

Exit Strategy

The End of the Chinese Pandemic is in Sight

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Hope is one of the three cardinal virtues. During these dark days, there does not seem to have been all that much of it around. So let me help. But first, warmest congratulations to Leo Varadkar, the Taoiseach, for having the courage to redeploy himself to the front line and resume his practice as a doctor so as to care for Irish victims of the Chinese pandemic.

Now that much of the world is locked down, with politicians unable to say when or how the lock-downs will end, vast – but temporary – economic damage is being done. In a war, the capital stock without which no economy can recover quickly has been bombed flat and has to be rebuilt. But the Chinese virus does not flatten buildings, destroy factories, dams, roads and railways. The economy can – and will – pick up where it left off, as soon as the lock-downs can safely be brought to an end.

First, though, are the lock-downs working? The answer is Yes, and I shall now prove it with the Lockdown Benchmark Test. The test compares the mean daily compound growth rates in Chinese-virus infections for a dozen countries and for the world excluding China, whose case and death statistics are demonstrably, deliberately, and dishonestly understated.

The case growth rates are the mean rates for the successive seven-day periods ending on dates from March 14, when Mr Trump

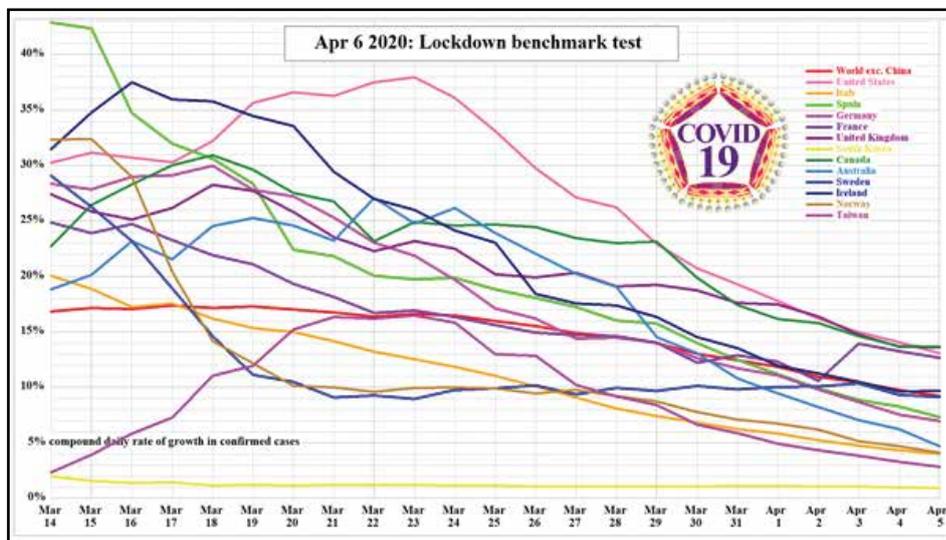


Fig. 1. Mean compound daily growth rates in confirmed cases of COVID-19 infection for the world excluding China (red) and for 12 individual nations averaged over the successive seven-day periods ending on all dates from March 14 to April 5, 2020.

declared a national emergency, until the most recent data available at the time of writing.

The benchmark graph shows that the various policies adopted by nearly all governments to inhibit transmission of the infection appear to be beginning to work. Spain, Italy and Norway are doing particularly well in bringing the case growth rate down. As the graphs shows, South Korea (the yellow line along the bottom) remains far and away the most efficient country at controlling the pandemic.

It is unfortunate that Western countries, and particularly the useless Brussels tyranny-by-clerk, could not achieve what South Korea has achieved. In South Korea, the lock-down has been strictly limited, allowing businesses to remain open. And yet the compound daily case growth

rate in that crowded country is the lowest in the world, at around 1%. Here is how they did it, direct from a correspondent in Seoul.

First, testing, testing, testing. Anyone who feels ill calls a central number to arrange a free drive-through test. Results are available not in 24-36 hours, as in the UK, but in just six hours.

No one goes to doctors' surgeries for testing, for that would make the surgeries a focus for transmission. Anyone flying into South Korea is tested and quarantined at home, where the authorities will telephone thrice a day to make sure you are there. Everyone coming in through the airport has a temperature test and those with fever are admitted immediately to a health centre.

South Korea has carried out close to half a million tests, representing almost 1% of the population. Of

these, 10,000 were positive, or about 2%. Contrast that with the State of New York, where 30% of tests are proving positive.

In South Korea 20,000 people with no symptoms – contacts of those found to be infected – are awaiting tests even though they are asymptomatic.

Next, tracing, tracing tracing. The contacts of everyone found to be infected are actively traced. At the outset, some five cases in six were successfully tracked back to a known source, the index patient.

Recently, the average success rate in contact-tracing has risen to 95%. If anyone is found to be infected, his whole family, contacts, church and workplace will be tested.

If anyone in a nursing home the nursing home gets sick, all residents, all staff, all family members and all visitors are tested. If a co-worker gets sick, the whole business will be tested, together with those who share the building. All their contacts and family will be tested.

If a hospital patient gets sick, all staff, all patients, all family and all visitors are tested.

Next, searching, searching, searching. Beginning in Daegu, where a large church congregation was the original focus of infection, all churches, nursing homes, mental institutions and other places where infection might pass readily are tested.

Next, distance, distance, distance. All mass assemblies were cancelled as soon as China, having at first lied to the effect that the virus cannot transmit from human to human, admitted – catastrophically late – that it could.

Schools are closed, and an online school will open soon.

