

Twitter Thread by The Sharing Scientist

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@ScienceShared



Unless we pass laws which support people to enable them to self-isolate properly, any improvements to test & trace will have marginal impact and cases will simply spiral out of control once again as we ease lockdown in December.

A short thread on what we can do and why ■

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Key recommendations to improve isolation

- (1) Expand the criteria for pay covered by statutory sick pay and ensure all employees qualify.
- (2) Identify employers who do not allow staff to self-isolate or discriminate against them for doing so.
- (3) Issue regular support and information to those self-isolating as per Scientific Advisory Group for Emergencies recommendations.
- (4) Follow Scientific Advisory Group for Emergencies advice to swab isolating contacts/international arrivals 7 days after exposure/arrival to reduce the quarantine period from 14 to 8 days and incentivise compliance.⁹

Improving the currently poor rates of self-isolation is actually the key point, which many scientists, politicians, & commentators do still seem to be missing.

This requires good public health communication, proper support for those who need to self-isolate, & trust.

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Massive testing and tracing will only significantly reduce transmission if positive cases isolate effectively. Yet currently fewer than 20% of those who should isolate are fully adherent.

I don't think I need to explain why it's so critical to improve these rates.

3/

Survey data shows intention to adhere to test/trace/isolate behaviours is higher than self-reported adherence: whilst 76% of people intend to share contacts, only 50% of people correctly recognise symptoms & just 12% get a test, 18% isolate, & 11% of contacts isolate properly.

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Self-reported ability to self-isolate

is three times lower in those who earn less than £20,000 per year or have less than £100 saved.

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The UK has one of the lowest proportions of pay covered by statutory sick pay in Europe (29% compared to 100% in Germany), and millions do not qualify.

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An OECD review showed paid sick leave is important well beyond its core function to protect sick workers during a health pandemic and subsequent economic crisis.

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Key messages and policy options

- This policy brief provides evidence on the role of paid sick leave as an effective social and employment policy response to protect income, health and jobs through the COVID-19 crisis.
- Paid sick leave can play a role well beyond its core function to protect sick workers during a health pandemic and subsequent economic crisis by:
 - Permitting workers exposed to the virus to self-isolate;
 - Containing and mitigating the spread of the virus;
 - Safeguarding the jobs of vulnerable workers during the economic shock; and
 - Allowing for an orderly de-confinement as a key component of a *testing, tracking, tracing and isolating* (TTTI) strategy.
- Given its potential benefits, many OECD countries have resorted to, expanded or initiated paid sick leave policies during the outbreak of the pandemic. The accompanying [policy table](#) summarises the crisis policies in greater detail.
 - About half the countries have strengthened support to employees suffering from COVID-19;
 - Nearly all OECD countries provide income support to eligible employees in mandatory quarantine – an unprecedented policy in most countries;
 - Most countries have expanded access to paid sick leave to self-employed workers;
 - Many national governments have taken over employer obligations to finance sick pay.
- Almost all of these measures, however, are time-bound and limited to COVID-19 infection cases or quarantines.
- Preliminary data suggest that take-up of paid sick leave has gone up significantly in most countries in the outbreak of the pandemic, by up to 50-100%, but declined quickly in many countries after the peak of the outbreak.
- Ensuring that paid sick leave will continue to provide protection in case of a second wave and contribute to an orderly de-confinement requires that first, temporary extensions are kept in place and second, access to paid sick leave is further expanded.
- Structural paid sick leave reforms will have to reappear on the agenda when the pandemic passes, consisting of:
 - Permanently improving access to paid sick leave for the entire workforce;
 - Promoting prevention of sickness and the return to work of recovered workers;
 - Preparing for future pandemics by improving the adaptability of paid sick leave systems.

SAGE and iSAGE agree that

individuals need to be supported properly for them to isolate, advising a daily text or phone call, with provision of food supplies, essential goods and employment protection, stressing solidarity and togetherness.

8/

In Senegal (& China & elsewhere), they offer isolated accommodation to anyone who needs it. <https://t.co/Reopwtvzn>
We could do this too (hotels), & it would go a long way to preventing spread within multigenerational households, where transmission often occurs.

9/

#Senegal began its #COVID19 response in Jan, initiating a comprehensive #ContactTracing programme & deciding to isolate every patient & give them a bed.

As a result, they've had only 47 deaths.

Each one is individually acknowledged by the government. <https://t.co/y7ahjgospj>

1/

— The Sharing Scientist (@ScienceShared) June 4, 2020

It is *over three months* since the ONS found that a lack of proper sick pay was highly correlated with care home outbreaks and *over three months later* we have still done absolutely nothing about this in England. <https://t.co/q4phFIXALW>

In the most vulnerable of settings.

10/

Conversely, care homes in which staff receive sick pay are less likely to have cases of coronavirus in residents (odds ratio 0.82 to 0.93, 95% confidence interval: 7% to 18%), compared with those care homes where staff do not receive sick pay.

well I am absolutely astonished to learn that not giving staff the material support they need to stay at home if sick is associated with care home residents getting coronavirus! if only someone had told the providers, they surely would have done something! <https://t.co/jtZ0btGhei> pic.twitter.com/sFb2JgV8Ew

— Daniel Howdon (@danielhowdon) July 3, 2020

<https://t.co/7lkzrHx7DB>

Wales has acted to change this in care homes, when will England? And when will we then follow SAGE, iSAGE and OECD advice and apply that across the board to improve self - isolation rates and therefore reduce rates of community transmission?

11/

NEW: Welsh government announced a top up to statutory sick pay for all social care staff, designed to ensure they don't lose out financially when they self isolate. They'll receive their full wage if they have to isolate because they have Covid or have symptoms.

— Lewis Goodall (@lewis_goodall) October 30, 2020

Existing test-and-trace policies have deviated from advice provided by SAGE and, without improving basic public health communication and giving support to self-isolate, any improvements to the test-and-trace system will have only marginal impact.

END

<https://t.co/h60nM1TMsm>

Isolation

Testing and tracing will only significantly reduce transmission if positive cases isolate effectively. Yet currently fewer than 20% of those who should isolate are fully adherent.¹⁶ Recent survey data shows that intention to adhere to test, trace, and isolate behaviours is higher than self-reported adherence: whilst 76% of people intend to share contacts, only 50% of people correctly recognise COVID-19 symptoms and just 12% get a test, 18% isolate, and 11% of contacts isolate properly.³³ Self-reported ability to self-isolate is three times lower in those who earn less than £20,000 per year or have less than £100 saved.³⁰ The UK has one of the lowest proportions of pay covered by statutory sick pay in Europe (29% compared to 100% in Germany and 93% in Belgium),