over 70,000 lives?’ These are questions that I will endeavour to answer in this essay, through the discussion of the role of PHE.

Defining Public Health England

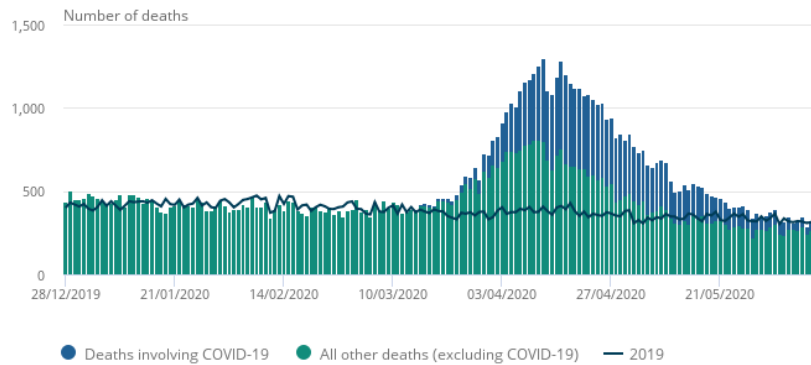
PHE defines that two of its responsibilities are “protecting the nation from public health hazards” and “preparing for and responding to public health emergencies” [4]; this means that its decisions were crucial in influencing the extent of the effects of the pandemic in England.

Therefore, in this essay I will aim to evaluate the decisions made by PHE by focusing on their influence on government response and containment of the virus. I will recommend that PHE adopt an “eliminate” response to outbreaks, opposed to delayed action in suit of preserving normality.

Negligence of the National Health System and delayed action

Figure 1: Since mid-April 2020, the number of deaths among care home residents has been decreasing

Number of deaths of care home residents from 28 December 2019 to 12 June 2020, registered up to 20 June 2020, England and Wales



Source: Office for National Statistics – Deaths involving COVID-19 in the care sector

Image above shows how the number of deaths among care homes has increased, and those that involved Covid-19

On the 30th January 2020, WHO published a list of recommendations to all countries for effective control of Covid-19, stating “Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments”. [5] Therefore, “preparing for public health challenges” should have included PHE acquiring suitable personal protective equipment for health and social care settings including NHS staff.

However, by the 19th March 2020, the government was forced to downgrade coronavirus, as staff did not have access to suitable equipment, leading them to reuse single-use items such as visors although they may have been contaminated, and the use of “sessional” masks. Why did PHE dismiss crucial information to enhance standard infection prevention, that could have alleviated the risks health and social care staff had to endure whilst caring for Covid-19 patients?

Moreover, PHE is responsible for clear consistent and up to date information: vital for reassuring the public, but more significantly informing the NHS of changes that need to be made to improve national recovery from the virus. Despite this, advice was not consistent, as infection and control guidance was adapted 36 times [12], meaning that health and social staff struggled to implement suitable care delivery.

Furthermore, care home staff were not adequately prepared for coronavirus, as they lacked the resources from PHE to translate the guidance into practice, thus putting themselves and their patients at a greater risk. For example, until guidance was released from PHE, some patients could not be admitted into care homes from hospitals due to lack of testing. [13]

Despite claiming to be using a phased “action plan” backed by science, it could be argued that PHE ensued the complete antithesis; the NHS test and trace system emerged on the

28th May [6], and by this point the UK had already consistently reached over 1,000 new daily cases since 19th March. [1] Evidently, the test and trace system had been employed too late, resulting in a stagnant attempt to ‘delay’ the virus. [4]

Moreover, ensuring the safety of the most vulnerable people within England, the elderly, was disappointingly compromised by delay, as the opportunity for care workers to be tested for coronavirus on a weekly basis had only emerged on November 23rd. [7] Consequently, until November elderly people were at high risk of transmission from the virus from their carers, resulting in over 19,000 Covid-19 related deaths between the period 2nd March to 12th June in care homes alone. [8] Is Covid-19 a lesson to PHE that will ensure preparation and communication in future pandemics?

Case Study: New Zealand

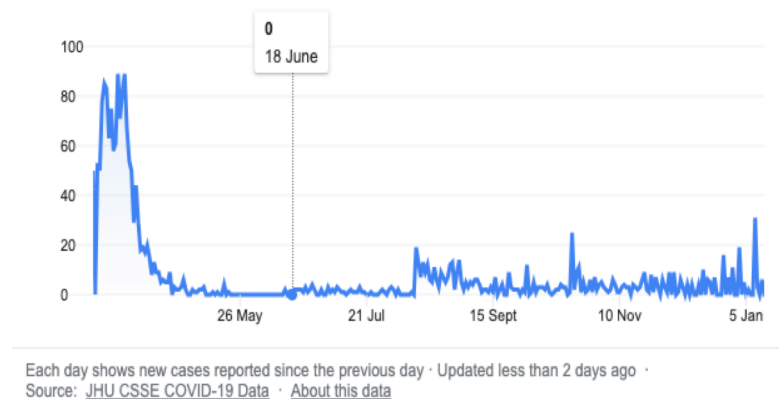


Image above shows Covid-19 cases in New Zealand

In New Zealand, there have been a recorded 2,228 cases and 25 deaths since beginning of pandemic due to coronavirus. [1] In contrast to PHE, the Ministry of Health in New Zealand worked closely with WHO, with the intent to “crush the curve” rather than simply flattening it. [9]

Firstly, the role of the Ministry of Health was less prevalent in deciding whether to place social boundaries, whereas the UK government relied heavily upon PHE to ensure that it “brought in the right measures at the right time based on scientific advice”. [10] However, Professor Berka said that “waiting too long and keeping open too long [would be] costly on both economic and health fronts”, and this seems to be an issue that New Zealand managed to avoid. [10] This leads us to ask why is PHE entitled to advising against clear methods of lessening transmission, simply because science doesn’t approve of the method yet?

