

# Europe Calling “Contain COVID-19 – The European Way out of the Lockdowns” - Sunday 17 January - 5 pm

## English translation

Hi everyone! My name is Leonie Wagener and I will be providing an English-language summary of the German contents of the webinar.

SG: Welcome to the 74th edition of Europe Calling, our webinar series for European discussion. We've had almost 3,000 registered participants today, which is why some of you are watching via YouTube.

Welcome Dr Priesemann from the Max Planck Institute. She develops models for pandemic developments and measurements. Jutta Paulus is the health speaker for the Greens in the EP, and Janosch Dahmen is a doctor and a member of the German Bundestag.

In today's webinar we are going to discuss the worsening Covid crisis. We are seeing concerning mutations and one lockdown after the other. There is currently no unified European policy response. Germany has no federal response, only the federal states with their own policies. Infections and deaths are on the rise. That's the reason for our webinar:

Dr Priesemann started a petition for scientists called “Contain Covid” - how do we get out of this cycle of rising cases and lockdowns? We look forward to hearing her recommendations. Which measures are the most effective?

After Dr Priesemann's presentation, Jutta Paulus will present the European perspective, and Janosch Dahmen will present the German perspective. Then we will have time for a discussion. Please ask questions using the Q&A feature on Zoom; you can also upvote questions from others.

In these times of fake news, it's important to have fact-based discussions. We are recording this webinar. If you represent a group or are a lobbyist, please let us know when asking a question.

Feel free to share today's content via Twitter, Facebook etc. and invite others who might be interested.

Dr Priesemann, thank you for being here.

VP: Thank you for having me. I'm happy to respond to questions and have a discussion. We are all tired of Covid. We have stagnating case numbers and heavy restrictions. We need sustainable solutions for the next few months and beyond. The vaccine roll-out takes time.

The statement I've been working on is the result of a discussion with international scientists. We all agreed on many points.

I'm not going to share slides with you today. I'm going to show you a few websites and explain what they are. The first link is in the chat box. This is the statement I and many other European scientists worked on, a European strategy to contain Covid case numbers quickly and sustainably.

Some people say we need to accept more cases to gain more liberties, but the opposite is true. The fewer cases we have, the easier it is to do contact tracing. Lower case numbers save lives, they save jobs and businesses.

This was a joint project with scientists, sociologists, and many others.

Lower case numbers mean sufficient testing, so health departments can get ahead of the virus spreading. Unrecorded cases are a risk - they can infect others without knowing it. Due to these unrecorded cases we need strict restrictions.

Contact tracing and quarantining is impossible with high case numbers. We have app. 20,000 new cases per day. If every one of those had 10 contacts every day, and each of them would have to quarantine for 10 days, you would have 2 million people quarantining every day. Lower case numbers would mean lower quarantine numbers.

A natural population immunity is not an option. Even with 20,000 new cases per day, we would need 1,000 days to reach immunity.

Lower cases allow for predictability and long-term planning in terms of work, childcare etc. Being able to plan is important for our wellbeing.

The website has a lot of additional information. We agreed that the objective could be 10 new cases per million people per day. That would be a weekly incidence of 10. With those kinds of numbers, we can trace contacts and test.

We quickly agreed on the number 10. The signatories are listed by country on the website. For Germany we have Reimund Neugebauer, but also Mr Schmidt-Chanasit, Martin Stratmann, Lothar Wieler and many others. This is a huge group of scientists in Germany supporting this statement demanding lower case numbers.

The question is how to get there. Is it possible to reduce numbers, and is it possible to maintain that status? I believe it is.

We can achieve lower numbers, and we should try to achieve it all over Europe. After one year of Covid we can learn from our neighbouring countries.

I like this website - Our World in Data. They have figures for case numbers, confirmed deaths and more.

Is it possible to reduce numbers in the winter? Let's find out. Looking at Germany this summer we had very low case numbers, a weekly incidence of 35 until October. We kept the numbers low for a long time even when they were rising in other countries. This means that seasons matter. We had a lot of travel with the Netherlands, the Czech Republic, France, Switzerland, etc. Reducing cases in one country is possible, but it is difficult to break the wave coming in from neighbouring countries. So the seasons play a small role. We expect a similar pattern for the coming spring. The virus will not retreat on its own, unlike influenza, because we have a much higher immunity for influenza, and lower R values.

The role of the seasons is small compared to our behaviour. Cases increased in Germany after they increased in neighbouring countries as well.

