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## The COVID-19 response in Hong Kong

Richard Horton<sup>1</sup> and the Editors<sup>2</sup> have repeatedly called for closer collaborations in global health. China has been taking decisive, albeit difficult, measures to prevent and manage outbreaks in diverse settings, from city epicentres to rural clusters. Although these policies might be draconian, they resulted in community solidarity and success; with one prerequisite to both solidarity and success being transparency embraced by both the government and the health profession.

For example, the Zhejiang University Affiliated Hospital issued handbooks about COVID-19 prevention and treatment. These free, online, multi-lingual books cover topics from the construction and operation of a Fangcang shelter to the management of mental health. The earnestness of this university hospital to help supersedes intellectual property restrictions or fears of scrutiny and criticisms.

It might be useful to examine whether the Chinese intervention model transcended political structure. Between January and November, 2020, Macau had merely 46 local cases and no deaths. Most cases were recorded by April 7, 2020, with a single additional case on June 26, 2020. Hong Kong had its first case in late January, 2020, followed by a second wave that peaked with 82 new cases on March 29, 2020, but petered out by late April, 2020. On July 9, 2020, daily cases jumped to 42, and rose more or less monotonically to 149 daily cases on July 30, 2020, which marked the peak of the third wave. July 1, 2020, was the anniversary of the return of sovereignty and commencement of the National Security Law, when activists disregarded physical distancing and challenged the 50-people limit<sup>3</sup> in any public gathering—a limit that was relaxed in June, 2020, probably prematurely. Of course, correlation is no proof of causation.

China pledged US\$2 billion and vaccines for global public good.<sup>4</sup> China's Ad5-vectored COVID-19 vaccine<sup>5</sup> has been approved for use in the military after accelerated phase 3 trials. BBIBP-CorV,<sup>6</sup> which contains inactivated SARS-CoV-2, is an equally promising vaccine candidate.

When it comes to public health interventions, Hong Kong leans more towards libertarianism than collectivism, with lockdown measures similar to most European countries. Nevertheless, the Hong Kong Government ran a voluntary test programme in the first fortnight of September, 2020; as of Sept 12, 2020, 1.73 million of 7.50 million residents had been screened, and 36 asymptomatic carriers were identified, despite attempted sabotage of the tests by dissidents.<sup>7,8</sup> About a third of the carriers had cycle threshold values above 35, suggesting spontaneous recoveries, whereas another third had cycle thresholds of 29 or less, indicative of infectivity.<sup>9</sup> To assist with the programme Chinese media reported that more than 570 clinicians came from neighbouring provinces and worked 12 h shifts, sometimes allegedly wearing adult diapers and eating only one full meal a day to meet demands.<sup>10</sup> This work was inspired by the Chinese experience. More than half of Beijing's 23 million people were tested, with a focus on workers in high-risk occupations, followed by a comprehensive assessment of residents in specific districts with new cases. Beijing has had daily new cases in the low tens since Aug 5, 2020. In adopting similar though less severe measures like compulsory testing and buildings lockdown, Hong Kong has also maintained low cases, suggesting that the Chinese intervention model transcends political structure.

I declare no competing interests.

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For COVID-19 handbooks see <https://gmcc.alibabadocor.com/prevention-manual>

For the Hong Kong Situation dashboard see [https://www.coronavirus.gov.hk/eng/index.html#Updates\\_on\\_COVID-19\\_Situation](https://www.coronavirus.gov.hk/eng/index.html#Updates_on_COVID-19_Situation)

## Recognising Italy's mistakes in the public health response to COVID-19

The Day of the Dead in Italy this year was not only a time for remembrance but also for demanding justice for lives lost to COVID-19. On Nov 2, 2021, members of the #Sereni (also known as Serene and Always United) Association demonstrated in Rome against institutional omerta (ie, law of silence) and for the restoration of a parliamentary commission



to examine the management of the epidemic. This event followed 520 complaints that were filed by the association 4 months earlier against the national government, the Ministry of Health, and Lombardy region administrators.