Furthermore, the Ministry of Health utilised their March lockdown to produce an extensive testing and contact tracing system, which allowed New Zealand to carry out 10,000 tests a day [10], and when a case is confirmed, contact tracers are enabled to alert people who had been in close proximity: telling them to isolate. This delay between the emergence of the England’s test and trace systems until late May was fatal in preventing further spread of the virus; PHE should have been prepared for rapid response in developing a contact and trace system to reduce and “eliminate” public health hazards.

Efficacy in Vaccinating the Vulnerable

Although PHE delayed myriad responses to handle the virus, as of 10th January 2021, over one-third of people aged 80 and over had received at least one dose of vaccination against Covid-19. [14] PHE provides weekly reports on the coverage of the vaccine to those eligible, which is crucial in determining how well vulnerable people in England are protected: saving thousands of lives.

PHE “will continue to monitor the long-term safety, uptake and efficacy of the Covid-19 vaccine”, and these efforts are crucial for the long-term recovery from Covid-19 as a population. [14] However, if the virus had a higher morbidity, would these efforts have simply been too late?

‘I just want to return to normality.’ Is our culture to blame?

English culture largely revolves around socialisation and unity: whether through pubs or festivities like Christmas. Subsequently, the UK’s Scientific Advisory Group initially advised against lockdown, believing that the public would reject it. [15]

The deputy chief medical officer, Jenny Harries, told the US news outlet on the 11th March [11], “Just because a lockdown is imposed doesn’t mean that that is the right thing to do. Timing of an intervention is absolutely critical. Put it in too early, you have a time period [where] people actually get non-compliant—they won’t want to keep it going for a long time.”

Why would the English population be opposed to a lockdown that would be vital in preventing the loss of lives from thousands? Why were other social restrictions recommended by the WHO, such as social distancing and compulsory masks, not enforced immediately when advised?

Was the delay from PHE due to fear of upsetting English culture, rather than from a lack of preparation and resource?

Conclusion

If PHE pursue the same plan to delay response to future communicable diseases, it will eventually become inevitable that England will experience more devastating and enduring effects of a pandemic. Ironically, there will be little chance of normality for England, as a virus seemingly so preventable resulted in over 2 million cases in England alone.

Perhaps, PHE should choose to “eliminate” the virus similarly to New Zealand, and learn from the evident mistake of postponing restrictions for scientific approval. Or rather, we need to evaluate how PHE commit to their responsibilities within England by enforcing public enquiries following coronavirus. I recognise that it is nearly impossible to produce a vaccine to a new virus immediately, however, we must all agree that the lack of preparation, equipment, guidance, testing and implementation of life-saving restrictions needs to be harshly criticised and improved: in avoidance of catastrophic pandemics in the future.

References

- [1] COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University <https://github.com/CSSEGISandData/COVID-19>
- [2] World Health Organisation - COVID-19 Public Health Emergency of International Concern (PHEIC) Global research and innovation forum [https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-\(pheic\)-global-research-and-innovation-forum](https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum)
- [3] NHS England and NHS Improvement Coronavirus – About COVID-19: Virus Transmission <https://www.england.nhs.uk/coronavirus/primary-care/about-covid-19/virus-transmission/>
- [4] GOV.UK – Public Health England: About Us <https://www.gov.uk/government/organisations/public-health-england/about>
- [5] World Health Organisation - Novel Coronavirus (2019-nCoV) Situation Report – 10, *as of 30th January 2020 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480_2
- [6] GOV.UK - NHS Test and Trace (England) and coronavirus testing (UK) statistics: 8 October to 14 October <https://www.gov.uk/government/publications/nhs-test-and-trace-england-and-coronavirus-testing-uk-statistics-8-october-to-14-october/nhs-test-and-trace-england-and-coronavirus-testing-uk-statistics-8-october-to-14-october>
- [7] GOV.UK - Homecare workers to be tested weekly for COVID-19 <https://www.gov.uk/government/news/homecare-workers-to-be-tested-weekly-for-covid-19>
- [8] Office for National Statistics - Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 (provisional) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional>
- [9] World Health Organisation - New Zealand takes early and hard action to tackle COVID-19 <https://www.who.int/westernpacific/news/feature-stories/detail/new-zealand-takes-early-and-hard-action-to-tackle-covid-19>
- [10] BBC News - How did New Zealand become Covid-19 free? <https://www.bbc.co.uk/news/world-asia-53274085>
- [11] National lockdown may not be right policy to beat coronavirus, medical experts says. NBC News, YouTube. 11 Mar 2020. <https://youtu.be/6XfAFRfkqZ0>
- [12] GOV.UK – Guidance, COVID-19: infection prevention and control (IPC) : From Public Health England <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- [13] GOV.UK - Admission and care of residents in a care home during COVID-19 <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>
- [14] GOV.UK - More than a third of over 80s vaccinated against COVID-19 <https://www.gov.uk/government/news/more-than-a-third-of-over-80s-vaccinated-against-covid-19>
- [15] Stephen Grey, Andrew MacAskill – Johnson listened to his scientists about coronavirus – but they were slow to sound the alarm <https://www.reuters.com/article/us-health-coronavirus-britain->

[*path-speci/special-report-johnson-listened-to-his-scientists-about-coronavirus-but-they-were-slow-to-sound-the-alarm-idUSKBN21P1VF*](#)