Next, protect, protect, protect. South Korea's chief medical officer – far and away the most impressive of the health officials I have seen interviewed – says that wearing a mask, however homemade, makes a significant contribution to controlling the spread of infection in public. Around nine-tenths of the South Korean population wear masks in public.

To prevent panic-buying of masks, they are rationed to two per person per week.

Hand-washing in South Korea is already standard practice, because the nation has had so much recent experience of epidemics originating in the squalid, filthy conditions that prevail in Communist China – SARS, MERS, swine flu H1N1 etc., etc.

All unnecessary trips outside the home are forbidden. Go to work or to the food shop, but otherwise do not go out.

Since even this partial lock-down may cause psychiatric problems for

some, mental health professionals are at the other end of a hot-line, waiting for anyone to call them for reassurance or advice.

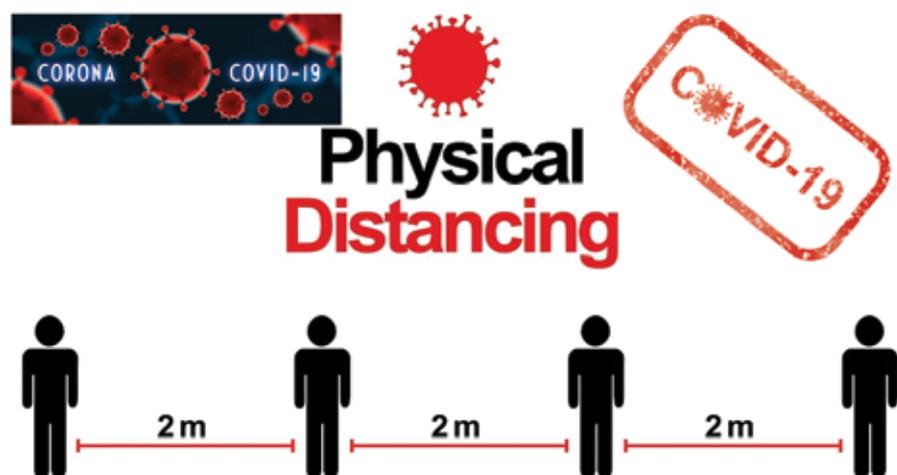
Next, inform, inform, inform. The South Korean civil defence organization are known as the yellow-jackets (for they wear hi-viz jackets). The yellow-jackets provide factual briefings to the public twice daily. No politics: just the numbers and the facts. The sharing of information with the public is known to have an immensely reassuring effect.

Next, encourage, encourage, encourage. The dead are honoured, the public are given encouragement. They thank everyone for their efforts.

What, then, should our governments' exit strategy be?

What is needed above all, and what is still absent in most countries, is the capacity to test the entire population if necessary.

Three forms of testing are necessary, the first two of them at whole-population scale. The first is an antigen test, which looks for



the presence of the pathogen. That test shows whether the subject is currently infected. The second, no less important, is an antibody test, which shows whether the subject, having previously been infected, is now resistant to the pathogen.

The third test, which, like the antibody test, is serological, using the polymerase chain reaction method, is capable of detecting not only whole virions in the blood but also, where a successful method of either boosting the immune system so that it destroys the offending particles or of destroying them chaotropically has been found, the fragments of the destroyed pathogens. This form of serological testing does not need to be done at population scale, though where it is available it yields more precise results than the quick and easy swab tests now being performed. But it is a vital research tool.

The greatest failure of public-health policy on the part of the various quangos expensively maintained to protect us from pandemics lies in the failure of Public Health England, the late U.S. pandemic response team, the World Health Organization *et hoc genus omne* to ensure that sufficient supplies of reagents, swabs, testing kits, analysis machines and personal protective equipment were available to test the entire population.

The first step in the Chinese-virus exit strategy, then, is purely logistical. Bring in the Army logistics boys: they do nothing but specialize in getting whatever is needed whenever it is needed.

In all countries currently under lock-down, honest assessments of the necessary manpower and material to test everyone both for antigens and for antibodies, and of



the steps necessary to obtain and deploy them, should be drawn up forthwith and published.

Anyone infected should be isolated, and should not be allowed out even for shopping. Their necessary supplies should be delivered to them by people wearing adequate personal protective equipment.

That will ensure that shops, which analysis of mobile-phone movements shows are the current chief meeting place and inferential source of transmission, cease to act more as centers of infection than of supply.

After two weeks, the infected should be tested again, and so on every week thereafter until they are free of infection and have passed the antibody test. All who have been unlucky enough to be infected but lucky enough to recover and show antibodies should be given certificates of immunity, valid for one year only (immunity cannot be relied upon after that), and released from lock-down provided they carry their certificates with them.

Those not yet infected should remain in isolation at home, and should go shopping only once a fortnight at an allocated time, so

as to prevent overcrowding at the shops. If necessary, the shops will have to remain open 24 hours a day, with extra manpower provided. All shop workers should be provided with effective personal protective equipment.

Once the testing has shown that the prevalence of active cases has fallen back below 1% of population, the lock-down can be progressively eased, on the condition that wherever any new case emerges the most vigorous contact-tracing, testing and isolation of carriers is at once carried out in the fashion that South Korea, the paragon of best practice, has so ably demonstrated. Look at the graph.

How long will all this take? Once the logistics boys get behind the wheel, it will take a lot less long than you might think. It is they, and not the failed public-health bureaucrats or the spectacularly innumerate politicians, who will be able to answer the timescale question.

Bottom line: It is not only possible but straightforward to bring this pandemic under control, at least at national level. The necessary steps are chiefly logistical.