ANDREW MARR SHOW, 10TH JANUARY, 2021 – PROFESSOR PETER HORBY, NERVTAG

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Chair, NERVTAG

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AM: There’s still a lot we don’t know about the new variant of Coronavirus and how we should all be responding to it. Just before we came on air I spoke to Professor Peter Horby. He Chairs NERVTAG, a group which advises the government on virus threats and I asked him why this new strain is more transmissible.

PH: There’s a number of reasons that could be. It could be that it’s invading the immune response, it could be that. It binds to cells better so you need a smaller dose to get infected. It could be that people who are infected are producing more virus, or it could be that it’s perhaps surviving better in the environment. We think the most likely explanation is that when people are infected they’re producing more virus so they’re more infectious.

AM: Well let’s turn to the measures that are there to respond to the new variant. They are clearly more lenient than the measures we remember from back in March. Are they enough to stop this?

PH: Well it’s very clear that we’ve got a big challenge on our hands. You know it was hard enough in the past to control this virus and people endured a lot of restrictions, but those restrictions did work, we did see in the first and second lockdown that we saw a decrease in the transmission. Now we’re in a situation where everything that was risky in the past is now more risky, so we are going to have to be very, very strict about the measures. Whether the current restrictions are enough I think it remains to be seen. It will be a week or two before it becomes clear. They may be sufficient but we have to be very vigilant and if there’s any sign that they’re not then we’re going to have to be even strict, I’m afraid.
AM: And what would even stricter mean in practice?
PH: Well I think the principles haven’t changed. There’s no evidence that this virus is being transmitted in any different way, it’s just that people when they’ve got it have got more virus so every contact is more risky. So the same principles apply. It’s about decreasing social contacts and if there are unavoidable social contacts then being as strict as you can about distance and facemasks and hand hygiene and ventilation, etcetera.

AM: So thinking back to March and the spring I can remember you could only go out for an hour for instance for any kind of exercise and there were much stricter rules about meeting other people. Are those are the kind of things we might see coming back if we don’t get this under control now?
PH: Yes, that’s right. You know we have seen in the past very strict measures do work and if the current measures aren’t strict enough then it’s clear what we have to do.

AM: I also remember back then people sanitising parcels and shopping that was delivered to the door and spraying every surface they came into contact with and that seems to have gone away a bit. Is that the kind of thing that we’re going to have to bring back?
PH: I don’t think those kind of measures are particularly useful. There is likely some risk from contact with surfaces but it’s likely to be contact with surfaces that have a higher frequency, so you know, tills at supermarkets and things like that, so it’s more about hygiene in those environments rather than necessarily parcels coming to the door.

AM: A very broad question, but broadly speaking do you think people are no longer following the rules strictly enough?
PH: I don’t know. There may be early signs that something is beginning to bite in terms of the interventions. I really hope people take this very seriously. It was bad in March, it’s much
worse now. We’ve seen record numbers across the board. Record numbers of cases, record numbers of hospitalisations, record numbers of deaths. We are now in the eye of the storm so to speak and people need to take this extremely seriously.

AM: Before everybody just hides under the duvet in horror, there is some good news around. We’re seeing some work done on the vaccine and it appears that it clobbers both of the new variants, both the British new variant, as it were, and the South African one. Is that true?
PH: Yes, the early signs are very encouraging. I really don’t want people to hide under the duvet. We know what to do, we’ve done it before, it’s not easy, but it works. And we can see the end game now. We’ve got these vaccines, they’re being rolled out, they’re absolutely critical and there’s now three approved in the UK. And although there are some concerns and we have to be very vigilant that the new viruses don’t escape from the immunity from the vaccine, so far the data we have is encouraging that the vaccines still work just as well. We need more data, but so far it’s very encouraging.

AM: And a lot of people have been talking about a race between the vaccine programme as the virus. Would you expect a virus to mutate at some point in a way that gets around the vaccines?
PH: Every virus mutates. It makes mistakes as its replicating, it ends up with changes in the biology of the virus and then there’s a very raw evolutionary process where the best virus wins. So when there’s a lot of immunity in the population, whether that’s vaccine or natural, you will see viruses emerge that escape that immunity. So in the long term, yes, I think that will happen and we will have to update the vaccines probably. But we do that every year with influenza, so it’s not something unprecedented, it’s something we can do. But I don’t that’s going to be an issue in the short term. Not for the next year I wouldn’t expect that.
AM: Thinking about the flu parallel which has been used by other people as well, does that mean that for the rest of our lives we may well have Covid around to deal with; something we get vaccinated against every winter and it’s just part of the background as it were of everyday life?

PH: There’s a big spectrum of viruses. You can go from flu where we need to update the vaccine almost every year through to something like measles where we hardly ever have to change the vaccine, it’s a very stable virus. This virus, Coronavirus, is somewhere in the middle, so if we do have to update the vaccine I doubt it would be every year, but it may be every few years that it has to be updated and we don’t yet know how long immunity lasts and so how frequently we would have to revaccinate people.

AM: But the notion that Covid will be banished from the Earth’s surface in due course is wrong is it? This is going to be something that survives around human populations for a very very long time to come?

PH: Yes. The one virus we’ve managed to get rid of, the Smallpox virus, had very different characteristics to this virus. This one I think will not go away. We’re going to have to live with it. But that may change significantly. It may well become more of an endemic virus that’s with us all the time and may cause some seasonal pressures that some excess deaths but is not causing the huge disruption that we’re seeing now.

AM: Now there’s also some good news on treatments in hospitals. Just tell us a little bit about what’s happened this week, as it were.

PH: Yes, so great news. We’ve got the second drug now that’s proven to save lives. We showed early this year that the steroid Dexamethasone reduced mortality rates quite significantly and we’ve just had news this week that a second class of drugs called Interleukin 6 Inhibitors, in addition to Dexamethasone, give an added benefit and they reduce deaths quite significantly. So we’ve now got two drugs that in combination do reduce death rates. The
new drugs have been tested in intensive care patients and so we know they’re effective in that population. We now need to get results in broader hospital populations to see if we can extend those benefits.

AM: Let’s just go back to this race between the vaccine and the virus. Does vaccinating all the most vulnerable parts of the population return us to normal quite quickly?
PH: I don’t think it will return us to normal. There will still be a large number of people being infected and although the absolute risks of someone under the age of 80 dying or ending up in hospital are low, with a large number of infections that still translates into a lot of people, and so we’re going to have to manage the virus with social distancing measures as well as vaccination for the coming months.

AM: Chris Whitty suggested that we’ll still have social distancing measures of some kind next winter and it sounds to me rather as if you agree with him.
PH: I think that’s likely. I think it very much depends on how well we can scale up the vaccine programme and how quickly we can get it out to a substantial proportion of the population.

AM: This is a very grim moment and without wishing to end on too macabre a note, your colleague, Professor Ferguson on NERVTAGE has said that he thinks that before this is over we will have a hundred thousand deaths from Coronavirus. Do you agree with him?
PH: The models are very good at the moment and what we’ve seen is that the predictions have played out and so those predictions of increased numbers of deaths are probably pretty accurate. Unfortunately a lot of these things are baked in as we say and are unavoidable now but it’s absolutely critical that we act now to make sure that we don’t bake in any more deaths. We
know what to do, we’ve seen it works in the past and we must do it.

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