
14-Feb-2021
BMJ-2021-064618
International approaches to covid-19 self-isolation and quarantine: an analysis of support, monitoring and adherence

Dear Mr. Patel,

Thank you for sending us this paper and giving us the chance to consider your work. We sent it out for external peer review and discussed it among the editors.

We think this an interesting topic and a timely contribution but we feel some work is needed to fit this into our analysis format. We would be happy to take another look at the paper after you have had a chance to revise this in line with the reviewers' and editors' comments.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

*This is a very timely paper and the topic will be of interest to The BMJ's global audience.
*This is currently written up as a scoping review which is not a good fit for our analysis section. Analysis papers are 1800-2000 word debates with data, written in a journalistic style. The paper will been to be reframed as such to work for this section.
*We appreciate the reviewers' comments regarding the presentation of data but for the analysis section we request you do not to take a more systematic approach to this in your revision as suggested by some of the reviewers as our analysis papers are not research papers. Instead we think greater transparency about where the evidence is drawn from will help.
*Table 1 includes very useful information but if the paper is accepted this will have to be online only if the paper were selected for our print issue.

We hope that you will be willing to revise your manuscript and submit it soon given the topic.When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your revision may be sent again for review.

Once you have revised your manuscript, go to https://mc.manuscriptcentral.com/bmj and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Revision" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

You may also click the below link to start the resbumission process (or continue the process if you have already started your revision) for your manuscript. If you use the below link you will not be required to login to ScholarOne Manuscripts. before completing the submission.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely,

Dr Sophie Cook
Head of scholarly comment
scook@bmj.com

*** PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. ***

https://mc.manuscriptcentral.com/bmj?URL_MASK=236cac08287b42698337c6c944c2a61c

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

IMPORTANT INFORMATION TO INCLUDE IN A RESUBMISSION

Instead of returning a signed licence or competing interest form, we require all authors to insert the following statements into the text version of their manuscript:

Licence for Publication
The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd to permit this article (if accepted) to be published in BMJ and any other BMJPGL products and sublicences such use and exploit all subsidiary rights, as set out in our licence (http://group.bmj.com/products/journals/instructions-for-authors/licence-forms).

Competing Interest
Please see our policy and the unified Competing Interests form http://resources.bmj.com/bmj/authors/editorial-policies/competing-interests. Please state any competing interests if they exist, or make a no competing interests declaration.

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:
I have been closely following the evidence and literature on Covid self-isolation (mostly in UK) since Spring last year, so I was very interested to read this paper. It is, as far as I am aware, the first paper to compare approaches to self-isolation systematically across different countries. As such, the analysis is extremely valuable in informing us of both practices and processes (including the relations between forms for support and levels of adherence and confirmed cases). It is also extremely valuable for the practical recommendations we can take from it. It builds on, and reinforces for the first time with systematic international comparison, the recent published analysis by SPI-B and others. It also presents a very up to date literature review and includes most of the recent relevant papers I am aware of.
I hope this paper is published soon so I can cite it and share it with others. I am confident many others will be interested and will want to cite it. I also have a few minor comments and suggestions that the authors might want to consider.
Comments and suggestions
I am not familiar with the journal's norms around presenting methodological details, but I wondered if a little more could be said about the selection of the 20 countries and the search strategy for the scoping review.

Some of the references need to be checked:

Page 2 (3), lines 52-57/36-44 refers to the UK case and should reference 4 (Smith et al) but instead references 3 (Norwegian data).

Page 3 lines 60-61 '18% self-reported full adherence to self-isolation orders (i.e. not

leaving home in the seven days prior to developing symptoms)'
The wording doesn't make sense and is not a correct reporting of Smith et al. which is:
'Of those who reported having experienced symptoms of COVID-19 in the last seven days, only 18.2% (95% CI 16.4 to 19.9) said they had not left home since developing symptoms'

P. 3 line 80 'Increased adherence can be predicted in countries with higher pre-pandemic levels of trust in politicians and institutions'
But the paper cited for this claim (Wright et al.) is a panel study of UK data collected during the pandemic, not a study comparing countries in terms of levels of pre-pandemic trust and adherence.

