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WATCH LIVE: UK Prime Minister Boris Johnson holds a press conference on coronavirus
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Boris Johnson: And it's clear that Coronavirus, COVID 19 continues and will continue to spread across the world and our country. Over the next few months, we've done what can be done to contain this disease, and this has brought us valuable time, but it's now a global pandemic and the number of cases will rise sharply. Indeed, the true number of cases is higher, perhaps much higher than the number of cases we have so far confirmed with tests. And I've got to be clear, we've all got to be clear, this is the worst public health crisis for a generation. Some people compare it to seasonal flu. Alas, that is not right. Owing to the lack of immunity, this disease is more dangerous and it's going to spread further. And I must level with you, level with the British public, more families, many more families are going to lose loved ones before their time. The Chief scientific adviser will set out the best information we have on that in a moment. But as we said over the last few weeks, we have a clear plan that we are now working through. We're now getting on to the next phase in that plan because this is now not just an attempt to contain the disease as far as possible, but to delay its spread and thereby minimise the suffering.

If we delay the peak even by a few weeks, then our NHS will be in a stronger state as the weather improves and fewer people suffer from normal respiratory diseases. More beds are available and we will have more time for medical research. We can also act to stretch the peak of the disease over a longer period so that our society is better able to cope. The chief medical officer will set out our lines of defence. We have to deploy these at the right time to maximise their effect. The most important task will be to protect our elderly and most vulnerable people during the peak weeks when there is the maximum risk of exposure to the disease and when the NHS will be under the most pressure. So the most dangerous period is not now, but some weeks away, depending on how fast it spreads. Today, therefore, we're moving forward with our plan. From tomorrow, if you have coronavirus symptoms, however mild, either a new continuous cough or a high temperature, then you should stay at home for at least seven days to protect others and help slow the spread of the disease. We advise all those over 70 with serious medical conditions against going on cruises, and we advise against international school trips.

At some point in the next few weeks, we are likely to go further. And if someone in a household has those symptoms, we will be asking everyone in that household to stay at home. We're not introducing this measure yet for reasons Sir Patrick will explain, but I want to signal now that this is coming down the track. We are considering the question of banning major public events such as sporting fixtures. The scientists suggestive advice, as we've said over the last couple of weeks, is that this banning such events will have little effect on the spread. But there is also the issue of the burden that such events can place on public services. We're discussing these issues with colleagues in all parts of the United Kingdom and we'll have more to say shortly about the timing of further action in that respect. At all stages, we have been guided by the science, and we will do the right thing at the right time. We are not, repeat not, closing schools now. The scientific advice is that this could do more harm than good at this time. But of course, we're keeping this under review and this, again, may change as the disease spreads. Schools should only close if they are specifically advised to do so. And that remains our advice.

There is no escaping the reality that these measures will cause severe disruption across our country for many months. The best scientific advice is that this will help us slow the disease and save lives. There will be detailed information available on the NHS website and from 111 online. But I want to stress something that's very important in the wake of what we're saying this afternoon. I urge people who think in view of what we're saying about their potential symptoms that they should stay at home. I urge them not to call 111, but to use the internet for information if they can. I also want at this stage to speak directly to older people. Because this disease is particularly dangerous for you, for older people, even though the vast majority of older people will experience a mild to severe moderate illness. I know that many people will be very worried. I think we should all be thinking about our elderly relatives, the more vulnerable members of our family, our neighbours, and everything we can do to protect them over the next few months. We are going to need to mobilise millions of people to help and support each other. I just want you to know that the government will do all we can to help you and your family during this period.

We're not just going to be, as you saw yesterday, supporting the economy during this period. We will be providing money and many other forms of support and helping communities to support each other. And as we've done over the last few weeks, we will continue to provide, as soon as we have it, as much clear

scientific and medical information as we can. I'd like to end by repeating the two important messages with which you will become familiar. It is still vital, perhaps more vital than ever, that we remember to wash our hands. Lastly, of course, even if things seem tough now, just to remember that we will get through this, this country will get through this epidemic just as it has got through many tougher experiences before if we look out for each other and commit wholeheartedly to a full national effort. I'd now like to thank, as I'd like to ask Sir Patrick Vallance, our Chief... I'd like to thank him for everything he's doing. But I'd like to thank our Sir Patrick Vallance, our Chief scientific adviser, to set out the latest facts and the state of play as he sees it.

