

GLOBAL MARKETS FORUM

Join the conversation exclusively on
Refinitiv Messenger

@ReutersGMF #RefinitivMessenger



Q&A-COVID-19 impact on children unknown; "Don't wear a mask if you are not sick": Dr. Dale Fisher



The impact of COVID-19 on children is still largely unknown and it could be dangerous to keep them away from schools to be with adults, especially elderly grandparents, **Dr. Dale Fisher, Professor in the Department of Medicine at the NUS Yong Loo Lin School of Medicine in Singapore**, told the Reuters Global Markets Forum on Tuesday, March 10.

Fisher, who is also the Chair of the Global Outbreak Alert and Response Network at the World Health Organisation, added that wearing a mask for someone who is not sick is a false sense of protection, and that he wouldn't suggest mask-wearing for well people.

Following are edited excerpts from the conversation:

Q: How much do we know about the novel coronavirus now, especially from the point of its incubation period and how it spreads?

A: We certainly know a lot more than we did a few weeks ago. It has a 14-day incubation period, but in a lot of cases a lot less, about 4-6 days. The biggest thing we don't know is the impact on children. In most populations only about 2% of the children symptomatic; whereas they make up 25% of the population. We don't know the impact of closing schools down and how that will work. If you close down schools, then children spend more time with adults, and their grandparents especially, and we don't know how that will impact them.

Q: Why is it that children have been able to have a lower rate than the elders? Children too have lower immunity, right?

A: They have different immune responses. The best information we'll get is in a few weeks when we get results of antibody tests, and whether they've [children] been asymptomatic. The antibodies' studies will give us a lot of information about asymptomatic spread, and therefore, the immunity rates of those communities.

Q: How much is the worry that children are actually carrying the disease asymptotically?

A: Not a significant driver as far as we now. Children infected in China have been infected from adult clusters; So, adults are the ones infecting children, not the other way around.

Q: The virus seems to be spreading at a mindboggling rate -- According to one estimate, 40%-70% of the global population could get infected with the nCoV -- Do you agree with that assessment?

A: It's hard to know how this will pan out. Certainly, that number is based on herd immunity. Which means that you need a certain amount of [immune] people in the cluster to be able to stop the spread. I would favour that [clusters of immune people] over a vaccine being the answer. After that we may see cases and small clusters. But not bigger clusters, as those work on the immunology of the population.

Q: President Trump has compared COVID-19 to the regular flu. Is this comparison valid? Is the world overreacting to this virus as the spread is fast but mortality rate is very less compared to other flus?

A: It's similar to flu in some respects. It is community transmitted; the viral load on the throat is high early on, and that's what makes it an early transmitter. Transmission in SARS and MERS happens much later, and more through hospitals. So, mode of transmission is where it is like flu.

Where it is not like flu is the containment part. It is only through extreme containment that we can shut down its transmission chains. In flu, that [containment or social distancing] doesn't work.

In terms of mortality rates, which for COVID-19 stand at 3% internationally and 4% in Italy; So, it's not as lethal as the 10% mortality rate in SARS. But it is significantly higher than flu.



THOMSON REUTERS™

REFINITIV®
DATA IS JUST
THE BEGINNING™



With flu, we have some amount of immunity, even if it mutates. With COVID-19, we don't seem to have immunity, and people are dying because of it.

Q: In previous epidemics, we saw a lag in data on survival rates, treatment outcomes, etc. What is the situation like now?

A: Certainly, we are more advanced now than we were in 2003. There is often a lag between data A vs data B, but also in survival or death rates. When I left China two weeks ago, 50,000 people were in care and we didn't know whether they were going to die or not, and there is a lag right there. For instance, at the moment, for every 100 new cases, there about 20-30 deaths -- but these were people were already ill and in the hospital. It is just that their outcomes weren't determined. You can't divide today's deaths by today's admissions -- and to me that's the lag in data. Also, I think the information [coming out] is pretty good within the limitations of the context, like, it is very hard to get information out of Italy, Iran and North Korea; and may be that causes a lag too

Q: There has been a view that warmer temperatures will lower the rate of transmission of COVID-19. Is there any scientific evidence for that?

A: The Northern hemisphere summer logic is true to the extent that the spread happens indoors, and if people are congregating less indoors, then we could see a fall in a location like Europe. But in the tropics, it's the same all year round, and it's winter in the Southern hemisphere. Warmer climate is not something you'll rely on to reduce the spread of the disease though, even in the Northern hemisphere. The virus itself survives for longer in the cold. In terms of environmental contamination, the virus lives for a shorter period of time in hot climates.

Q: Some of the precautions being widely prescribed include washing hands, wearing masks, making as less contact with surfaces as possible and using alcoholic disinfectants. Are these enough to keep oneself protected?

A: Nothing is a 100%. Of course, you can wash your hands, and touch a contaminated environment 5 mins later, so precautions only last a while. People that are sick should either get a COVID-19 test done, or if symptoms are mild, then stay home. If they do go out, wear masks, cough into their elbow, and follow basic precautions to avoid the spread of the disease. If someone is not sick, the mask is a false sense of protection. If the mask gets contaminated, then it is a big problem, and chances of getting infected from that are much higher. I wouldn't suggest mask-wearing for well people.

Q: How long could it take for a drug or vaccine to be brought to market under current medical science research and technology?

A: You have to remember there are a lot of people out there that are anti-vaccine. We can't roll out a vaccine that is ineffective, or that has safety concerns. It will need to be tested in a lot of people. Then we need to see their antibody response [which takes even more time]. And even before that, all the lab work has to be done. I don't think we'll see a vaccine till next year. And even then [after a vaccine is released] it will require a lot of close monitoring and post marketing surveillance to see how it is affecting people even to the degree of 1 in 500, etc.

Q: With the data we currently have, do we have a cursory understanding of risk-standardised mortality rates relative to patient characteristics, i.e., age, gender, etc.?

A: We have a reasonable understanding in terms of age -- people over 80s are more susceptible; under 50s less so; and under 20's, virtually unheard of. Also, people with predisposed conditions of heart disease, lung disease and diabetes are more susceptible. I wouldn't want people to take comfort in that though, because a life is a life irrespective of age and predisposition.

About the Global Markets Forum

The Global Markets Forum is Thomson Reuters flagship editorial forum, an innovative, private community for financial markets professionals hosted on Thomson Reuters Eikon Messenger. The world's first macro, cross-asset class, cross-regional community, the forum surfaces the most critical market topics, the widest range of views, and hosts the most influential guest voices, in real-time. Hear peer opinion, take market temperature, and discover new connections: The Global Markets Forum offers content, conversation, and networking all in one place.

Check out the up to date topics, events & LiveChat with our weekly featured guests: [GMF Week Ahead](#)

 [@ReutersGMF](#) Follow us on Twitter

Don't have access?

Visit refinitiv.com/gmf



THOMSON REUTERS™

REFINITIV®
DATA IS JUST
THE BEGINNING™ 