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Sex-disaggregated data is reported by Public Health England

We agree with Sarah Hawkes and colleagues (June, 2021)¹ who state that reporting COVID-19 outcomes by sex is an important component of global pandemic surveillance and monitoring of inequalities, and we congratulate them on establishing the COVID-19 sex-disaggregated data tracker. In June, 2020, a comprehensive Public Health England report showed that sex was a risk factor for COVID-19 infection, hospitalisation (including critical care and lower level of care), death, and excess mortality.² In an article published in 2021, we confirmed that male sex was a risk factor for poorer outcomes from COVID-19 and considered the implications for vaccination prioritisation.³

Public Health England has been tracking multiple dimensions of inequality in relation to the pandemic in England through its established reporting infrastructure. Data for England disaggregated by sex and age are published weekly for confirmed cases, deaths in confirmed cases, test positivity, and vaccination uptake.⁴ Public Health England separately publishes sex-specific estimates of excess mortality by age group and by ethnicity, which are also updated each week.⁵

Sex-specific cumulative counts and rates of COVID-19 cases by age for England are also reported daily on the UK Government's coronavirus dashboard. It would be challenging to disaggregate all the data on the daily dashboard by sex due to its size and complexity. However, we regularly carry out user feedback surveys and would consider adding more sex specific data if requested.

Given the above, we do not agree with Hawkes and colleagues¹ that there is an absence of consistent and comprehensive sex-disaggregated

data on COVID-19 for England or that England does not appear to consistently report sex-disaggregated data (particularly for deaths). The conclusion is even more surprising since data we report are already being used to populate their data tracker.

A poorly informed email from a technical helpline about the Government's daily dashboard is quoted as evidence that Public Health England is unaware of the difference in risk by sex. The anonymous email was clearly incorrect, for which we apologise. It was also manifestly inconsistent with Public Health England's published report on COVID-19 disparities,² with other more recent Public Health England publications on the topic and with Public Health England's regular monitoring and surveillance reports. If we had been allowed the courtesy of commenting before publication, we would of course have corrected the obvious error in the helpline response.

We declare no competing interests.

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Published Online
June 23, 2021
[https://doi.org/10.1016/S2214-109X\(21\)00249-7](https://doi.org/10.1016/S2214-109X(21)00249-7)

For more on the UK coronavirus dashboard see <https://coronavirus.data.gov.uk/>