This website compares Sweden, Norway and Finland - I'll post it in the chat box.

Sweden initially said they would accept higher case numbers, get herd immunity, and avoid a second wave. They failed to do that. We know now that the advantages never materialised.

Finland and Norway had very low numbers over the summer, and they succeed in keeping them low despite high numbers in Sweden. Finland has managed to decrease numbers after a period of growth.

Are there countries that managed to decrease numbers quickly? I'll post the link in the chat box.

Let's look at Ireland and their first wave. They had a lockdown in October which brought numbers down, so they eased restrictions in December and over Christmas. There are also many Irish people living in England who travelled home for Christmas. With a delay of about a week, the case number increased drastically. England had a much higher prevalence. These people didn't just bring the virus with them, they also might have brought the more infectious mutation.

The numbers are going down again, maybe because Ireland implemented another lockdown. It's impossible to analyse the roles of Christmas, people travelling from England etc. separately right now, but the growth is undeniable.

Other countries managed to reduce cases as well, e.g., the Czech Republic or Belgium. It's a question of government measures and willingness of the people to cooperate.

This website also offers information on school closures and many other factors. You can check how countries handled school closures and other measures over time.

We should use the internet to research information, which is why I'm going with that instead of slides.

There are no disadvantages to lower case numbers. This website has interview-style information if you're interested, feel free to share it.

Can we reduce case numbers? Many neighbouring countries have done it, and I believe it is possible in Germany. It gets easier the more countries go along. Most countries

implemented restrictions at the same time last spring, and it worked very well. Right now we're seeing a ping-pong effect instead.

Can we reduce numbers despite the new mutation? I believe we can. Germany managed to reduce cases during the summer by containing local infection events.

We also need to be clear about which measures are needed to reduce cases and maintain a low case number. Looking at the new mutation, England analysed the percentage of contacts that were infected and compared the old and the new version of the virus for the weeks before Christmas. Those with the older version would infect 10 to 11% of their contacts, the ones with the new version infected around 15% of their contacts.

Is there a big difference between R values of 1 or 1.4? This is a study by Brauner et al. who measured the effects of different measures. Cancelling big events leads to a reduction of about 11%.

Limiting gatherings leads to a reduction of 40%. But we have already done all of that. We would need an additional 40% to get to a stable R value.

Closing nonessential businesses would give us 30%, closing schools and universities would give us about 40%. If you also ask people to stay home, which we have not done yet in Germany, you might get an additional 10-12%.

These conclusions are quite broad, and they are based on the first wave when we had different measures in place. The effectiveness of any measure depends on how it is being implemented.

We need an R value of 0.7. R 0.9 would only mean a reduction by 50% every month. 0.7 would mean a reduction by 50% in a week. The England-based mutation costs us 40%. Once the mutation arrives, we need all our current measures just to keep up the status quo, so we need more measures.

Our model shows that we can stabilise cases by reducing contacts by 60% for high case numbers or 40% with low case numbers, and the latter is much easier to achieve.

If we want to bring the R value down from 1 to 0.7 we need to do more - large events are cancelled, nonessential businesses are already closed, so what's next? We as scientists can say that a lower R value makes a huge difference. We need measures to bring down case numbers quickly and efficiently.

These measures are from a different analysis. The researcher found that home containment is an effective measure, while closed schools are slightly less effective. It depends on the conditions and situations in different countries and the definitions of public events etc.

If we want to reduce infections by 75%, we need all the measures mentioned in this study. Once we only need to reduce infections by 40% it might be enough to cancel public events and restrict international travel.

SG: Thank you! Jutta Paulus has the floor.

JP: Thank you Sven and thank you Dr Priesemann for providing these insights and the links, giving us the chance to do our own research and learn more. We need facts right now instead of speculation.

I would like to give a European perspective. The ECDC started working right after the beginning of the pandemic, but they have fairly few resources. They contacted the member states and came up with 4 different scenarios. They wanted to gather the member states to discuss measures, but the member states declined.

Borders were closed in the spring after the virus had already spread, impacting the supply and transport for healthcare workers. The European Commission tried to come up with joint measures but mostly failed, because public health is the responsibility of member states. As Dr Priesemann explained, we need to work together to overcome this. We need to cooperate on a European level within the Schengen area, because we have control over the external borders and could implement testing and travel restrictions.

On vaccinations: in June 2020, the Commission introduced a vaccination strategy that all member states agreed on. Now they criticise the strategy. We always knew that NPIs would not suffice to overcome the pandemic. The German presidency failed to launch a scientific strategy. None of the member countries were sufficiently prepared for the second wave.

