COVID-19 Information: Part Three

Selected information based on part three of the course on COVID-19 taught by the School of Hygiene and Tropical Medicine, one of the most prestigious medical schools in the world. Teachers are at professorial level and are part of a rapid response team advising the UK government. A list of teachers is given at the end of this brief paper. As I have given selected information only, and have added my own comments at some points, what I say may, or may not, be accepted by the staff. This is not an essay but a collection of relevant data, coupled to my own views.

Can people who do not present with symptoms still infect other people? If infected can a person show no symptoms? (Note that 86% of all people show no symptoms of having SARs-CoV-02, the virus that causes COVID-19).

The new virus spreads by droplets in the air, or, droplets that fall onto surfaces. On surfaces they can be infective for up to about three days. If the droplets are even smaller they go through air by aerosolisation, via a fine mist that can stay suspended for a longer time. It is not yet known if this SARS undergoes this process. (Note: This is why dental surgeons currently are banned from using equipment or methods that aerosolise the virus; that is, that cause small parts of teeth to spray into the air and stay there).

The new virus appears to also infect other bodily fluids and products (just as HIV infects all fluids of a person). It is not yet known to what degree each fluid or product is infective, but the virus stays alive in them from 2 to 4 weeks. So, researchers want to know how long the virus can last outside the body.

(I remember when research showed that HIV lasted only a few minutes when exposed to air, but it was later discovered that blood on toilet paper used by someone with HIV in a hospice for patients with the virus, had passed through the sewage system and landed outside a sewage pipe on a beach; the virus was still alive and active. This is why it is my personal view that we must be suspicious of ALL bodily fluids from an infected person. It is true that retention of infectivity depends on certain variables – temperature, humidity etc. Even so, governments at the time HIV was discovered downplayed routes of infection, thus causing the virus to spread even more. Today the HIV is a fixed feature of modern life, thanks to non-isolation and

covering-up sources of infection etc. it is why millions have died as information is continually and deliberately passed off as genuine medical information).

All coronaviruses are sensitive to heat, which breaks down the vital outer shell of the viruses. The same applies to SARs-CoV-2. Therefore, even if, say, a food packet is infected, when the food is cooked, the virus is killed. In terms of hygiene then I suggest that the packaging on food need not be wiped down (a very expensive activity), but that the food will be safe once cooked. If foodstuff is not for cooking, then the contents can be removed from packages. The person then washes hands thoroughly, and covers the food with suitable containers or cling film. Then, washes hands again before placing the food in cupboards, frig, etc. This process is not unlike (broadly speaking) training of nurses when dealing with 'clean nurse/dirty nurse' procedures for dressings trolleys. In other words, at each stage, any products are isolated and hands washed in between each step.

Where there *appear* to be no cases of infection there is the highest number of potential susceptible cases. If some are reported as infected, it is likely that many more are also infected but have not (yet) shown symptoms. There will also be a large number who have symptoms but think they are of something less potent, such as colds. So, overall, many cases remain unreported. Are people who have had the new virus and then are well immune to future infection? We do not yet know and this is why researchers are trying to develop a suitable antibodies test (blood). It is important to know if immunity is conferred for a time when/if there is a second wave of the same virus. A complication is that the new virus follows different spreads and modes in each country or social setting; what works in one area or country may not, then, work in another.

Where countries of areas have limited or no health provision, e.g. sub-Saharan Africa, spread will be more harsh and data unknown or badly skewed. People who self-treat or stay at home are not included in vital data collection. It means many people might still be passing on the virus and the actual spread is greatly unknown. It means, too, that government guidelines will also be improper or not suitable. Thus, the current fatality rate of 2.3% is based on notified cases only. If ALL cases were known this rate could fall below 1%. Calculating speed of transmission (the 'serial interval') depends on having these data. The RO (R-nought) figure (how many are infected/symptoms etc) depends on having all the data. If data is not correct then RO will not be known, and so government strategy will be skewed. This is why I personally say that present government rules, which are solidifying into police action, do not follow the actual data. Rather than being simplified, they are over-simplified and so what is actually needed is not done. For government over-simplification is best, because they are made to apply to all the population, ignoring differences of need and actual facts.

Part of the over-simplification process is the use of mathematical/statistical/economic models. Models are NOT the 'real thing', but are reduced ways of presenting complex issues and data. Modelling is important, but when data is not consistent or complete, and there are many variables, to trust in modelling can be a folly. This is my person view, and I found this to be true when studying models used to describe issues when ALL known variables ARE known. As always, conclusions that are based on incomplete or skewed data are merely guesses, not science. Computer models are useful as possible solutions, but cannot be totally relied on. This is especially so when different countries or areas have very different systems and where data collection is sparse or non-existent. A good example of this is that Wuhan did not give accurate data and greatly understated numbers infected.

Again, even with vast input of data the models may not be useful. Numbers of deaths are known BUT if numbers who are infected is not accurately known we cannot estimate percentage deaths from data!! Thus, we may under-estimate or over-estimate the deadliness of the virus. Again, this is why I question government activities and public statements.

