

Treating the virus

I am not a doctor and am not about to propose how to treat this virus. I am however willing to give a day and a blog to inviting comments from those who are or those who think they understand the medical issues sufficiently to comment on what is happening. It would be useful if qualified contributors would mention their qualification. The true end of the crisis comes by finding a cure or a vaccine or both. Nothing on this site is medical advice for any individual and anyone needing treatment should of course seek professional advice.

Buying time by restricting the spread of the virus is a very good strategy if we use that time to find a cure or vaccine. Clearly much resource is going into just that all round the world. Some argue that there are already treatments and preventative measures that can help.

Some say Chloroquine or Remdesivir could play a role. Others favour Ritonavir and lopinavir with or without interferon beta. Some urge the case of azithromycin. President Trump recently did more than send best wishes to Boris, by instructing two US companies to contact the PM's doctors to recommend treatments they think could help.

Some say bigger doses of Vitamin C help build resistance and fight back against the virus.

The official treatment seems to include doses of oxygen when impaired lung functions leave the patients with low oxygen levels in the blood, and the capacity to operate organs as well as the lungs in intensive care if fighting the disease causes too many strains on them.

Questions it would be good to have answered include

1. How many placed on a ventilator subsequently recover?
2. What trials have now been completed of existing drugs that might help?
3. How do doctors work out whether a death was the result of Covid 19 or some other condition the patient suffered from?
4. Which if any of the named drugs do show potential? Do they have to be administered from first discovering the presence of the virus?

“Contain, delay and mitigate any outbreak”

These words from Public Health England have framed policy so far. The first phase (Contain) saw efforts to trace, test and isolate anyone carrying the

virus and the people they had met. The second phase (Delay) has seen big efforts to impede the spread of the virus by keeping people apart and keeping them from places of work as well as from entertainment. The final phase (Mitigate) is to learn to live with the disease, limiting its spreads with sensible precautions with enough capacity to treat patients who do get it whilst we await vaccinations.

Their initial plan played down the extent of the controls needed for the second phase we are now in. They told us on March 3 that if we got to this stage it would mean “people distancing strategies such as school closures, encouraging greater home working, reducing the number of large social gatherings- whilst ensuring the country’s ability to run as normally as possible”. They seemed to move on from the bit about as near normal as possible when they came to design the detail of the lock down. It emerged it entailed closing all physical shops other than food and medicines, stopping the car and homes markets and much else besides. They promised to “implement a distribution strategy for the UK’s stockpiles of key medicines and equipment” . After early issues with inadequate supplies the army was brought in to help and orders stepped up to business. .

The idea of delaying the virus was to reduce “the risk of overlapping with seasonal flu and other challenges that the colder months bring”. This implies they expected to lift the controls come late Spring and early summer.

We now see some other countries deciding to relax their controls progressively but carefully in the next few weeks. China has done so. Austria has just set out a timetable starting next week by re opening lots of small shops. Sweden and South Korea have not gone very far in imposing controls in the first place though Sweden is now taking more powers. The issue is what is the trigger to start relaxing the controls? Is it a tailing off in the death rate? A tailing off in the recorded number of new infections? How much value can we place on the numbers for new infections when most people that get it stay at home and are not tested?

We do need greater visibility on how this crucial call will be made. Some will argue the controls must go on for longer to avoid a possible second wave. Others will point to the big economic damage delays in getting back to work creates. As there was always a three phase strategy it would at least be good to know what the trigger is for going to the third phase and putting Shut Down UK behind us.

[The PM](#)

Hearing the news that the PM is in an intensive care ward cane as a shock. I wish him a speedy recovery. Many Constituents want me to pass on their good wishes to him and his family.

The role of Public Health England

Public Health England set out the strategy for handling this pandemic in a document published on 3 March as the "Coronavirus Action Plan". So far Ministers have followed it.

This body conducts important research into disease, is advised by a scientific advisory committee, and spends £4.25 bn a year. It is run by an Executive team with six people paid more than £200,000 last year including pension benefits.

Its last Report and Accounts to June 2019 says on its cover that the organisation is "credible, independent and ambitious". On page 4 it states the aims of the organisation:

"PHE exists to protect and improve the nation's health and wellbeing, and reduce health PHE exists to protect..." (sic)

If you read on you discover it also exists to reduce health inequalities, but missed out the crucial last word in the first iteration of aims. Credibility and ambition do not it appears extend to proof reading a formal annual publication before going to press and putting it on the web.

Last year the body wrote off £207 million "in relation to counter measures held for emergency preparedness and vaccines past their shelf life". It had also written off money the year before in the same way. Some of this is inevitable when you are holding supplies for a purpose you hope does not materialise which then deteriorate in store.

On 3 March PHE told us that we "have planned extensively over the years for an event like this, and the UK is well prepared to respond in a way that offers substantial protection to the population". The Agencies that have to respond are properly resourced with "people, equipment and medicines they need". "The UK maintains strategic stockpiles of the most important medicines and protective equipment for healthcare staff." Do you agree? Tomorrow I will look at the evolving strategy.

An exit strategy

We need to lift the ban on people working. A 3 week firebreak against the virus has bought the NHS time to expand capacity and to handle the resulting case load. As a result there are many more Intensive care beds and oxygen systems available.

Government in the next phase should still have as its main aim limiting the number of deaths. That is why it should still strongly advise all those at risk groups and the elderly to stay at home out of contact with possible virus spreaders. It should redouble efforts to ensure all at risk get home deliveries of all they need, and plenty of social contact through the phone and social media.

The rest of us should be free to go back to workplaces whilst continuing with strong hygiene measures and whilst keeping a sensible distance from others where possible. We need to rescue the small businesses and save the self employed by letting them earn money again.

We should not go for the return of just those people who pass a test to say they have had the virus. The right to work should not depend on some government test which might not even be accurate. We do not want to create a perverse incentive to put yourself in harms way to try to catch the virus so you can then win your freedom. It is difficult to see how you could enforce a ban on people who had not had the virus from travelling and working.

The economic cost of continuing with these lock downs will be massive. Unemployment will shoot up to record levels, many businesses will go bankrupt or go through major financial reconstructions, state spending and debt will leap up, and there will be a major reduction in the standard of living and disposable incomes of many people previously or still working in the private sector.