a world of paper’. How would he react to so few published papers on COVID-19 report original data? How would he react to the rapid dissemination of inaccurate and exaggerated information? The idea of a ‘sensible world’ was the revolt of scientists against philosophers writing their opinions devoid of empiric observation and physical fact. One wonders whether we are entering a new Galilean age where science and empiricism need to regain the upper hand, focusing on questions that address key scientific need and prioritizing data over opinion in an effort to solve a global problem.

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Appendix 1

The members of the University Vita-Salute San Raffaele COVID-19 literature monitoring working group are as follows: Andrea Amelio, MD PhD; Lorenzo Bellini, MD; Daria Bucci, MD; Michele Capraro, MD; Giovanni Gaetti, MD; and Stefano Salvati, MD.

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In search of the relevant COVID research

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Are we publishing what we should be publishing? is a question all editors ask themselves from time to time. With an acceptance rate of ~20% for the European Journal of Public Health (EJPH), and even lower for many others, one question is how we prioritize among incoming papers. But, the problem raised by Odone et al. is that scientists seem to have failed to address the important issues regarding the COVID-19 pandemic. Some reasons are obvious: this is a new virus with unknown properties, global spread is of a character previously unknown, case definition and cause of death assessment vary strongly making comparisons difficult, and the long-term effects are too early to evaluate. And on the positive side, we should acknowledge the extremely rapid publication of the first characterization of the disease,2 and the genome sequence,3 compared to the long road to knowledge on HIV and SARS. But, as Horton formulates it in heading of a recent book on the topic ‘Science: the Paradox of Success and Failure’. Behind the increase in published papers reported by Odone et al.,4 is an even stronger increase of incoming manuscripts to many scientific journals. During the pandemic, this journal has had an exceptional inflow of manuscripts. During the period February–July 2020 we received 907 manuscripts, compared with 614 manuscripts the same period 2019. The 907 manuscripts are close to the average of ~1000 manuscripts that we receive during 1 year. Of all manuscripts submitted during February–July this year, 238 had ‘COVID’, ‘corona’ or ‘pandemic’ in the title, i.e. 26%, and there might have been more, not reflected in the title. The great majority of these came from China, others from Italy, Iran, Turkey and some other countries. Most were empirical studies of the type found in newspapers or national public health reports on the web: regional surveys, case series, clinical outcome studies, simple comparisons from official sources and examples of new rapid hospital constructions. We were disappointed to receive so many manuscripts on a major public health issue, but with so little findings of international public health relevance, and so little new science. Almost all these papers were rejected, and we formulated a standard letter explaining that findings might be interesting, but more long term and public health relevant research is needed: ‘We need to await evaluations and see the long-term perspective in order (for the journal) to be an appropriate forum for reporting and debate. But that time will definitely come, and the EJPH will strongly welcome contributions to inform policy and decision making in rapid infection spread.’ So, how come so many articles were submitted and also published while in many cases not addressing questions of major scientific or public health relevance? One impression one gets after having assessed the hundreds of COVID-19-related manuscripts submitted to the EJPH, is that suddenly lots of data were available, and many sensed an urge to publish. Clinical data, testing reports, surveys on behavior and people’s perceptions, reformed health care facilities. Lots of things to write about, as has been done daily in national newspapers and national public health agencies’ webpages. Part of the explanation is thus the classical problem with pressure to
W hy should public health practitioners be concerned with human rights during the COVID-19 pandemic? Surely this is not the time for legalistic hair-splitting about rights. We are dealing with a deadly, infectious disease.

Quite the contrary, we suggest. COVID-19 is undoubtedly a global health emergency, which warrants broad and urgent responses. However, human rights and public health should not be seen simply as competing public policy objectives, with a compromise on one side needed to attain the other. Indeed, this framing of the issues readily leads to human rights abuses in the name of public health. Instead, we propose an approach which focuses on State obligations to protect and promote the right to health, including in the COVID-19 crisis, firmly grounded in international law.

Nobody has the right to shout ‘fire’ in a crowded theatre without good reason. Public health measures, including contact tracing and restrictions on movement, quarantine and isolation, are needed to protect and promote the right to health for everyone. But where and when do we draw the line? Is it better to challenge government excesses in the middle of a crisis, or should we step back and try to fix later any mistakes that were made? Neither, of course, is ideal—it is far better to build public health law capacity to respond appropriately to public health emergencies before crises arise. This is the first lesson from COVID-19. It is of course difficult to plan measures when we are dealing with a new and unknown health threat. Any measure must be based on as much evidence as possible, thus the basic message voiced by the WHO: Stick to the agreed policy, but evaluate regularly and correct if it does not prove appropriate.

Let’s be clear that we often balance our health with other competing economic or social demands or pleasures (think of tobacco, alcohol, salty snacks and sweet pastries). Some of us may risk our health to help others in our line of work. Healthcare professionals often face these competing economic or social demands or pleasures (think of tobacco, alcohol, salty snacks and sweet pastries). Some of us may risk our health to help others in our line of work. Healthcare professionals often face these competing economic or social demands or pleasures. We also see this with police, other first responders and emergency personnel in many contexts. People going shopping, taking public transport and coming to work with respiratory infections and we largely tolerate it—yet we know that influenza can be especially deadly for older people. In democratic societies, governments balance health and other social and economic concerns constantly.

At the same time, all States are subject to international legal frameworks which impose both obligations to protect health and limits on actions to restrict rights. Some rights—such as the right to life; freedom from torture and other cruel, inhuman or degrading treatment or punishment; and freedom from medical or scientific experimentation without free consent—are absolute and cannot be suspended even in public health crises. Other rights—such as freedom of movement—can be limited to restore public order or protect public health. However, governments must ensure their actions are prescribed by law, and necessary and proportional to the threats involved. The burden is on the State and its regulatory bodies to justify any limitation on rights. Nor can there be any discrimination, for example, on ethnic or religious or even age grounds.

Further, emergency powers to limit rights should be narrowly drafted, limited in duration, subject to judicial review and should be clearly communicated to the public. Legislative approval should be required for any further, temporary extension of the limitations. Experience from epidemics, such as HIV and Ebola, demonstrates that there are many other relevant research questions, but the important message is that the research should start from relevant research questions, not from available data.