



Dear Dr. Cook

Many thanks to you and the peer reviewers for the very helpful feedback which has helped us strengthen our paper. As suggested, we have restructured the paper to focus on three of the areas of impact and mitigation measures for these. We have replaced the boxes summarising ways that social distancing can affect health and recommendations to mitigate these with a table that presents the mechanisms of impact and mitigation for each. We provide a point-by-point response below to the editorial and reviewers' comments below.

Editorial comments

\*While we recognise all these effects of the pandemic are important, attempting to cover so much in such little word count leaves some sections feeling superficial and underdeveloped. It might be better for readers to focus on two or three major areas, for example income, social isolation and welfare of women and children in detail and perhaps include a box or table to flag up the other impacts you mention.

We agree and now concentrate on three, economic impacts, social isolation, and family relationships, while noting that there are others and summarising them briefly in a new table.

\*People might be thinking about these impacts already, so what is most interesting to readers are the potential solutions. At present there is a great deal of the paper spent on the round up, with less on the solutions. Might you shift the balance here and perhaps expand on the very helpful box 4 in the text which is where you help readers get to grips with what needs to happen to move forward?

We have given more detail of suggested mitigation for the three areas of impact discussed in the text and also included mitigation measures in the table.

\*The Scottish case study in the appendix is interesting and we felt this would be better woven into the main text rather than added in as an appendix. Perhaps you could frame the piece around this in a way which brings this in to illustrate some of the points you make as you go through?

We have now used data from the Scottish context to illustrate the three areas of impact discussed in the text.

\*We also found the figure in the appendix very good and think this should be flagged up more clearly in the main text.

We have amended the figure and have added mention of it but before saying more we would like to ask whether you think it could be converted into an infographic – such as <https://www.bmj.com/content/367/bmj.l5310/infographic> Once we know what is possible we can refer to it appropriately.

Reviewer: 1

Thank you for this manuscript. As a rapid scoping review I have approached it as I would a narrative review; if there was a defined search strategy it would be helpful to include this (possibly as an appendix).

It generally reads well, with a logical flow. The only major topic I can think of that isn't addressed is the impact on patients with long-term conditions of social distancing and impaired infrastructure. I know the team at CEBM in Oxford have been working on this so the BMJ may have plans to address it elsewhere.

Good suggestion. We have added this to the table and figure.

Specific comments:

The section on the gig economy (para 1, "Loss of income") could be referenced.

Reference added.

The "disaster capitalists" paragraph would be improved by a specific example of potential to benefit from the pandemic for those of us less familiar with this literature.

We have added to this section.

Reviewer: 2

1. I wonder if you are trying to cover too many bases within this review - addressing all of them in less than 2000 words means that you are unable to do justice to each one to the extent that literature from previous outbreaks allows. I would perhaps list each of the subtitles in the intro and then focus on one or two in more depth that you think are most pressing. This will also advert the challenge of having some which are only a few lines long (i.e social disorder - which would also benefit from references so it is more robust). This would allow more nuance to come through in key domains.

As above, we have now focused the paper on three of the areas of impact.

2. This paper really needs to consider where most vulnerabilities lies as these are not uniform across societies. Research has demonstrated that vulnerabilities to the secondary effects of outbreaks disproportionately fall on women, and along intersectional lines of race, location, disability etc. I think such concerns need to be considered when you are highlighting who is at risk.

We agree but are limited in what we can include by space considerations. We have included, and referenced in the text, a box listing vulnerable populations. We also identify in the text populations that may be at higher risk of the impacts discussed, and added this in our revisions to the final paragraph.

3. This paper's title is "how can we protect" but I dont see any evidence of recommendations for policies which could mitigate against some of the negative externalities that you highlight in this piece. I think this is where the merit could lie - not just in demonstrating the problem, but the consideration of which policies might reduce the tensions highlighted.

We have now included more detail on mitigation, as above.

Reviewer: 3

This paper is a bit of a laundry list of things. The authors acknowledge this is a rapid scoping of potential impacts. That's somewhat helpful. But, it would be good to have some numbers from the literature. (Perhaps future papers).

As above, we have focused on three areas of impact and included some illustrative data from Scotland.

My specific comments are pretty minor:

page 5: "Restrictions on public transport will also prevent access to essential services for people without a private car"

I might tone this down by saying "may also restrict access to". Clearly a restriction on public transport will not "prevent" access to essential services for someone without a private car... but lives within walking distance to a hospital and grocery store.

This section is no longer part of the main text but we have amended the text in the table as suggested.

Page 5

It seems increasing crime is not an issue, at least in many places in the US with data available:  
<https://www.themarshallproject.org/2020/03/27/as-coronavirus-surges-crime-declines-in-some-cities>

We agree that very little social disorder related to the pandemic has been observed so far, but this could still be an issue if other mitigation measures are not in place. For this reason we think it is worth identifying as a potential issue. This is included in the table but is not one of the main areas of impact discussed in the text.

Reviewer: 4

This is a timely article. The coronavirus pandemic has underlined the importance of mitigation strategies as management tools. Unfortunately the best part of the paper (commencing at page 11) appears to be in the appendix which seems a great pity since it is a valuable resource and I wonder if BMJ would allow its inclusion in the body of publication. If not I would suggest at least combining and expanding Box 2 and 3 such that the mitigation strategy proposed is shown as being in direct response to a potential impact.

