

09-Apr-2020
BMJ-2020-055986

How can we protect against the wider health impacts of the COVID-19 pandemic response?

Dear Dr. Douglas,

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 is a very important topic for our readership and would like to work with you to publish an article on this if you are willing to revise this in line with the editors' and reviewers' comments.

The reviewers' comments are at the end of this letter and the editors' comments are listed below:

*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.

*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?

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

We hope that you will be willing to revise your manuscript and submit it within one week given that this is very topical we would aim to publish soon. 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.

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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

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

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.

Specific comments:

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

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.

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Please enter your name: Kirsty Challen

Job Title: Consultant in Emergency Medicine

Institution: Lancashire Teaching Hospitals

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Reviewer: 2

Recommendation:

Comments:

Thank you for allowing me the opportunity to review this paper - indeed, the secondary effects of COVID-19 alongside previous outbreaks are far reaching and need to be considered and addressed through policy to mitigate against the side effects.

I have three main comments for ways to improve this paper - I think there is merit here, but it can be more in depth.

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.

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.

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.

I hope these suggestions are helpful for a future revision of this analysis

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Please enter your name: Clare Wenham

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Reimbursement for attending a symposium?: No

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Reviewer: 3

Recommendation:

Comments:

Overall, this is a somewhat useful paper. I see very few technical problems with it.

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).

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.

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>

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Please enter your name: David Hutton

Job Title: Associate Professor

Institution: University of Michigan

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

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Funds for a member of staff?: No

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Reviewer: 4

Recommendation:

Comments:

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.

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"

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Please enter your name: Jacqueline Street

Job Title: Research Fellow

Institution: University of Wollongong

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Reviewer: 5

Recommendation:

Comments:

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.

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Please enter your name: Holly Seale

Job Title: Senior Lecturer

Institution: University of New South Wales

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A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: No

Fees for consulting?: Yes

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conferences/workshops and develop resources (bio-CSL/Sequris, GSK and Sanofi Pasteur). She has also participated in advisory board meeting for Sanofi Pasteur

Reviewer: 6

Recommendation:

Comments:

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).

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?

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.

Minor points:

p.4.l. 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)

p.4 .l12.: '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>)

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?

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Please enter your name: Simon Williams

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Institution: Swansea University

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