

THE ANDREW MARR SHOW

21st June 2020

Professor Baron PETER PIOT

Director, London School of Hygiene & Tropical Medicine

(Rough transcript, check against delivery)

Nick Robinson: My next guest is a man who has spent his life wrestling with viruses. Professor Peter Piot has been called the 'Mick Jagger of Microbes'. In the mid seventies he helped discover Ebola. He went on to lead the global battle with HIV/AIDS – founding the UNAIDS agency. He's now the Director of the London School of Hygiene and Tropical Medicine. Recently, Peter caught and was hospitalised with COVID-19. I spoke to him yesterday from his home where he's still recuperating. I began by asking whether the viruses had finally got their own back...

PP: I've spent my whole professional career fighting ebola, HIV, finally it got me and exactly three months ago actually I fell ill with a high fever and splitting headache, total exhaustion with the coronavirus and got Covid-19 which then led me to being hospitalised because I – you know, I couldn't make it without oxygen. Many people have, after the acute phase and – and after the virus has been brought under control, have longer term consequences. In my case, you know, my lungs became rigid and that was as a result of the inflammatory hyper immune response of the body. And – and that caused me for months to be short of breath and so on. And so many people have other problems. Not only chronic lung problems but kidney failure. You know, I had some heart problems. Some people have brain issues and mental health.

NR: You talk about the long term consequences of this disease. Instantly some people are going to think of Boris Johnson and worry about whether he's fit enough to do such a demanding job. Now you're not his doctor and you're not going to want to talk about an individual patient I know, but doing those sorts of hours – is that possible when you've been that ill?

PP: It all depends how good a team you have with you. But it's certainly not exactly the same type of energy that you can put in – in things. But you know, things are

really improved quite rapidly in some cases, and – and not at all in others. So some people will have months and months of – of chronic fatigue. And so I am not familiar with the prime minister's condition so I don't know and I can't judge at the moment.

NR: Let's turn to the global outlook for this pandemic. We heard from the boss of the World Health Organisation that it's accelerating the virus around the world. How concerned are you?

PP: The good news is that many countries, including the UK, we've been able to bring down the spread of the, you know, virus and the new infections and deaths. But the bad news is that the virus has not gone away and it will not go away one fine day. It is spreading at an increased rate at least, and particularly in the Americas. In some north American states, in all over Latin America and soon we're going to go to half a million deaths, I'm quite sure, and the number of real infected people is probably closer to 20 million than to the official eight and a half million. So no time for complacency.

NR: A few weeks ago the great fear was that the epidemic could spread right across the continent of Africa. Now you know it well you were there fighting Ebola in the 70s and then AIDs. Have things just turned out to be a little better than we feared?

PP: I expected that by now Africa would be in the midst of a very serious covid-19 epidemic. This has not happened yet. And the question is, is that because the population is very young on the average. Or is it a matter of time? And I think it's rather the latter, because first of all on the anecdotal side, personally I know four people, four friends who have died with covid-19. One in Ghana, two in Congo in Central Africa, and one in South Africa. And that must be the tip of the iceberg. And we also now recently have reports from the Cape, you know, the two Cape provinces around Cape Town, from Kinshasa, from East Africa, that covid-19 is really starting to fill, you know, the hospitals. So it's probably a matter of time and the challenge for Africa is that you can't really apply the same methods of social distancing.

NR: These are terrible tragedies for the people involved, also for the people of Africa as a whole. But is it also a reminder for us in Europe that even as we get it under

control here, there's a danger that the disease is re-imported back from elsewhere?for the continent of Africa. Are they also though a warning to us in Europe that even as it gets under control here there is a danger of a spread coming from other parts of the world?

PP: Well, I think we don't need to look outside our own borders. I mean, the virus is here. When you see that there are thousands of new infections in – in the UK and in nearly all other countries. So what is going to happen nearly certainly is a so-called second wave of outbreaks. And I don't think – and I hope it's not going to be a tsunami – if only because it won't take us by surprise as it has taken other countries and we know much better what to do. It will depend on whether today everybody, every single individual, follows the, you know, the guidelines in terms of social distancing, and whether also we can turn care homes, whether we can turn health services and slaughterhouses where there are many infections into safe – safe places. So probably what we will see is a series of local outbreaks. It doesn't mean a major second wave or third wave, and because this is what will happen, the virus will not disappear one fine day. Forget it.

