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Rt Hon. Yvette Cooper MP
Chair, Home Affairs Committee
House of Commons
London
SW1A 0AA

4 May 2020

Dear Chair,

At the recent Home Affairs Committee meeting attended by the Home Secretary, the Permanent Secretary and the 2nd Permanent Secretary, the Committee asked a number of questions in regard to the science advice around the border and COVID-19. They have asked that I reply to the Committee to give further detail on this.

On 23 March, SAGE advised that the effect of closing borders would have a negligible effect on spread of COVID-19, based on the fact that numbers of cases arriving from other countries were estimated to be insignificant in comparison with domestic cases, comprising approximately 0.5% of total domestic cases. This figure was calculated using estimates of incidence of disease within hotspot countries, derived from death data. Using death data is the most reliable method available to estimate numbers of infections within countries. These data were combined with numbers of incoming air passengers from those hotspot countries. SAGE is in the process of publishing papers and has committed to publishing the paper that informed this analysis in the next two to three weeks.

Since 23 March, the Home Office and SAGE have been keeping these figures under review. The numbers of passengers arriving in the UK are extremely small, and as such, there is uncertainty in any estimate at such a low level; however, we are confident that the percentage remains under 0.5% of total domestic cases. As with all the scientific advice, we are continually working with SAGE to refine the process for monitoring as the numbers of infections in the UK decrease, and as the relative percentage of infections incoming to the UK potentially rises.

The Committee was interested in knowing the absolute numbers of travellers entering the UK who are likely to be infected with COVID-19. For similar reasons to the above, the estimates are uncertain but are very small numbers of people, as median population prevalence worldwide is likely less than 1 in 1000. However, of most interest is the percentage of the total UK incidence that imported cases represent, as this figure allows

us to understand the level of risk to UK epidemic progression posed by imported cases, and is also likely to be more certain than the absolute numbers.

I also would like to take this opportunity to clarify that early in the outbreak, there were measures in place at the border. On 27 January, it was announced that anyone entering the UK from Wuhan in China should self-isolate for 14 days. This advice was kept under review by Public Health England and extended to include entry from other regions as they became hotspots. By 13 March, the advice was that travellers entering the UK from the following regions should self-isolate for 14 days: Wuhan city and Hubei Province (China), Iran, Daegu or Cheongdo (Republic of Korea), areas of Northern Italy. In addition, those entering the UK from certain countries were advised to self-isolate if they developed symptoms of COVID-19: Cambodia, China (excluding the aforementioned areas), Hong Kong, Japan, Laos, Macau, Malaysia, Myanmar, Republic of Korea (excluding the aforementioned areas), Singapore, Taiwan, Thailand, Vietnam. This advice was removed on 13 March when the incidence in the UK had increased and the 'stay at home' guidance to everyone in the UK, regardless of whether a new arrival or not, came into force.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Aston', with a stylized flourish at the end.

Professor John Aston