

Sex-disaggregated data is reported by Public Health England

Authors' reply

We are pleased that Public Health England, in their response to our Correspondence,¹ have emphasised the importance of sex and gender in the COVID-19 pandemic. We are aware of the sex-disaggregated data produced by Public Health England, which is used in our COVID-19 sex-disaggregated data tracker.²

While recognising the availability of the data included in our tracker, our Correspondence¹ highlighted issues regarding the regularity and accessibility of Public Health England reporting of sex-disaggregated data. The statement in our Correspondence, which we affirm, was informed by what were labelled as official Public Health England responses to our emails, as well as more than a year of experience searching for and collecting sex-disaggregated data from the Public Health England website.

Public reporting of sex-disaggregated data from England did not appear until the end of April, 2020, months into the COVID-19 pandemic, and data were provided in a format that was time-consuming to extract.³ COVID-19 data were subsequently moved to a new reporting format,⁴ which at first no longer included any extractable sex-disaggregated death data. Email correspondence in November, 2020, with members of the Public Health England influenza team who were responsible for these reports informed us that a decision had been made to stop reporting sex-disaggregated death data. Therefore, for a period of months, we could not report sex-disaggregated COVID-19 death data from England.

We later wrote to the official email address provided for the Government's COVID-19 dashboard with a request that additional sex-disaggregated data be included.

However, we were informed that such data were not included because sex "does not appear to be an important risk factor for COVID". We wrote back to this email but have not received a response.

The example of England referenced in our Correspondence¹ illustrates an important and recurring issue we have seen globally concerning the consistent reporting sex-disaggregated data in the pandemic, including by countries with the resources to do so. This is illustrative of a larger problem across the health and medical sector in which sex and gender are frequently overlooked or ignored.⁵

We are grateful to Public Health England for taking the time to respond to our Correspondence and for their engagement over the preceding and exceedingly challenging months. As an accountability mechanism, our objective is not to criticise national responses, but to raise national and global awareness of the importance of sex and gender in designing effective and equitable pandemic responses that reach everyone. We are pleased that Public Health England is rising to this challenge.

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1 Hawkes S, Tanaka S, Pantazis A, et al. Recorded but not revealed: exploring the relationship between sex and gender, country income level, and COVID-19. *Lancet Glob Health* 2021; 9: e751–52.

2 Global Health 50/50 The COVID-19 sex-disaggregated data tracker. <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/> (accessed April 30, 2021).

3 Public Health England. National COVID-19 Surveillance Reports. <https://www.gov.uk/government/publications/national-covid-19-surveillance-reports> (accessed April 30, 2021).

4 Public Health England. National flu and COVID-19 surveillance reports. <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports> (accessed April 30, 2021).

5 Gupta GR, Oommen N, Grown C, et al. Gender equality and gender norms: framing the opportunities for health. *Lancet* 393: 2550–62.



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