We have now included more mitigation strategies in the text and have also replaced Box 3 and 4 with the table that shows mitigation for each of the impact areas.

Perhaps some important social/health impacts have been missed - I am not sure what is happening currently in Scotland but based on the Australian experience the following impacts:

1. Before home isolation is recommended there was already reduced opportunities to exercise due to suspension of sports programs and closure of sporting facilities. This compounded with the impact of home isolation must impact exercise patterns.

2. Individuals may be less likely to seek medical help for emerging health issues if this requires physically presenting at a GP facility.

3. Population screening programs may be suspended with consequent missed diagnoses.

There are some recommendations which could be included, apologies if I missed them in the table, e.g. schools might be kept open with selected core teaching staff for the children of all workers who cannot work from home (this has happened in Australia); limits on online gambling; local council involvement in neighbourhood support programs; social messaging (beyond simple 'advice'), for example, with encouragement for daily walks or in-home exercise; and on-line or telephone consults with GPs. In Australia the government introduced additional Medicare items for on-line consults. There appears to be a word missing on page 6 second paragraph so "rapid scoping" should be "rapid scoping review"

We have included some of these issues in the table with more detail in the online appendix.

Reviewer: 5

The article is relevant and adds to the growing body of literature on the topic. The table is particularly useful and is not referenced sufficiently in the text. My key issue is that the authors are making a number of generalist statements that are not supported by any literature or data. I would be keen for the authors to go back and review the literature to identify whether there is evidence to support what they are postulating as outcomes of this COVID-19 pandemic. For some of the statements, there is literature available from SARS and also from 2009 H1N1 influenza pandemic. While acknowledging that this is a rapid review, it also needs to have evidence to support what is being proposed.

We have added further references for the three areas of impact discussed in the paper. Further evidence is given in the online appendix. If we understand the comments by the editor correctly, especially in relation to the timeliness of this piece, we believe a more detailed review is beyond the scope of this paper.

Reviewer: 6

I found this to be a very useful and very timely analysis article, which commendably covers a broad range of potential impacts of COVID-19 social distancing and isolation policies. I entirely agree with

the authors' argument that "to reduce adverse impacts on health and health inequalities, actions must be targeted to support the most vulnerable people".

The section on loss of income was very powerful. I agree that the impacts of social distancing and social isolation will likely disproportionately impact the income and earning potential of the already disadvantaged in society. I thought the point about disaster capital was fascinating and one that will be interesting to follow (I wondered if we are already seeing examples of this in instances where prices of many products have risen significantly).

We have added to the section on disaster capitalism.

Main points for consideration:

I am not sure whether the disruption to education section was as convincing - at least so far as it being a disruption to the same degree as the other sections. Whilst the link between education and health is unequivocal, I am not sure whether the period of social distancing and isolation will be long enough to cause any lasting educational disadvantages (although because of the unprecedented nature of the COVID-19 and its associated policy, this is hard to determine - but my assumption would be that it will be a hiatus of a few weeks/months). Certainly, the point about vulnerable children is an important one (and you might move this next to your discussion of vulnerable children and family violence in a prior section).

Perhaps those who stand to lose the most are those children at critical junctures of their education (e.g. GCSE, A Level, degree finals) but as you may well know very recent (likely after the article's submission) 'no detriment' initiatives are being taken. I did wonder about the impact on (very) young children for whom, arguably school is a particularly necessary outlet for social development, and who are at an age when disruptions to socialising might be more likely to have longer-lasting developmental impacts?

We have shortened the discussion of education and moved it to the section on family relationships as suggested.

I also wasn't as confident about the point about social disorder. Whilst I agree it is in theory possible, I do not know of any (I may be wrong of course) examples of other countries in the current pandemic or in past pandemics, where this actually occurred. Better I think to focus on the more tangible risks around domestic disturbances and violence which you have already noted well.

We agree there is little evidence of social disorder so far but note that some, including the UN Secretary General, have warned that it is a risk. We no longer include this in the main text, though it is still noted as a potential issue in the table.

Minor points:

p.4.I. 26: 'Children who are reliant on free school meals may go hungry': My understanding is that schools remain open to vulnerable children which might be mitigating this somewhat for many of the most reliant on FSMs.

Similarly: 'social distancing measures can themselves take essential workers from the workforce, for example when schools close, requiring parents to provide childcare'. Again, my understanding is that schools are staying open for keyworkers' children. However, how effective this is proving to be in practice remains to be determined (so I think your point is still valid, but might need qualifying at least in light of the attempts to protect essential workers' ability to continue working)

As the paper has been restructured these issues are no longer discussed.

p.4 .12.: 'risks family violence'. This is an important concern. To my knowledge, there is (media) coverage that has started to support this.

(<https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>)

We highlight family relationships including violence as one of the areas of impact discussed in the paper.

p. 5. l. 45. 'A future risk is that older people and other groups that are being particularly protected by the response become stigmatised'. Maybe, although again (as you note in your following sentence), it could be that compliance with social distancing is evidence of public and social solidarity and cohesion around protecting the most vulnerable. I did wonder whether a little more discussion in this section of the particular risks to those over 70 (less likely to have igh internet use and thus less online social connection support?), as far as isolation and loneliness and mental health might be worthwhile?

We no longer discuss stigma in the paper although it is included in the table. We have noted that older people are less likely to use online communications in the section on social isolation.

I hope these amendments are satisfactory and look forward to hearing from you.

Yours sincerely

Margaret Douglas