Where there are close contacts there is likely to be fast or wider spread. Examples are cruise ships or prisons. With cruise ships the owners are duty-bound to keep passengers on the ship until all infected cases are known; then they can go home. But, in prisons, this is folly… prisoners tend not to follow government guidelines or legal requirements, so are more likely to pass on the virus in a variety of ways. So, whilst an outbreak in a prison might be large, to let prisoners out is itself foolish and immoral, when prisoners go against law and authorities anyway. Generally, the basic idea is workable – to stop spread stop people going outside their homes. By keeping people where they are, the virus is contained and spread slows down.

Logically, this can only last a while, because once the spread is 'harnessed' and slows down, retracing home incarceration can take place and restrictions slowly lifted. It is my view that only those who ignore the restrictions should be heavily penalised.

Deaths form a major part of plotting the virus, but only if the death is really from the virus alone. A death of someone with serious preconditions might be misconstrued as due to COVID-19, but can be a false indicator if the person would have died shortly anyway, and COVID-19 nudged the ill person, but was not itself the prime cause of death. Death including by or with COVID-19 is known as a 'lagging indicator' because the person may have been seriously ill for about two weeks already, thus the deaths are not of current infections, and others will follow.

There are no drugs specifically developed to treat COVID-19. However, drugs developed for previously known corona viruses are being examined to see if they can be altered to suit. For now there are only trials and tests done in laboratories. Even so, two candidates of existing drugs are being tested – those used to treat HIV and anti-malarial drugs. The latter appears to have good success in the USA, when they are used in patients with COVID-19. Researchers are still debating who best to give these trails to – the very ill, the moderately ill, or those affected mildly.

Repurposing drugs already available means they have passed all the safety checks. And because their structure etc are known, further research can be used to build upon their success in other diseases. Trials have already taken place, and results are not yet released. Studies in using the drugs as prophylaxis are still being considered. That is, giving them to the least ill patients so as to stop them spreading the virus.

What about vaccines? Vaccines for flu for example tend not to be that successful especially when the vaccine developed for the year coming is based on a prediction that flu type X will come next… but a different strain comes instead. The vaccine is then ineffective and wasted. But, it appears that the new virus does not mutate fast, so it is possible that a vaccine could be effective for at least a few years. If a vaccine is given before symptoms appear the person will not become ill, or so ill. But, this means everyone in a population would need to be vaccinated (because most do not show symptoms or may not have the virus in the first place). On the other hand, vaccinating those most susceptible will stop the virus spreading to others who are not vaccinated. No effective vaccine is expected until the start of 2021.

My thoughts on it all…

I still say the rapid use of strong restrictions do not follow the known facts. Rather, predictions by Imperial College staff form the basis of UK restrictions. This college has previously got its predictions wrong, and the predictions of deaths made by the college have already been downsized.

Yes, the virus spreads easily, but when number of deaths or serious infections are plotted against the population, and we know that the vast majority who are infected only have milder

symptoms, the actions taken by government appear to be 'over-the-top'. On the other hand, those who flouted the rules and gathered in more than groups of two should be heavily penalised. More to deter others than to harm those penalised; a few cases should stop those who deliberately do what they like. This is because they help to spread the virus and make the exit much longer.

Government MUST allow small businesses to remain open, and fast. In a previous paper I suggested how this could happen. Otherwise, the financial strains and rate of unemployment will increase exponentially, and this will add to economic distress of the nation. Large gatherings should remain closed until the pandemic is over in the West.

Churches closed. I accept this. It should not affect those with true faith, and if pastors teach well. Each of us has a direct relationship with the Lord, and have the Holy Spirit abiding within. So, not being in contact with other believers will not affect any of this. I have always maintained that our personal faith can withstand being alone. Also, we have several ways to stay in contact. In our own church we have long used Bible study notes alongside our meetings, so at least members still have the notes, and can ask questions or make comments if they wish.

Is the virus a punishment from God? Possibly, but I would note the following – when God punishes us directly He usually tells us so. In the current situation I think (so it is only my personal view) that He has ALLOWED the virus to do its harm. God had also allowed it to spread alarm and fear. Why? Because those who have a solid faith will not be moved, and those with weaker faith will strive to live righteously. Those who do not are being weeded out of God's people, because they are not genuine or saved. The entire world of believers needs this sudden crisis to test their spirits. Do you pass the test? Do not panic, for panic is a result of unbelief OR sheer ignorance. Christians MUST know the basis for their faith and beliefs. But, sadly, most just attend church services and forget about the truths taught when they reach home. I have no doubt that the virus has shaken these people to the core.

Below are the names of the teachers on the COVID-19 course. I name them because you need to know the legitimacy of their work on the virus. Try not to read COVID 'advice' by various ministries, who seem to have climbed onto the virus bandwagon to be 'relevant'. What I have given you is from science and medicine, and I have plainly shown where my own views are given. As you can see, it takes a lot of experts to guide the virus information given!

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Coronavirus - COVID-19 Facts 6th April 2020

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Thursday, 09 April 2020 19:15

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