Dr Priesemann, you said nonessential businesses are already closed, but I don't see it that way. Many companies are still open and working, with no option to work from home.

My colleague Janosch Dahmen is a doctor and a politician and can share his perspective.

JD: Thank you Dr Priesemann for your presentation and your perspective. Looking back at the past year, we still are faced with 3 dangers:

Germany and other countries have too many cases and deaths. Despite measures we have not managed to contain the pandemic. The health systems in many European countries are suffering and overburdened, especially during the holidays. The third risk is that the longer the pandemic lasts and the more cases we have, the higher the risk of new mutations. As Dr Priesemann demonstrated, the mutation originating in England increased the pressure. Viruses tend to become more infectious over time. We have additional new mutations in Japan, Brazil and others that are very concerning. More infectious virus mutations mean more deaths.

Looking at the German situation, we have 5 tiers that need to be improved: first, the vaccine. We need to vaccinate quickly and distribute the vaccine better and faster. Besides the two vaccines that are already approved, we will get another approval from AstraZeneca very soon and a fourth one in the first quarter 2021. We need to improve our vaccination strategy.

With protective measures, we need to coordinate measures and implement a whole set of measures together to contain infections quickly. We need to look closely at the working world - working from home, closing more businesses. How much do we need to maintain infrastructure? We also need to comply more with the measures already in place. Mobility

now is much higher than it was in the spring, because more people still assume that their friends are careful, and have too many contacts at home and at work.

The third tier is the testing strategy. We need to tap into the potential of rapid testing, which has been validated and can be done by untrained staff.

The fourth tier is contact tracing. Dr Priesemann said that a high number of people would have to quarantine due to infected contacts. It still takes too long for people to get notified. The health departments cannot keep up with infections.

The last tier is communication. Speaking both as a doctor and as a crisis manager, we need to come up with a joint mental model in our communication strategy. Germany and Europe should agree on a model with different tiers of developments and corresponding measures. We need a joint risk strategy for escalation and de-escalation.

There is a lot to do with all these five tiers. Back to Jutta Paulus for questions from the audience. Keep asking questions here and on YouTube.

JP: Thank you Janosch. I agree that we need joint objectives and criteria in Europe. Not coordinating our efforts means we get the back-and-forth effect that we've discussed before.

The situation in the spring was completely different than autumn - we had very few clusters and a slow infection rate. Autumn was very different, and we need more support for health departments. Why not use people in industries affected by the pandemic to help with contact tracing, like the travel or event industry?

We will now start the Q&A. We've posted the link to a paper that you would like to comment on. They say that stricter measures are not better than lighter measures. They used Sweden and South Korea as control groups.

VP: This paper was published in the summer. Their approach is less sensitive. The other studies are based on dozens of countries with good data availability, but this study chose South Korea and Sweden and others - fewer than other studies. Absence of evidence can have different reasons - insufficient data is one option. South Korea and Sweden had a very different approach, not just in their lockdown strategy.

It's difficult to quantify the effectiveness of individual measures. When we asked people to stay home in March, it took a week to issue a recommendation. That makes it harder to analyse the effect of that measure.

JP: I will choose answers from the Q&A with many upvotes. We might also take verbal questions. My team is monitoring questions on YT as well.

Why don't we know more about the infectiousness of those who are vaccinated? These studies are still ongoing, we will see results in February. We just need more data first. It would help immensely if those who are vaccinated could stop wearing masks.

Would a shorter, stricter lockdown help? Dr Priesemann, you said yes. But to achieve the number you suggested in your paper would take longer than just 2-3 weeks, right?

VP: The current number is 200, we need to halve that until we get to 25. Achieving an R of 0.7 is easier now than in the spring because we know more, but more difficult because everyone needs to be on board. Some believe that everyone wants to be disciplined for a quick lockdown, and others are more pessimistic.

JP: How can we get acceptance for more measures?

VP: We need to communicate better, not just the restrictions but also the easing of restrictions and how they are connected to case numbers.

JP: We also should keep improving the Corona Warn App, with QR codes in buses and trains, so the app can notify you when someone infected was on your train.

VP: Every measure makes a difference. The question is their respective effectiveness. Family contacts are most infectious because of longer contact periods. Public transport has shorter contact periods.

JP: You could offer rapid testing for bus passengers for example. People bring the virus into the family context.