The details referred to on p 4 / 5 lines 95-97/ 45-49. Do not quite match those in the paper cited (10 itself

p. 5 p. 6 In the absence of support, penalties alone are unlikely to encourage desirable behaviours 148 during the covid-19 pandemic.21
The argument that penalties alone are unlikely to change behaviour without support is completely logical and has been made several times in the context of support for self-isolation (e.g. by former health secretary Jeremy Hunt). However, the paper cited as a reference for the statement (Tunçgenç et al.) is not about self-isolation (it's about physical distancing) or about penalties. Unlike self-isolation, physical distancing, hand-washing etc. can be achieved with little support.

Other points
p. 3 lines 12-15, 74-75: 'following a positive test result, was around 95% in a sample of 64,000 people, reducing to 84% if a member of their household had tested positive and 43% if a close contact had covid-19.7
Ambiguous. Can you clarify that the first figure means the total (ie includes people confirmed as infected)?

p. 6 (7) 152-155 'Weekly statistics reported from the NHS Test and Trace programme in England consistently show that cases and contacts monitored and managed locally, substantially outperform their counterparts––coordinated under wider, non-specific systems––in testing, contact tracing and isolation metrics'
This is somewhat oblique and coy. It needs to be more explicit and clear, in particular for international readerships who won't have followed the controversies in the UK. The difference being referred to here is between local public health teams and the outsourced private companies.

Support beyond financial is important as the authors say – this is a very important factor, as several lines of research show. One final point worth considering is that requests to and activities of mutual aid groups are a proxy measure of relevant needs of, and support given by, those in self-isolation. This is a good source:
https://www.newlocal.org.uk/wp-content/uploads/2020/12/Communities-vs-Coronavirus_New-Local.pdf

Additional Questions:
The BMJ uses compulsory open peer review. Your name and institution will be included with your comments when they are sent to the authors. If the manuscript is accepted, your review, name and institution will be published alongside the article.

If this manuscript is rejected from The BMJ, it may be transferred to another BMJ journal along with your reviewer comments. If the article is selected for publication in another BMJ journal, depending on the editorial policy of the journal your review may also be published. You will be contacted for your permission before this happens.

For more information, please see our peer review terms and conditions.

Please confirm that you understand and consent to the above terms and conditions.: I consent to the publication of this review

Please enter your name: John Drury

Job Title: Professor of Social Psychology

Institution: University of Sussex

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here: No competing interests

BMJ are working with ORCID to recognise the importance of the reviewer community. Reviewers are now able to share their activity by connecting their review to their ORCID account to gain recognition for their contributions.

Only the Journal title will be uploaded into the reviewer's ORCID record, along with the date the record was uploaded; there is no identification of the article's title or authors. Records are uploaded once a decision (accept, reject, or revision) has been made on the article.

Would you like to be accredited by ORCID for this review?: Yes

Reviewer: 2

Recommendation:

