

DR MARIA VAN KERKHOVE

THE ANDREW MARR SHOW

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(Rough transcript, check against delivery)

AM: Marta Van Kerkhove, thanks for joining us. Is it the view of the WHO that a second wave of the virus is likely in the countries now looking at easing their lockdown measures?

MV: It's certainly possible. What we're seeing a number of countries that have been successful in suppressing transmission is that the virus can – that many more people remain susceptible. And what we're seeing in countries like Singapore, where they've seen a second – almost like a second wave – essentially what it is is actually outbreaks that are happening in expat dormitories. And so the virus has found a place where it can take hold and it – and it can resurge again. So all countries must remain on alert for the possibility of additional transmission, even if they have been successful in suppressing transmission in the first round.

AM: I see a question a lot of people are asking themselves here is are masks really a help when it comes to unlocking the lockdown?

MV: So masks are very helpful for – in a number of situations. First and foremost for healthcare workers. So that's the priority we think everybody agrees upon. We also recommend that people who are in the community who are feeling unwell, even if they're feeling a little bit unwell, to wear a mask. And the reason that that's important is because it's first.. control, and what that means is somebody that may be infected with Covid19, if they sneeze or if they cough, you still have to transmit the virus through respiratory droplets, that mask can protect the virus from moving from their mouth to someone else. So we do recommend using masks. For people who are feeling unwell. But masks alone will not solve the problem. They cannot solve the problem. And

especially if you're thinking about lockdowns and you're thinking of lifting lockdowns. There have to be a number of measures that have to be put in place before lockdowns can be released, and it must be done in a slow and a staggered approach.

AM: There seems to be some evidence that transmission of coronavirus from children to adults is pretty rare. Does research indicate that it might therefore be safe – relatively safe anyway – to open schools?

MV: It appears that children seem to be less infected and less developing the disease. From all of the countries where we've seen this virus, where we've seen this virus globally, children primarily develop mild disease, and that's really important. We have seen in some very controlled studies – we look at a household, for example, and we follow adults and children over time – that adults can infect children, and that's mostly what's happening, is that they're infecting children. But it can happen the other way around as well. So we keep – children remain susceptible, which means they can be infected, and it's possible for them to transmit. But it does seem rare. What we really need to understand is why. Why is this happening, why do children seem to be relatively spared?

AM: Now, one of the things that worried people was evidence coming out of South Korea that having been infected and recovered you could be infected again. But it appears that these are false positive tests. So how convinced are you that you can't be infected after you've had it once?

MV: What they're finding in some individuals after they test negative, after week or two or even longer, they're finding that they're testing positive again. And what is actually happening is as the lungs heal there are parts of the lungs that are dead cells that are coming up that are testing – these are fragments of those lungs that are actually testing positive for PCR. It's not infectious virus, it's not reinfection, it's not reactivation, it's actually part of

the human process that is being calculated as being positive. So that's – that's something that's really interesting. In terms of your question about can people be reinfected, that's a very important question. What we're learning right now is – is when somebody is infected with Covid19 they develop antibodies and they develop part of an immune response, one to two to three weeks after infection. What we're trying to understand is in that antibody response does that mean that they have immunity? Does it mean they have a strong protection against reinfection? And if so, how long that protection lasts. We don't know the answer to that yet.

AM: Are we any closer, do you think to finding a drug that could treat coronavirus patients?

MV: Every day we are getting closer and closer to finding therapeutics and a vaccine for Covid19. The world has come together in solidarity to really look at this and there are hundreds of clinical trials that are currently under way for therapeutics. And we welcome all of these studies, and we need to be careful when we look at individual results because we need to make sure that the studies that come out and have a large enough sample size, that they're done in a very robust manner, so that we can see which drugs work and which drugs are safe. And as soon as we have the answer to this everybody will be aware of this. And what's most important – if I may – what's most important is not only having these therapeutics and the vaccines, it's ensuring that we have access, that the world has access to those therapeutics. It can't be developed in some countries and not be accessible to all.

AM: A lot of people have of course now recovered from Covid19. Are we learning anything at all yet about the longer term impacts on people's health?

MV: The majority of people who are infected with Covid19 will make a full recovery. But there will be some people that may have some longer term effects. It affects the lungs, it affects the body

in different ways. And so we may seem some damage to the lungs. Again we need to follow individuals over time. We're in our fourth month of this epidemic so it's very, very early days.

AM: Now, earlier this week I'm sure you noticed Donald Trump saying that he'd seen intelligence that the coronavirus had originated in a laboratory in China. And the intelligence services then came out and said that wasn't the case. Can you explain what we know about where the coronavirus came from?

MV: Yes. So coronaviruses normally circulate in animals. And many coronaviruses are circulating in bats. Most emerging pathogens, viruses, come from an animal reservoir. Everything that we have seen about the – the novel coronaviruses, Covid19, or SARS Cov2, of the – of the tens of thousands of sequences that are available, full genome sequences or partial sequences, compared to other coronavirus sequences that are available, this is of a natural origin. And it originally comes from bats, because the coronaviruses come from bats. What we need to do is really understand what we call the intermediate host. What is the animal that – that in – was infected from bats that potentially infected humans? And so that's the focus of research right now. It's important that – that we know this because from a public health point of view it's very important that we find the animal host, that we prevent this – we call spillover, from an animal – transmission from an animal to a human. We prevent that spillover from happening again.

AM: And so what's your feeling, your reaction when you hear President Trump describing the WHO as the public relations agency for China?

MV: I can tell you that our teams have been working, even before this – this virus was even identified, on Mers, and – and now when this one came out, knowing it is a novel coronavirus, to do everything that we can to inform our member states and all people all over the world about what this virus is.

AM: I know you yourself worked in the past on Ebola and various avian flus and we know that there are lots and lots of other similar coronaviruses out there in the animal population in different parts of the world. I suppose viruses have the world's attention at the moment. Given that, what should countries be doing now to prepare themselves for the possibility of another pandemic?

MV: In my team and the teams that are working globally on high threat respiratory pathogens, we were preparing for something like this because it's not a matter of if, it's a matter of when. And it's very important that we work with populations of people who are working at the – what we call the animal-human interface. So these are individuals that either work with wild animals or work with domesticated animals or who work in forests where they come in contact. On the longer term we need to invest in public health, we need to invest in people and our public health systems across all of our countries to ensure that we have the fundamentals in place. People that can test, people that can do contact tracing, people that can care for sick individuals. All of that should be happening now, and making an investment in public health measures is good for everyone. If you're not using it for the next disease X, you're using it for influenza, you're using it for other diseases that are circulating in the countries and it will help save lives.

AM: Dr Van Kerkhove, thanks very much indeed for talking to us. Fascinating, thank you.

MV: Thank you so much.

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