VP: England did random screenings, which showed higher numbers among students. Schools were not closed, so that's a likely source.

How high do you think the number of unrecorded cases is? We are doing antibody studies and there are 4 to 6 times as many people with antibodies as with confirmed infections. However, we started testing more during the summer, so the number of unrecorded cases was much lower. We base this on the probability of death for patients. The 60-90 age group has a relatively high death rate, and the death rate keeps rising.

JP: An expert question: Could you explain the MCMC model?

VP: I can post the link to a paper. Very briefly: it's a generalisation.

JP: Mathematical models would require an additional webinar. How do you feel about the Zero Covid campaign?

VP: Some countries implement that strategy successfully, like New Zealand and Australia. The case numbers are determined by what you bring in from the outside, so countries with borders they can control have it easier. Zero Covid is a good idea, but difficult to achieve in Europe as long as we have open borders. We need a balance of low case numbers and measures, but we won't get to zero soon unless we work together. With forest fires that are out of control, you still try to fight them, but you can only contain them, so the size remains the same. With lower case numbers we have enough fire fighters to fight individual fires and contain them completely. In Australia they can only try to save the most vulnerable villages because they can't contain the fires.

JP: Shouldn't we do more to prevent future pandemics, restrict wild animal trade, protect the environment, research, etc.?

We had a webinar on that last year. We have at least 800,000 viruses in nature that could potentially infect humans. Preventive measures help, but they can only do so much. We had AIDS, ebola, swine flu etc. in the last 20 years.

VP: The motivation for me to model Covid is that I usually model the spread of things, e.g. measles in the population. We always see only a tiny part. When Covid appeared in Italy we took our models and applied them to Covid. We didn't see many people doing that in Germany. It's been a long time since our last viral pandemic so it was never needed. I worked with virologist, clinicians, physicists, healthcare workers, economists and others here in Göttingen. I had the models we needed. Thanks to my working group who worked so hard during those months. I didn't see any modelling like that anywhere else in the world. The last big pandemic was the Spanish flu in 1918. We will need these models more in the future.

JP: It's great to see experts from different fields sharing their knowledge and collaborating. Another questions: Countries with hard lockdowns saw an increase in numbers after they eased restrictions. How to prevent that?

VP: I'd like to share a figure in the chat box. Ireland had a first wave and then they celebrated Christmas, because they had a stricter lockdown than we had initially. They decided to celebrate Christmas and then quarantine everyone for 10 days. The UK left schools open and has a huge second wave now. So do the Netherlands, they will extend their lockdown. Austria has decreasing numbers, Poland too. Germany is consistent, Belgium had a decrease and maintains the decrease. We have many countries in lockdown right now, but people are tired and vaccination is taking longer than we hoped. We need a plan for the next 6 months. If we do a hard, short lockdown we would still need a light lockdown afterwards until we have zero Covid.

JP: The developments in Brazil are very concerning. They implemented no lockdown and only protected their most vulnerable. Their health system is close to collapse right now.

VP: Globally speaking there are two factors we need to be aware of: the more patients, the more mutations we will have, and that's unpredictable. More infectious mutations mean more cases. The new mutations might also be better at attacking our immune system. The new mutation in England is almost at 100% of cases in the Greater London area.

Germany had many regions with zero new infections in the summer. It is possible to get back to that, but it's easier if we get ahead of the new mutation by implementing more measures now. We need tests for travellers at the borders who could introduce new cases and new mutations.

JP: Janosch, can you comment on the German situation? Some people get a warning from the app but still go to work because they don't get sick leave.

JD: Something that is ignored in the debate is the fact that it's not just about surviving Covid. We are seeing very clearly that Covid, across all age groups, has devastating long-term effects. We will see many chronically ill people. So the survival rate is not the only issue. This applies to all age groups.



Another risk with the new mutation is the infection rate for younger people, so we could get a shift in vulnerabilities. Preventive measures alone will not be enough to stabilise the situation. We need rapid testing and contact tracing on top of protective measures. Jutta, you mentioned public transports, but we want to make public events possible again too. We need a digital contact tracing solution that would help with deescalation and controlling lower case numbers.

VP: Sweden makes contact tracing the responsibility of the individual, so you have to inform your contacts yourself.

JP: We need rapid tests for personal use. Even with untrained users they are easy to use, and I think they could work. We don't have enough testing available right now.

VP: Rapid tests would help if used correctly. You do not test positive during incubation though, so the result is only relevant for a short time.