Comments:
Thank you for having me involved in this interesting opinion regarding approaches around the world used to ensure COVID-19 isolation. The commentary draws strength in the scan of international programs being used to support isolation. However, one of the fundamental challenges during COVID-19 has been the limited implementation details often described in the context of public health strategies. And it is in the specification of interventions that we can draw meaningful insights into whether these conditions can be met or whether contexts differ.
There are guidelines available including the STARI indicators (https://www.equator-network.org/reporting-guidelines/stari-statement/) which can support standardization of reporting of the information needed for policy or program designers in other settings. These guidelines were developed given the exact challenges that are so often pronounced during the COVID-19 response—ie, in the absence of specification or context, the transferability of the results to other settings is limited.
The example used here is that Australia provided up to $1500 compared to 500 pounds in the UK. However, in reviewing several documents, there were also notable implementation specifics with the Australian payment (https://assets.kpmg/content/dam/kpmg/au/pdf/2020/covid-19-government-assistance-programs.pdf). Moreover, it is important to note the additional elements to support isolation in Australia that provide context to this payment including the use of drones and also the decision of the human rights committee in Victoria about the use of 500 police officers to initiate the lockdown in towers with mostly recent immigrants and refugee claimants. The table at the bottom provides very high level details that really challenge interpretation. If there are challenges with detailing implementation specifics, at least using an established policy reporting framework would be key. Or using systematic searches of the literature or media content analyses to understand implementation would be helpful.
There is a reference to "East Asian" countries, but the responses varied intensely within countries never mind across countries. "East Asia" is also not an official region of the world—so either using WHO criteria of SEARO or Western Pacific would be helpful. Could also use East Asia Pacific if focused on the World Bank, but do worry about summarizing at this level and also the creation of new global regions based on colloquial phrases.
The description of CARES act in the US did not specify specific elements such as this was limited to businesses with more than 500 employees (https://www.dol.gov/agencies/whd/pandemic/ffcra-questions) and the Payroll Protection Program ran out of money by April https://www.fastcompany.com/90491891/why-the-rollout-of-the-2-trillion-cares-act-was-a-colossal-mess#:~:text=The%20CARES%20Act%E2%80%94Coronavirus%20Aid,businesses%2C%20airlines%2C%20and%20individuals.&text=The%20Payroll%20Protection%20Program%20(PPP,cannot%20accept%20any%20more%20applications). Collectively, with these limited details, the reader would be challenged to effectively interpret the utility of these policies.
I do think there is utility in reviewing support programs for isolation but would suggest the authors consider more systematic approaches to facilitate interpretation of transferability. Again, this could be achieved by standardizing review and reporting methods in line with standards available on EQUATOR. If not, would suggest this be framed as an opinion piece and an interesting one at that!

Additional Questions:
The BMJ uses compulsory open peer review. Your name and institution will be included with your comments when they are sent to the authors. If the manuscript is accepted, your review, name and institution will be published alongside the article.

If this manuscript is rejected from The BMJ, it may be transferred to another BMJ journal along with your reviewer comments. If the article is selected for publication in another BMJ journal, depending on the editorial policy of the journal your review may also be published. You will be contacted for your permission before this happens.

For more information, please see our peer review terms and conditions.

Please confirm that you understand and consent to the above terms and conditions.: I consent to the publication of this review

Please enter your name: Stefan Baral

Job Title: Associate Professor

Institution: Johns Hopkins University

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here: I am a co-investigator on work focused on COVID-19 in Canada, but do not receive personal salary for this work though am a co-author on publications.

BMJ are working with ORCID to recognise the importance of the reviewer community. Reviewers are now able to share their activity by connecting their review to their ORCID account to gain recognition for their contributions.

Only the Journal title will be uploaded into the reviewer's ORCID record, along with the date the record was uploaded; there is no identification of the article's title or authors. Records are uploaded once a decision (accept, reject, or revision) has been made on the article.

Would you like to be accredited by ORCID for this review?: Yes

Reviewer: 3

Recommendation:

Comments:
Many thanks for asking me to review this article.

This is a good article; however, I have several reservations.

This paper is quite similar to a recent BMJ article (reference 30) regarding self-isolation support and wrap-around services, with a broader aim to review the international evidence.

[1] It is unclear how the search was done, whether this was done systematically, the selection criteria of these specific countries and how these details were collected.
I would recommend having a more systematic approach to this analysis.

[2] How publics adherence section:
This section covers more or less similar to what was addressed in the recent BMJ article on self-isolation (Reference 30), which provides a much more public health focus considering socioeconomic inequalities are the main reason for the inability to self isolate. This section lacks an overview of the complex network dynamics, heterogeneous transmission dynamics, differential acquisition & transmission risks, especially regarding working conditions and living circumstances of individuals who are particularly at risk of infection and hospitalisation.

