

### Step 3.10 Reflections on the public health response

In this video, Professor Peter Piot reflects on lessons learnt in outbreak response in the past, and the priorities for COVID-19. It was recorded on the 21st February 2020 – a fact highlighted by participants in the first iteration of the course in terms of the prescience of the piece, when COVID-19 had yet to be declared a pandemic.

Since this recording, Professor Piot has himself become unwell with COVID-19. He spent a week in hospital and had various complications. He shares his experience vividly [here](#), where he says "*I have always had great respect for viruses, and that has not diminished. I have devoted much of my life to the fight against the AIDS virus. It's such a clever thing; it evades everything we do to block it. Now that I have felt the compelling presence of a virus in my body myself, I look at viruses differently. I realize this one will change my life, despite the confrontational experiences I've had with viruses before. I feel more vulnerable.*"

We all have personal experience of COVID-19 – through work, illness in ourselves or those we know, and/or the change in the way we are living. As you listen and read the material here, you may wish to reflect on your own experiences, and if you feel comfortable to share any reflections on these, or comment on Peter Piot's reflections, please do so.

#### Video transcript:

Peter Piot: First of all, there's no time to lose whatsoever. Just take the West Africa Ebola epidemic in 2014. It took three months to diagnose, to know that there was Ebola, and then it took another nearly six months before WHO declared this a public health emergency of international concern. And in the meantime, the epidemic accumulate and accumulated.

And when it comes to contagion, if you intervene early on, you really prevent not only the next generation of cases, but multiple, multiple generations. So that's the first thing. Act early.

Secondly, if you're lucky, we have systems that can provide rapid diagnosis, contact tracing, policies, and so on. And when they're in place, you can act far more vigorously and promptly. And that's not there. And thirdly, I would say transparency. Sharing information.

So many lessons have been learned from previous epidemics, because we've got these outbreaks all the time. Let's not forget that. And the most important one, I would say, is at the local level. We can talk about the global response, but it's at the community level that the control, the fight against outbreaks, is won or lost.

Secondly, all countries need a decent public health system. What does that mean? It means that any country can diagnose when there is an emerging or reemerging infection. That they know early, so that means a surveillance system, that they have the people to deal with it, professionals, and they have the policies in place and the funding. That is usually the conclusion of every review of an outbreak, and it's the one that is the least-funded and the least- followed-up.

And certainly, globally, I think there we have some good improvements, including also for research. Because one of the breakthroughs after the West Africa epidemic was that CEPI was founded, the Coalition for Epidemic Preparedness innovation. And why was that founded? It was founded because there is no market incentive to produce vaccines against epidemics like Lassa or Ebola. And now we have a mechanism that proved to be very useful, because CEPI has already issued several contracts to start developing a vaccine against the coronaviruses.

The biggest issue for this current outbreak are the unknowns, the uncertainty. If we will know exactly how transmissible it is, what the incubation period is exactly, how exactly-- what the risk is of spread, that would make a huge difference. The train is out of the station, and in a growing number of countries there are cases. There are countries that have not reported cases, but not very believable, I would say. And there are the issues that we must make sure that every country is ready to, in the first place, diagnose as soon as possible when someone is infected, and then take all the measures.

It means also sharing information, transparency, and doing some research, research that will inform the response. Because this has to be a science- based response, as for every response. And we don't have all the information. The less uncertainty we have, the better we're equipped to deal with this epidemic.

**See Also**

**COVID-19 and the anti-lessons of history**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30468-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30468-2/fulltext)

**Responding to Covid-19 — A Once-in-a-Century Pandemic?**

<https://www.nejm.org/doi/full/10.1056/NEJMp2003762>

COVID-19 in humanitarian settings and lessons learned from past epidemics

<https://www.nature.com/articles/s41591-020-0851-2>

5 lessons we must take from the coronavirus crisis

<https://www.weforum.org/agenda/2020/04/5-lessons-from-coronavirus-crisis/>

'Finally, a virus got me.' Scientist who fought Ebola and HIV reflects on facing death from COVID-19

<https://www.sciencemag.org/news/2020/05/finally-virus-got-me-scientist-who-fought-ebola-and-hiv-reflects-facing-death-covid-19>

LSHTM Viral podcast - The one that finally got me: Peter Piot's battle with COVID-19

<https://anchor.fm/lshmt/episodes/S1E26-The-one-that-finally-got-me-Peter-Piots-battle-with-COVID-19-eec05a>