I believe we will have 40 million rapid tests per month, so one every other month per person, and I don't think that will change too soon because of limited production capacities. We definitely need more affordable rapid test kits.

JP: We would now like to take verbal questions.

Erika: I'm a general practitioner and I'm retired. This has been too scientific for my taste. My question is: Why is it not an option to protect vulnerable groups? The immunosuppressed young people I know want to protect themselves instead of relying on others. The discussion we're having is interesting, but I would like to talk more about everyday issues. The suicide rate for children in Germany is very high. There has been an increase in suicides here in Germany too. Why don't we talk about that?

VP: I don't think we shouldn't protect the elderly and vulnerable, I think it's a given that we should. So far, no country has succeeded by protecting only the vulnerable population.

People working in care homes have children in schools, so they can infect their patients. I am familiar with everyday issues with childcare etc. I don't let my parents watch my children because I hope we can through this in a few weeks.

The suicide rate is outside my area of expertise, but I know that there is a burden on the population. Ecuador had a lower suicide rate after they closed schools. It's important to have long-term planning and not change restrictions every few days. We need a more insular models with small groups. Children could still go to school once a week but decrease the risk of infection. We haven't done enough over the summer. We were hoping that we had gotten over the first wave successfully. We were very successful in protecting older populations. We had a consistent mortality until October despite rising cases. That's because we protected the elderly. Then we crossed the threshold of 10 and got rising mortality. It is possible to protect vulnerable populations while we have low case numbers.

JP: Thank you, that was important to say. We all have families and loved ones who are high risk. We haven't seen many of our loved ones for months. I am privileged to not be self-employed, but we still need to look at the bigger picture. With high case numbers we cannot protect the vulnerable population.

VP: Another question that comes up: Many people don't know anyone who is infected or who died. Why do we ruin our economy with lockdowns? To give you context - we have 2% of people who are confirmed Covid positive in the past. The mortality for Covid is 1-2%. The number of deaths in our circle of acquaintances is very low, but it will get higher. Older people are more affected by Covid, but that might change. The mortality is fairly well known and is very different between age groups. People in care homes tend to die in care homes. The intensive care patients are mostly younger people who have a higher likelihood of recovery.

Unlike Switzerland, Germany has been successful in not having too many infections in hospitals - people going to the hospital for other issues and then getting Covid there. We are also postponing elective procedures, so we need to relieve the burden on the healthcare system to allow elective procedures again. I had a friend of a friend who died; he visited a friend who had Covid and didn't tell him. These things should not be happening. The fact that we know so few people who have Covid is a success. We also need to think about long Covid. We need a clear objective. We need to stop discussing school closures and work from home - we need two or three weeks of measures and working together, getting absolutely everyone on board. We need support from the media, influencers etc to make that happen.

I think as a society we need to agree on a goal - zero cases or lower cases. If we keep going the way we have been it will only go slowly.

JP: One more thing: if we were to open restaurants now, would people even go? Would they take the risk?

VP: I think so. I think we have two types of people, in my personal experience. Some don't see it as a big problem, and some do. It's very polarising. Some people just want to get their life back. Younger people have a lower risk of dying than older people, so I do think some people would go out if they could.

We as a society must decide what we want - lower numbers or less restrictions?

JP: We are running out of time unfortunately, Mark Hanefeld from the Zero Covid Initiative is here. It's almost 7 pm, however. If you want to learn more about Zero Covid - they have a website where you can find out more. New Zealand is a great example, with their social cohesion and their charismatic leader.

SG: Thank you Dr Priesemann and your co-signatories, you did a fantastic job. You were very clear and easy to understand. Jutta and I want to make sure that you have a voice in the European Parliament. Lower numbers without closed borders are only possible with cross-border cooperation. Questions like "how much Covid do we want" are not a rational decision. We are not a rational society, we are not a totalitarian state. My partner is a doctor too and she is seeing the effects, even with younger people who have long-term effects and cannot work even months later. We need a coordinated approach across Europe, and we need to make our voice heard in the German Parliament as well. These webinars have reached more than 60,000 people - we can come together with the help of technology and spread the message. Let's keep going. It is better to have a brief and strict lockdown than prolonged suffering with lighter measures and unnecessary deaths. Janosch?

JD: We need to use the opportunity right now to think about our approach. We have the conference of state premiers coming up and a session of the health committee. We need to find a German and a European strategy.

SG: Thank you, see you next time. Thank you Dr Priesemann. Stay safe.