Sir Patrick Vallance, Chief Scientific Adviser: So this is a new disease and none of us has immunity to it, as the Prime Minister has said, and that's a key part of what we're looking at here. It is entering a new phase. The WHO has called this a global pandemic and we're entering a delay phase. It's important to recognise that the contain phase of case identification and isolation has had an effect to delay things up until now. And currently, we're on a trajectory that looks as though it's about four weeks or so behind Italy and some other countries in Europe. That means that we've now reached a stage when, with the epidemic, I just wanted to show you on a slide, if it will appear. Here we go. This is the shape of an epidemic. So you go along the bottom for some time with not very much happening. And that's probably where we are now. There are currently 590 cases that have been identified in the UK, and there are more than 20 patients on intensive care units. If you calculate what that really means in terms of the total number, it's much more likely that we've got somewhere between 5,000 and 10,000 people infected at the moment.

We've identified 590, the same sorts of ratios will be true in other countries, depending on how much testing they've done. That's still a relatively small number. We're still on the flat part. As these curves start to take off, as more people get it, they take off quite steeply. And that's why timing is so important because what you want to do is to protect people during the most infectious period. And I'll explain that in just a minute. So we're in a period now where we've got some, but it hasn't yet taken off. What the actions that we need to take are to try to do two things. It's to delay... Hopefully this will come on. It is to delay the peak and to push the peak down. So we're trying to reduce the number of cases at any one time. That's very important for NHS in order to make the NHS able to cope with this. And it's also important because it pushes it out into summer months where the NHS is less busy, but also where there may be less transmission of virus. Respiratory infections in general tend to be a bit less common. So that's one aim is to change the shape of this.

And it's important to recognise it's not to stop everybody getting it. You can't do that. It's not possible to stop everybody getting it. And it's also actually not desirable because you want some immunity in the population. We need to have immunity to protect ourselves from this in the future. The second big aim that that we need to look for is how in that we protect the vulnerable and the elderly who are at most risk of serious illness and dying from this. And the way this disease looks as though it appears is that you have five days or so of mild viral illness, and then a small proportion of people get a second phase where they have some immune response to it, which causes the damage. And the elderly and the sick are much more likely to get that. So during the period of peak transmission, we need to protect them at that phase. And if you look at the curves, it becomes obvious if you do that at the moment, you're not protecting anybody, really, because then the number of cases are too small. If you do it at the right time, then you're protecting them over the peak and you're not asking them to be in isolation for too long.

Similarly, with the idea of households going into complete isolation, that comes a bit later when you've got some more cases coming up. At the moment, if you asked households to complete the isolated one person's ill, most people would not have Coronavirus. You may have to do the whole thing all over again. And what happens then is the effect of that wanes because people get fed up with doing this and you end up with not being able to do it time and time again. So the timing is critical, and that's true across all of the interventions we've looked at. That's why this is a package of things that need to happen at the right time and in the right phasing. In terms of mass gatherings and schools, it's true that there's some effect in closing schools, but that effect is minimal and actually you'd have to do it for 13 to 16 weeks or longer. And you don't need to be a very advanced mathematician to work out that the chances of keeping children not speaking to each other or playing with each other over 13 to 16 weeks is zero. And therefore, you have to be very careful to make sure you take the right measures that will stop this, rather than things which might end up with children, for example, going to stay with grandparents at a time when they might be most vulnerable.

So the idea is to do things at the right time, not to end up with measures stopping during the peak and exposing more people to illness. I'll hand over to Chief Medical Officer to explain in more detail the measures that are being proposed.

Chris Whitty, Chief Medical Adviser: I'll just amplify just a few of the points that have just been made. First of all, we are clearly now stopping the contain phase of this operation that we've always said from the beginning. There were four stages to this contain, delay, research and mitigate, and the contain finishes from today. Fantastic work has been done by my colleagues in the NHS and in public health across all four nations. And as a result of that, finding the early cases they were imported, isolating them with the consent of the people involved, which we are very grateful. And following the change of transmission, that has helped to slow down the seeding of this virus and has pushed it out in time. So the delay has already begun as a result of the work of our colleagues and the public spiritedness of people who came forward for testing. But now we move on to the next phase, and I think that's made very clear by the fact that the World Health Organization yesterday declared this as a global pandemic, and today the four UK CMOs agree that we should raise the risk to the UK for four nations too high.

Now, in terms of what can people do to make sure that we have the smallest impact from this epidemic that is possible. And we need to do the right things at the right time. And just to add one point to the reasons that Sir Patrick has just given, if people go too early, they become very fatigued. This is going to be a long haul. It is very important we do not start things in advance of need. There are several things we will need to do in due course, which it is not appropriate to do at this stage. I'll come on to one of them at the end. Now, the things we can do now, we cannot emphasise too much the point about washing hands. That is actually an incredibly powerful public health intervention. But the new things from today are to ask anybody who has a cough that is continuous and new, or a temperature, for those who choose to measure their temperature, 37, 8. Some people will do it just based on the fact that they have a temperature in terms of feeling. We wish those people to stay at home for seven days.

