## Coronavirus: Is it time to get back to normal life?

## Fergus Walsh



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Are the government and media overdoing coronavirus? Is it time to move on and get back to normal life?

These are big questions, and given the parlous state of the economy, they deserve some attention.

Let me start with some positives, which may help encourage the viewpoint I see a lot on social media, that Covid is over, finished, done with.

The trend in deaths and serious illness continues to decline.

The number of patients in hospital who have a confirmed Covid-19 diagnosis has been falling for months.

At the peak in the UK there were around 20,000 - now it's fewer than 800.

At one stage whole intensive care units were full of Covid-19 patients, many of them on ventilators for several weeks.

Again, thankfully, the numbers on ventilators have continued to fall, from 3,300 to 64.

There are many ways of counting Covid-related deaths, but they all show mortality peaked in April and has been falling ever since.

If we look solely at those who died within 28 days of a positive coronavirus test, this has fallen by 99% from nearly 1,000 a day to, on average, less than 10.

That compares to an average of 30 men a day who die from prostate cancer, and 30 women from breast cancer. Neither of these figures is read out nightly on the TV news, unlike the statistics for cases and coronavirus deaths.

True, confirmed coronavirus cases have been rising for a couple of months, but this can be largely explained by increases in testing. The number of swab tests done in the community has doubled since the start of July. More swabbing of noses and throats leads to more detection of the virus, but that has not yet translated into more hospital cases.

The latest ONS infection survey suggests around 2,200 infections a day in England, with rates remaining fairly constant in the past month after a slight increase in July.

So things have changed a lot since the start of the outbreak in the UK.

"If you go back to March and April, there was a larger pool of susceptible people, with 1,000 outbreaks in care homes in one week. Now those getting the infection are much younger and they are less affected," says Carl Heneghan, professor of evidence-based medicine at the University of Oxford.

"Secondly, the virus is circulating at a much lower level. With social distancing people are more likely to get a 'glancing blow' and have to deal with a much smaller amount of virus and so be less likely to get seriously ill."

If you do end up in hospital, your chances of surviving Covid-19 have improved significantly. Medical teams now have a far better understanding of how to combat the virus with more effective treatments, such as dexamethasone.

I'm the BBC's medical editor. Since 2004 I have reported on a huge range of topics from cancer, genetics, malaria, and HIV, to the many significant advances in medical science which have improved people's health. I've also followed pandemic threats such as bird flu as well as Sars and Mers. Now I'm focusing on Covid-19 and its immense global impact.

Globally, Covid-19 case numbers are now in excess of 24 million and rise by around a million every four days.

There have been well over 800,000 deaths since the beginning of the pandemic.

But it has a long way to go to outstrip the mortality from another infectious disease, tuberculosis.

TB, an airborne bacterial infection, kills around 1.5 million people each year, nearly all in developing countries. It is a disease largely of poverty and malnourishment, targeting those with weakened immune systems, often due to co-infection with HIV.

Unlike Covid, it can be cured with antibiotics, although there has been a worrying rise in highly drug-resistant TB.

But back to the question: Is it time to get back to normal life?

If that means getting children back into the classroom, then yes. The evidence is that they are at vanishingly low risk from coronavirus, yet risk significant harm from lack of education.

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What about the rest of us? There's no doubt that Covid-19 can be a devastating condition. We are just beginning to understand the potential long-term harms from the disease.

The older you are, the greater your risk - although a 70-year-old triathlete may well have a stronger immune system than a sedentary, obese 40-year-old.

Statistics guru Prof David Spiegelhalter reckons an 80-year-old male has a 500 times higher risk of dying from Covid than a 20-year-old.

We are far from any sort of triumph over this brutal disease. I have seen first-hand what it can do to people in intensive care, many of them previously fit and healthy. It is largely a serious disease of the elderly, but there is at times a frightening randomness about who it strikes down.

What we all really want to know is what is going to happen this autumn. We are currently in a sweet spot with coronavirus.

It's still - just - summer. Respiratory viruses don't circulate as well in the summer months. We are still spending time out of doors. Most of us are social distancing: I can't remember the last time I shook hands with anyone. So the virus has had less chance to jump from one person to the next. But coronavirus is still out there.

The next few weeks are going to be critical in understanding whether transmission rates will rise sharply again as schools and universities go back and people return to offices and spend more time indoors.

"We know that winter in the northern hemisphere is when respiratory viruses really take off. So this is not over yet, and things could get an awful lot worse," says virologist Prof Wendy Barclay, from Imperial College London.

There are already worrying signs from France where not only cases, but Covid-related illness is increasing.

More than 800 coronavirus patients are being admitted to hospital each week, up from 500 six weeks ago, according to French prime minister Jean Castex. Face masks are now compulsory in all public places in Paris.

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Here, the Health Secretary Matt Hancock, in an interview in the Times, said a second wave was "a very serious threat".

"It is a mistake for people to think this infection is over," says Prof Carl Heneghan. "The virus is still circulating and if we lose our vigilance, rates will go up. I think we need simple clear messages to the public which stress the importance of handwashing and social distancing."

He would like to see a more Swedish-style approach, where a lockdown never happened and schools remained open.

"They did not do nothing, but rather engaged in socially responsible collective action. This meant restaurants remained open, but people socially distanced and were mindful, conscious

of what was required."

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It would be helpful to know how many people have some immunity to Sars-CoV-2.

Perhaps one in 10 of us has antibodies to the virus. But then there is the role of T-cells, which play a key role in fighting infection by identifying and destroying infected cells.

"There is evidence coming through that at least some of the internal proteins of the four seasonal coronaviruses (which cause the common cold) can cross-react with T-cells, so a recent infection with one of them might be helpful," says Prof Wendy Barclay.

She also thinks the virus is here to stay.

"I think Sars-CoV-2 has successfully transitioned from animals into humans and the chances of eradicating it are slim. The best hope is going to be a vaccine, which could be administered in a similar way to the flu vaccine, to help those who are most vulnerable."

We are certainly much better prepared for any second wave than at the start of the outbreak according to Eleanor Riley, professor of immunology and infectious diseases at the University of Edinburgh.

"We will see an increase in cases but I don't think it's inevitable that we will have the level of hospital admissions and deaths we saw back in April," she says.

"We know enough now about our own individual risks that we can protect older people and those with significant health problems, whilst allowing the rest of the population to get on with their lives."

Image copyright Emma Russell

Image caption Washing your hands is still vitally important

That means we all still have a role to play in curbing the outbreak. Social distancing and hand hygiene still matter. If you can't remember how many people you are allowed in your back garden, or whether it's OK to give two people from different households a lift to the shops, at least remember to wash your hands and not get too close to those you don't live with.

Many remain fearful of what may come.

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