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THE ANDREW MARR SHOW

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(Rough transcript, check against delivery)

AM: I spoke to him just before we came on air and I asked him is this lockdown working?

NF: So we have some signs that it is slowing the epidemic at the moment. So, as you'll have heard the Medical Director of the NHS say yesterday, we have just had the first day where actually new admittances to hospital with this virus have reduced day on day. I mean, it's early days yet. We do expect to see that slowing down accelerate over the next week. I said yesterday, and I stand by that, that we think this epidemic in the UK will plateau in the next week to ten days. What's critically important then is how quickly case numbers go down, though. Do we see a kind of long flat peak, or do we, as we hope, see a much faster decline. And that really depends on how effective the current measures are.

AM: So it sounds like at the moment you expect the peak to arrive around Easter Sunday.

NF: We're not at the level of being able to predict to the nearest day when the peak arrives. I would say in the next seven to ten days. It would be better news if it arrives before then.

AM: Now, you've said that you were reasonably confident at the moment, no more than that, that the NHS would therefore cope. Is that still your view?

NF: Yes. I mean, the NHS is already under considerable strain. We have over half of ICU capacity being occupied by people with covid 19 right now, and in some areas it's higher than that. However, the NHS has surged that capacity quite considerably. You'll be aware of the new emergency hospitals being opened. And so currently we're okay. It's difficult, and I don't want to understate at all the amount of work people in hospitals, doctors and nurses are doing, but we are coping.

AM: Obviously the data of all this is quite difficult, but in terms of deaths, at one point you said that if we did nothing as a country more than half a million people could die. And then you said later on that you thought if we all obeyed these rules it could be as low as 20,000 deaths. That's still, of course, a lot but much, much lower. What's your current view?

NF: Those estimates, the two estimates you quote were released at the same time in the same report. We looked at a range of options. First of all, we never expected countries to do nothing, but to put into context the scale of the threat we looked at what would happen if countries did nothing. And given the mortality this virus causes you end up with some very large numbers. We then looked at what would happen if we had a kind of minimal policy of mitigation, you could probably halve those numbers. And then concluded the only viable strategy in terms of keeping health services functioning was something akin to what we're doing now, and that could reduce numbers, yes, we hope down to of the order of 20,000 or less.

AM: And that's where you think we may be heading now?

NF: Yes. It's very difficult to make precise predictions at the moment. What we have is an exponentially growing curve of infections which we interrupt at a certain time. We can't say, in terms of the infections, precisely where we are on that curve. We don't have the ability right now to measure how many people have been infected. That will come with antibody tests. And so we are making statistical estimates of that and those are subject to a certain degree of uncertainty. So we think it could be anywhere between about 7,000 or so up to a little over 20,000.

AM: As we all stare at these graphs, it depends where you put the starting point. The Financial Times has a graph which puts the starting point a little bit earlier. And on their graph we're doing slightly worse at the moment than Italy.

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NF: It's very difficult to make these comparisons, because there isn't a fixed starting point. What happened in this epidemic is that people flew into this country with infections, seeding the infection in the country. I mean, Public Health England, the Health Authorities did their best to intercept such people and isolate them. But we think probably only about one third of infected people were stopped. And so we seeded infection in different areas across the country. Some counties, like northern Italy, were very unlucky and clearly go community transmission starting very early. Here it started a little bit later. But I mean, I think you can spend too much time staring at graphs, particularly at the beginning of the curves, because they reflect not just what was happening in the countries but also what surveillance was in place as well. I think it's more important to focus on what's happening to the growth rate of the epidemic now.

AM: Now, let me turn to the question - and I know the answer to this is difficult, but it's what everybody watching wants me to ask you - you are Professor Lockdown, when is it going to end?

NF: I should just correct you. I mean, I'm characterised Professor Lockdown. We produced scientific evidence along with a lot of other scientific groups across the country which fed into government policy, but we did not determine that policy. Remember, a balancing act was involved in doing that. I'm very well aware of the economic impact of this current policy, and we would all like these measures to be able to be relaxed as soon as possible. I can't answer the question directly, because when the lockdown ends will depend really on what happens to this epidemic. I said at the beginning, how quickly case numbers decline. There is no point in having gone through this effort and releasing lockdown at a point where case numbers are still high and then will resurge even faster than we've seen before. We want case numbers to get to a low point where we can start substituting other measures for the most intrusive and economically costly aspects of the current lockdown. Almost

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certainly those additional measures will involve massively ramped up testing, going back to trying to identify contacts of cases and stopping chains of transmission. That can only really feasibly be done when we have many fewer cases per day than we have at the moment.

AM: One of the other government advisers talked about the danger of us painting ourselves into a corner with all of this, and I suppose the real question is how do we end the lockdown bit by bit? Does it happen perhaps at different speeds in different geographical areas? Does it happen with different cohorts, to the most vulnerable people, the older more vulnerable people, stay locked down for longer? And to what extent can we hope that people who have had the coronavirus and have become immune – if they have become immune – can then be given some kind of certificate or wristbands, whatever, and be let out earlier?

NF: I think aspects of all of those ideas are likely to be employed. I'll be honest with you, this is the most important question worldwide. No country has an absolute answer to it. There's very intense research going on as to how we do actually get out of this. We warned in our original report, which came out the same day as the lockdown was announced, that exit strategies from this were very problematic and challenging. There are a number of ideas in play. They certainly will rely on scaled-up testing. So we have to get that in place. But the precise strategy has not yet been formulated. It will be in the next week or two. It is the highest priority of, I would say, the whole scientific and medical community in this country and many countries, and of course of the policy community.

AM: Now you quite rightly pulled me up a little earlier when I called you Professor Lockdown and you said you give them the data and the minister, they take the decision. And that's absolutely right. Nonetheless, your advice has been hugely influential, as you know, and I just wonder on a kind of human level how you cope

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with the question looking in the mirror in the morning – not the shaving mirror, clearly – but looking in the mirror in the morning wondering whether you’ve got it right.

NF: Yes. I mean, there is an enormous sense of responsibility, not just for me, on the team as well, and I would emphasise in the UK we have a very well advanced and thought-out structure for scientific advice. So my group may be the most prominent but there have been seven-eight other groups working on epidemiology and modelling, feeding into government, and we all collectively have that sense of responsibility. I’m very conscious that people are suffering in this country right now. There is a cost, economic, social, emotional and financial cost to this lockdown, and probably a health cost as well. We all want it to be over as quickly as possible. But there’s no point having done this and hopefully suppressed transmission unless we can find a strategy which allows us to exit from it, but at the same time keeps transmission low.

AM: Professor Ferguson, thanks very much for giving up your Sunday morning and coming to talk to us.

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