[3] What support measures are provided by the governments
This section is interesting, but fundamentally it is challenging to understand any details about these specific interventions implemented in these countries, eligibility, access and provision of these support services. It is also essential to differentiate statuary sick pay from one-off payment, whether this support reaches self-employed, zero-hour contract workers etc. is unclear to me.

Line 106: Community engagement term may not be accurate here. I wonder whether the authors mean outreach? Community engagement means building a working relationship with the public to inform policy collaboratively. This paragraph does not include community engagement activities.

Line 114-120: It would be useful to understand how Taiwan and South Korea implemented these support packages. It is not clear whether these are voluntary services or mandatory? It might be useful to discuss these services' quality and acceptability, especially if mandatory, in many Western countries.

Line 122: These two specific services were. discussed in the recent BMJ article (reference 30)

[4] How is public adherence being monitored?
Line 136: The authors discuss the stringency of these measures, and how these are mandated or regulated in various countries but do not discuss how acceptable these measures especially central monitoring, close surveillance could be in the UK. Some of the measures in Asian countries are quite strict, mandated by the government and enforced by police.

Line 143: One of the reasons Slovakia has abandoned mass testing was because the population no longer wished to go through the same process, especially constant tracking of individuals. Moreover, the authors do not discuss how digital surveillance might influence individual freedom and acceptability in western countries. Especially given that even the test and trace app is not picked up in the UK as much as it was wished initially, and overall, this is not particularly helping to prevent onward transmission and the data apart from mobility data does not help to understand transmission dynamics either. I think the pros and cons of these approaches need to be discussed in detail.

Line. 155: While NHS Test and Trace is able to reach the majority of "reported" contacts, the average number of contacts reported to the T&T is less than 5, and the majority of these contacts are household contacts. A large number of cases do not arise among reported contacts to the T&T. This may be due to underreporting or unknown contacts. For example, four in five cases in England have not previously been named as close-contacts.

This specific paragraph also does not discuss how T&T would be linked to these support services. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945978/S0921_Factors_contributing_to_risk_of_SARS_18122020.pdf

[5] How effective are support interventions?
This section is about the effectiveness of support interventions, but it discusses compliance with self-isolation. Effectiveness of support services should be discussed to prevent onward transmission, hospitalisations and deaths, not merely about how many people violated the isolation.

Boxes in this section cover the models discussed in Reference 30.

[6] What are the key insights for improving adherence?
Line 195: community engagement is the right term here.

Line 205: "Particular emphasis should be placed on explaining the rationale for self-isolation" While some individuals need only information about the importance of self-isolation, many people will require financial support and a safe space for self-isolation.

Overall: It would be much more useful piece if it includes more details about these services to make it relevant for policy-making as many aspects regarding these services are not provided and remain abstract. In addition, it is important to review some of these interventions from a Western culture perspective. I would suggest to submit this as an opinion piece as it currently stands does not fulfil analysis article requirements without a systematic approach.

Additional Questions:
The BMJ uses compulsory open peer review. Your name and institution will be included with your comments when they are sent to the authors. If the manuscript is accepted, your review, name and institution will be published alongside the article.

If this manuscript is rejected from The BMJ, it may be transferred to another BMJ journal along with your reviewer comments. If the article is selected for publication in another BMJ journal, depending on the editorial policy of the journal your review may also be published. You will be contacted for your permission before this happens.

For more information, please see our peer review terms and conditions.

Please confirm that you understand and consent to the above terms and conditions.: I consent to the publication of this review

Please enter your name: Muge Cevik

Job Title: Clinical Lecturer

Institution: University of St Andrews

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here: Member of NERVTAG

BMJ are working with ORCID to recognise the importance of the reviewer community. Reviewers are now able to share their activity by connecting their review to their ORCID account to gain recognition for their contributions.

