

## COVID-19 War: United Kingdom's Strategy **Mrigesh Bhatia\***

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The UK Government has been strongly criticised for its approach in fighting the war against COVID-19 [1-3]. No war can be won if those fighting are not adequately protected from the enemy, or adequately equipped to fight. Despite repeated pleas from British Medical Association (BMA) and others [4], there has been major concern regarding lack of effective personal protecting equipment (PPE) for the frontline health workers till date. With rising deaths among the frontline health workers, it is increasingly clear the UK Government has broken its promise and failed this very group on whom we depend to fight the war. The same holds true with availability of ventilators or diagnostic tests.

The role of precise strategy in war is crucial for victory. The UK strategy in the early phase of the pandemic was to treat COVID-19 as a common flu condition and allow 60% population to be exposed to the virus in the hope of building "herd immunity". However, Imperial College modelling [5], proved the flawed assumption of this approach. It suggested that COVID-19 cannot be underestimated and unlike normal flu, would result in unacceptably high levels of mortality and significant percentage of cases admitted to hospitals would need ICU beds (30%). Fighting the war on such defective strategy brings into question the ability of the neglected NHS to cope with such exceptional demand in face of limited resources- given severe budget cuts over decades. The very survival of our NHS could be at stake.

Hence, this flawed and dangerous strategy, was quickly given up and a new strategy of social distancing was adopted. Again this strategy can be criticised for being too little, too late. Precious days were lost as the enemy had already infiltrated the heart of the community as demonstrated by a rising number of cases, ICU admissions and even deaths on a daily basis. Whilst the Government initially lacked the ability to lead with clear directives on social distancing, many organisations and institutions took the initiative and paved the way. Much before this strategy of social distancing was announced by the Government, a number of sporting and social events were cancelled; various universities, private schools and other institutions had already started minimising social contacts by putting systems in place in terms of offering online classes or instructing employees to work from home.

However, isolation and social distancing as a strategy has limitations of its own. Although, in the short term it is effective in terms of reducing the number of new cases by limiting person to person transmission, on its own it may prove to be of limited benefit in the long term. One major concern would be the chance of new outbreaks, which cannot be ignored once social

distancing measures are eased and new chains of transmission evolve. Communities that were not severely affected in the first wave, are likely to be involved in the second wave, and so on. Therefore, in addition to social distancing, we must return to the fundamental principles of public health to control epidemics by undertaking population testing, contact tracing and isolating/treating positive cases. History is a witness to the effectiveness of these measures, such as in the case of eradication of small pox. To prevent the spread of this disease, local community based COVID teams could be set up promptly, which will ensure testing and surveillance at the local level so that those infected are quickly identified, contacts traced and isolated. Unfortunately, UK discarded this basic public health function much earlier in the war against COVID-19 ignoring the plea from WHO- to test, test, and test [6].

In terms of timing of this war, UK was very well placed and could have prepared itself in advance by learning from the lessons emerging from Asian countries and in particular from China. Even, within Europe, UK was behind the curve with respect to Italy and Spain. The experiences from these countries gave enough early warning of what was in store for us and provided enough time to plan and prepare ourselves. However, it appears, very little was learnt from the experiences of other countries as UK found itself ill-prepared when the war was at its doorstep. On the other hand, Germany was better prepared, as can be seen with lower number of ICU admissions and deaths. Right from the start, Germany adhered to the basics of testing and contact tracing as its backbone strategy in fight against COVID-19.

The Government of UK has taken number of positive steps in terms of building the 4000 bedded NHS Nightingale hospital in a short time-span of 10 days, providing economic stimulus to households and businesses, co-ordination between various ministries, and

attempting transparency in terms of daily briefings, all of which are to be applauded. Yet, with number of deaths crossing 10,000, the UK Government should be accountable for its actions overall.

By instructing us to wash our hands, the Government should not be allowed to escape by washing its own hands from this experience when the war against COVID-19 is under control. It is crucial that lessons are learnt from the fight against COVID-19.

## References

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An audit of how and when the decisions were made, lines of accountability and the timing of the decisions would be crucial to understand if unnecessary deaths could have been avoided in this war. It will also prepare us better to fight the next wave when it arrives.

## Conflict of Interest

None