



Public Health England

Protecting and improving the nation's health

The Rt Hon Greg Clark MP
Chair
Science and Technology Committee
House of Commons
London SW1A 0AA

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Sent by email: scitechcom@parliament.uk

Dear Mr Clark

Oral evidence: Evidence behind COVID-19 testing strategy

First to apologise for our previous response to Committee members. I take responsibility for this and am replying rather than Professor Peacock.

When Professor Peacock was asked by the Committee on 25 March if “the evidence base and the rationale” for testing had been published, her response “in the next few days” was referring to the epidemiological evidence that PHE publishes and not a separate PHE report. We apologise for not being clearer on this at the time.

As you know, the Government’s strategic decisions on controlling coronavirus have been informed by advice from expert committees (SAGE and SPI-M) which of course includes experts from PHE.

Our modelling and sentinel surveillance had identified by early March that person to person spread was becoming epidemiologically dominated by second and subsequent generational cases of contacts. This meant that it was unlikely that our health protection services could definitively identify the source(s) of transmission even in the face of greatly augmented tracing (which was already in play in detecting and assessing clusters in the south of England).

Nevertheless PHE continued to trace cases and their contacts for some weeks hence and by late March 95% of contacts were successfully followed up of which over two thirds required active monitoring.

At this time, on the advice of SAGE and an increasing transmission (R), the Government called first for isolation of those at risk and then civil society lockdown.

PHE contact tracing consequently moved from community tracking to focus on complex outbreaks including in prisons, immigration centres and increasingly intense inputs to care home settings.

As the transmission rate in the population has declined and we are now estimating the halving time of viral transmission, our intention to identify and trace contacts on a population scale has resumed. We are integral to the major Track and Trace programme currently piloting in the Isle of Wight and will be testing and tracing on a mass scale later in May and going forward.

If you have further questions please do not hesitate to contact me.

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read "Duncan Selbie". The signature is written in a cursive style with a large initial 'D'.

Duncan Selbie
Chief Executive

cc: Professor Sharon Peacock, Director of the National Infection Service, PHE
Professor Yvonne Doyle, Medical Director and Director for Health Protection, PHE
Professor Chris Whitty, Chief Medical Officer, DHSC