Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

This belief assumed that the outbreak could not be stopped now without resurgence later, but this assumption ignored the standard public health tools available for containing a pandemic: contact tracing and door-to-door monitoring.[3] Ultimately, revised calculations in the model, which showed that the health system—most notably intensive care units—would be overwhelmed, made following this policy untenable.

The time that the lockdown (enacted on March 23, 2020, and loosened on May 10, 2020) has provided was spent with few returns. The UK Government should have used this period to better manage COVID-19 nationally, starting with track-and-trace systems to manage new infections. The NHS should have established so-called fever clinics to screen, test, diagnose, and isolate infected people early. The secure supply of proper personal protective equipment for care staff remains a priority, yet this should not be the frontline; the NHS must be protected by public health interventions to keep the pressure off health services. Finally, the UK Government still needs to better modify its public health and economic policies. Public health measures are expected to last 12–18 months, but the economic measures were only initially in place for 3 months and extended to 7 months. If the population is to be convinced to act for public health, they need to be assured of their economic security.

These are not unprecedented times; the world has seen pandemics before, and will see them again. So far, the UK Government has been consistently behind the curve. Too many lives depend on a fiercer sense of urgency. The UK Prime Minister Boris Johnson must now implement and balance policies to minimise, manage, and modify for COVID-19.

We declare no competing interests.

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See **Online** for appendix

A view from UK public health registrars on the challenges of COVID-19

The quotes from frontline workers in Richard Horton's Comment[1] about COVID-19 and the National Health Service (NHS) make for distressing reading, and the risks currently facing our clinical colleagues weigh heavily on our minds.

As public health registrars, we understand that root causes of the current challenges regarding COVID-19 include historical policy decisions that have affected the UK's health workforce and systems,[2] including laboratory capacity. Nevertheless, a pandemic caused by a novel highly pathogenic virus would prove profoundly difficult in any context. Sourcing personal protective equipment, scaling up testing, and increasing hospital capacity are problematic worldwide, and are exacerbated by global shortages.[3]

The statement by Richard Horton that "They [UK Government] didn't isolate and quarantine. They didn't contact trace" is inaccurate. Many of the signatories of this Correspondence were involved in Public Health England's extensive early contact tracing, testing, and isolation efforts, done by health protection staff working tirelessly across the country. The transmission dynamics of severe acute respiratory syndrome coronavirus 2 make it challenging to control through these measures alone[4] and, despite these efforts, a proportion of cases went under the radar. By mid-March, 2020, widespread community transmission was evident, precipitating a shift towards advising the public to self-isolate and supporting higher-risk settings such as care homes, prisons, and homeless shelters. We agree that improved testing capacity, combined with innovative ways to contact trace at scale, are vital.[5] However, implementing these strategies presents several practical and ethical challenges[5] and they might not offer a panacea.[3]

This pandemic calls for collaboration rather than division, and we have seen concerted efforts across society to rise to this unprecedented challenge. We must learn from both failings and successes, and seek out solutions, not scapegoats.

We hold honorary contracts with Public Health England (PHE); as such, we are required to follow PHE's code of conduct, and we have worked directly on PHE's response to COVID-19. We are not paid directly by PHE and are employed by Imperial College Healthcare NHS Trust, which is reimbursed by PHE for any overtime carried out for PHE. Signatories and contributors of this Correspondence are listed in the appendix.

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