Only the Journal title will be uploaded into the reviewer's ORCID record, along with the date the record was uploaded; there is no identification of the article's title or authors. Records are uploaded once a decision (accept, reject, or revision) has been made on the article.

Would you like to be accredited by ORCID for this review?:

Reviewer: 4

Recommendation:

Comments:
This is a very important and timely paper. The pandemic has demonstrated very clearly the challenges and weaknesses of poor test trace and isolate systems. There has been widespread comment on the weaknesses of the English system and its over focus on testing rather than self-isolation and quarantine.
The paper provides an excellent set of comparisons and really focusses on the most important issues of monitoring and adherence in a wide variety of systems.
Based on their analysis the authors have provided a clear and coherent view about factors that influence self-isolation and quarantine. These include, inadequate financial support, alternative accommodation for individuals unable to safely isolate at home.
Also locally-delivered solutions and community engagement are highly effective, and have particular benefit amongst vulnerable or low-income populations.

The authors have also highlighted that lessons from international approaches have consistently demonstrated the importance of a fully-functional and locally-delivered test trace-isolate-support system. They make clear that even the most effective mass testing and intense contact tracing systems limited value and effect, if positive cases and close contacts are unable or unwilling to self-isolate.

It was particularly useful that the analysis and key insights are from 20 countries.
The data and information is very well presented in Table 1.

The authors also acknowledge the lack of high-quality data on adherence to self-isolation or quarantine measures. They do state that the few available studies are consistent in their findings: adherence to self isolation in the UK is significantly lower than intention to do so; financial and logistical factors determine an individual's ability to comply; and the reason for isolating is relevant in predicting compliance, in particular symptomatic and positive cases are more likely to adhere than contacts of positive cases. I think this is a very useful finding.

The authors also make it clear that the study does not cover Travellers.
This is perhaps a weakness given the current Government and media focus on Travellers.
The current focus is on variant strains and quarantining Travellers entering the UK particular those entering form countries classified as 'Red' zones is also an important area for effective isolate and quarantining.
With a mandatory stay in selected hotels at a cost of £1750 for 10 days.
Also heavy fines and or prison sentences - up to 10 years.

Although this study doesn't include Travellers I believe it still provides great insight to what constitutes effective test, trace and isolate systems.
It therefore should be published and I suggest the authors consider making it clear both in the Title and earlier in the paper that it doesn't include Travellers.
The authors may also consider any particular aspects of their study that could be relevant to Travellers. Some of the points about financial and other support may be relevant to Travellers.
Also relevant will be public adherence and monitoring.
In summary this is a very relevant paper which provides a well designed scoping review of 20 countries.
Although it doesn't cover Travellers it does provide good insights on important characteristics and I think adds considerable value especially as the current system could be significantly improved.
I highly recommend that this paper is published and authors consider the small changes I have suggested above

Additional Questions:
The BMJ uses compulsory open peer review. Your name and institution will be included with your comments when they are sent to the authors. If the manuscript is accepted, your review, name and institution will be published alongside the article.

If this manuscript is rejected from The BMJ, it may be transferred to another BMJ journal along with your reviewer comments. If the article is selected for publication in another BMJ journal, depending on the editorial policy of the journal your review may also be published. You will be contacted for your permission before this happens.

For more information, please see our peer review terms and conditions.

Please confirm that you understand and consent to the above terms and conditions.: I consent to the publication of this review

Please enter your name: Professor Maggie Rae

Job Title: President

Institution: Faculty of Public Health

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here:

BMJ are working with ORCID to recognise the importance of the reviewer community. Reviewers are now able to share their activity by connecting their review to their ORCID account to gain recognition for their contributions.

Only the Journal title will be uploaded into the reviewer's ORCID record, along with the date the record was uploaded; there is no identification of the article's title or authors. Records are uploaded once a decision (accept, reject, or revision) has been made on the article.

Would you like to be accredited by ORCID for this review?: Yes

Date Sent: 14-Feb-2021