To understand the association's objectives and the events that fuel its purpose, it is necessary to examine the beginning of the pandemic in Lombardy. The national government and regional government of Lombardy's decision to not create a so-called red zone around Alzano Lombardo and Nembro (blocking off entrance to and exit from the two communes) when COVID-19 was discovered in people at the end of February, 2020, is seen to be directly responsible for the spread of infection to other towns throughout the province of Bergamo, particularly the Seriana Valley,<sup>1</sup> then throughout Europe. How could a different public health response have stopped the COVID-19 epidemic in Bergamo Province, which went on to become famous in spring of 2020 for corpses piled up in hospitals, churches, and cemeteries and transported by military trucks to the crematoria?

The Lombardy population was shocked by the events and the inconsistency of public health and government authorities alongside an obsolete and unimplemented pandemic plan.<sup>2</sup> They were confronted by horror: loved ones dying at home without treatment and alone in hospital, scarcity of oxygen and respirators, and confusion in the identification of cremated bodies. The Istituto Nazionale di Statistica called the events a third world war.<sup>3</sup> In reaction, the civil society of Bergamo organised itself into a grassroots justice movement.<sup>4</sup> The objectives of the #Sereni Association are to obtain truth, justice, reparation, and dignity and offer emotional support in response to the pain, confusion, and

resentment for the families of the deceased and the larger community. Many politicians and citizen activists have gravitated to the movement.

The contribution of anthropologists to documenting and analysing the social and political effects of epidemiological events has been crucial<sup>5</sup> for other infectious diseases (eg, Ebola virus disease and AIDS)—for example, in Africa, where networks such as the Réseau Anthropologie des Épidémies Émergentes (of which we are members) have become central to addressing issues such as vaccine hesitancy, misinformation, and trust. Transdisciplinary research produces evidence on the actions of civil society associations, such as the Sereni Association. This evidence is key for institutions to identify and address mistakes in public health response, which is needed to support communities to prepare for future infectious threats, as recommended by WHO's Community Preparedness Unit.<sup>6</sup>

We declare no competing interests. Members of CoMeSCov are listed in the appendix.

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- 2 Zambon F. Il pesce piccolo: una storia di virus e segreti. Milan: Feltrinelli Editore, 2021.
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For more on the Réseau Anthropologie des Épidémies Émergentes see <https://www.raee.fr>

See Online for appendix

## Department of Error

Lingvay I, Sumithran P, Cohen RV, le Roux CW. Obesity management as a primary treatment goal for type 2 diabetes: time to reframe the conversation. *Lancet* 2022; **399**: 394–405. In this Review, author Carel W le Roux's Declaration of interest has been corrected to read "CWIR reports grants from the Irish Research Council, Science Foundation Ireland, Anabio, and the Health Research Board. He serves on advisory boards of Novo Nordisk, Herbalife, Gl Dynamics, Eli Lilly, Johnson & Johnson, Sanofi Aventis, AstraZeneca, Janssen, Bristol-Myers Squibb, Gila, and Boehringer Ingelheim. CWIR is a member of the Irish Society for Nutrition and Metabolism outside the area of work commented on here. He is the chief medical officer and director of the Medical Device Division of Keyron since January, 2011. Both of these are unremunerated positions. CWIR was a previous investor in Keyron, which develops endoscopically implantable medical devices intended to mimic the surgical procedures of sleeve gastrectomy and gastric bypass. The product has only been tested in rodents and none of Keyron's products are currently licensed. They do not have any contracts with other companies to put their products into clinical practice. No patients have been included in any of Keyron's studies and they are not listed on the stock market. CWIR was gifted stock holdings in September, 2021 and divested all stock holdings in Keyron in September, 2021. He continues to provide scientific advice to Keyron for no remuneration." These corrections have been made to the online version as of Jan 20, 2022, and the printed version is correct.