NR: Follow the guidelines, you say, but it looks as if the government are going to amend if not drop the two metre rule. Does that make you nervous at all?

PP: I'm actually not as rigid about this two metre rule. It's created actually a sense of – a false sense of security. It's not that suddenly beyond two metres there's no risk. And I'd rather be at one metre of someone who is infected but both of us wear a mask than at two metres without a mask, you know. And when you look at the countries that have been pretty successful in dealing with pandemic, like you know, Singapore, you know, or Hong Kong, Denmark, they follow the World Health Organisation rule of one metre. So I'm pretty relaxed as long as it is associated with mandatory wearing of face masks, of face coverage in not only in public transport but also in other public places. I would say in shops and where there are lots of people. We have to adapt to the new measures or all these measures to our new environment. But then there are other measures that are completely useless. Like quarantine for returning travellers. That only would have made sense at the very beginning, before we have cases, when indeed they were

important. Today that's not going to contribute much and the damage it causes to the country to the economy is going to be enormous. So let's hope that that rule is dropped as soon as possible and let's concentrate on what works.

NR: We've obviously got to prepare for the future as well, the possibility that this is not the last of the great challenges from viruses. Is it your fear that there are more coming and that they could even be more serious than coronavirus?

PP: Well people have been saying for years that you know there will be big epidemics, the big one, you know a pandemic, this is one. I always thought it would be influenza, a new influenza virus, now it's a Coronavirus, but there will be others and one of the reasons is that these are viruses that come from animals. They jump from an animal in nature, it can be a wild animals or it can be chickens like is the case for influenza, for the flu, and then you know infect people and these are viruses we have absolutely no immunity, they will spread and can cause even a worse epidemic than we have now. It will happen but it's like the big one in California, the big earthquake. Will it happen tomorrow? Will it happen in a hundred years? Nobody knows. But we must be prepared.

NR: There is clearly a job to do to find the origin of this pandemic. Do you take seriously at all the suggestion that it may even have come from a laboratory?

PP: Well a lot of work has already looked into this important question and when you look at the genetic sequence of the virus which is really the profile and that's unique of every virus, it's clear that it was not man made but you know came from some animal. Probably a type of bat. And they did go through a lab or not, I mean I'm not sure that we will ever know, but we know from experience that you don't need a lab in the neighbourhood to have epidemics with new viruses. We've seen it – biggest one since the Spanish flu is HIV that came up at the end of last century and came out of the blue and now we know that the origin was a Chimpanzee. Ebola came from you know from bats also, virus from bats, so I think at the moment the majority opinion in the scientific community is that this came from wildlife, directly from bats or through another animal,

perhaps through this market or other ways, we may never know.

NR: Now if you could have a word in the ear of a world leader now who would you choose and what would you say?

PP: I doubt that Donald Trump or Chi Jing Ping would listen to what I say, so let's go local and so I would like to whisper in Prime Minister Boris Johnson's ear. I would say, appoint a Corona, a Covid tsar at Cabinet level, Cabinet rank with authority to lead the efforts to keep the country safe from Covid-19 for the next two years because we'll be societies living with Covid and with authority across all departments. The whole government and organise some of the you know the logistics. This is where we've not done very well.

NR: You've been very clear we could be dealing with this for many years to come. Are you warning us that despite all the optimism, all the money, all the dedication, that a vaccine may not be found?

PP: I'm quite optimistic that we will find a vaccine and the reason I'm optimistic is that we know already from nature that our body can clear the virus. That is, you know that means that that it is possible to eliminate the virus in a natural way and that's actually what a vaccine is trying to do. You have to prove that it works. That can take time, take months and months so you have to make sure that it's absolutely safe and you have to produce manufacture billions and billions of doses and that can take time and the capacity is not there in the world. So it will be '21 before we can – we should count on a vaccine to you know to contain this epidemic, and then my view is that probably we'll still have to continue some other methods, it's not going to be the magic bullet because it's unlikely that the first vaccine on the market will be 100% effective. So – but let's hope it reduces severe disease. It will prevent the virus from killing us, so I think without a vaccine I think we're in deep trouble.

NR: Professor Peter Piot, thank you very much indeed. And good to see you looking so well

PP: Thank you, pleasure.