Now, the reason for this, and I wanted to be clear about this, because we are asking people to do something which will interfere with their lives and interfere with their work and their social life in quite a significant way. So it's important people understand why this is going to help the national effort to combat this virus. The first thing is that it helps to protect older and more vulnerable people who they might come directly or indirectly into contact with. The second thing is, as Patrick has pointed out, this helps to reduce the peak of the epidemic so that it is a lower peak, making it easier for the NHS and health services in all four nations to cope as this goes through. The third thing is that it can lead to increased delay, pushing it further into the area where the NHS is under less pressure and giving us more time to get our countermeasures as optimal as possible. I finally just wanted to make a point about why it's seven days. The virus seems to have its maximum transmission around the time of the first symptoms and for two or three days afterwards, and then rapidly declines so that by seven days, the great majority of people are not infectious, and it is fine for them to go back into society.

Now you may ask, why are we asking people with minor symptoms to do this? And the answer is the evidence would appear to be that some people with really quite mild symptoms can spread this virus to a lot of people. So people with minor symptoms should stay at home for seven days. Now, there is an additional point I want to reemphasise from the Prime Minister, which is just as people would not normally if they had a minor sprain or other minor problem, call for an ambulance. It is important that people with very minor symptoms do not call 111. However, if their symptoms start to deteriorate and they're getting to the point where they need to call 911, normally would have sought medical care, at that point, we would want them to call 111 or behave as they normally would have done. So we're not expecting people to stay at home as they gradually deteriorate. If there's a certain point people are really worried, at that point they should call the service. But doing it routinely with minor symptoms is not a useful thing to do for them. And it will put a big burden on the service, making it harder for others to get through, which is what may be life threatening conditions.

There are a few other changes that are going to go alongside this. The first of which is it is no longer needed for us to identify every case and we will move from having testing, mainly done in homes and outpatients and walk in centres, to a situation where people who are remaining at home do not need testing, and we will pivot all of the testing capacity to identifying people in hospital people who have got symptoms, so we can pick them up early, make sure we treat them well, and ensure that they don't pass on the virus to other people in hospital. So there will be a change in the hospital and other testing systems. Finally, we will no longer have any geographical limits to who gets tested. The testing will be based on symptoms and severity. So it's no longer relevant where someone has come from. This is going to be people irrespective of their travel history. I wanted just to make two points in addition to that. The first one is the next stage along, we are going to want

to do a package of things which are about putting social distancing around the people who are vulnerable, who are older people, and those with severe health conditions.

But we do not think it is appropriate to make a national recommendation for that at the moment because this is too early in the course of the epidemic that Sir Patrick passed on. And if you think about what would happen if you prematurely put elderly or vulnerable people in a situation where you're saying, We really want to cut down on your social interactions. We really want to cut back on everything where you might come into contact with others. It has big practical implications for them and it may lead to loneliness and other issues which are clearly very undesirable for them. So whilst we will need to move to that stage, we do not think this is the right moment along the pandemic to do so, but that point will come. Finally, are we in mitigation phase? The answer is this is the stage we need to do the things we can to mitigate which means to reduce the pressure on the NHS and other health services. And that is basically made up of two parts. The first part is reducing the peak so that the demand on the service is reduced. And that is what the interventions we're talking about today with people staying at home will help to do.

And the second part is to increase the capacity and flexibility of the NHS so that it is better able to meet the very considerable demands that are going to be heading its way when we reach the peak of this epidemic.

Boris Johnson: Thanks, Chris. Okay, well, let's go to some questions from those of you who've been coming up to come.

Laura Kuenssberg, BBC: Thank you very much, Prime Minister. This is, as you say, the worst public health crisis for a generation. There may be as many as 10,000 cases already. How sure are you that the approach you're taking, holding back from some of the more drastic measures, is the right one? You say you're guided by the science, but if it turns out to be the wrong approach, the consequences would be extremely grave.

Boris Johnson: Well, we're guided by the science and everything that we do, Lauren. Just on the delay, for instance, the issue about elderly people and the protection of elderly people, asking elderly people to stay at home. That's one thing that you really got to time, as Chris and Patrick have been explaining, so that it coincides with the period at which the epidemic is really at its peak. So you need to make sure that you move that period when we're asking older people, vulnerable people to go through a pretty difficult period of isolation and we time it so as to coincide with the moment when they are at most exposure, most risk of exposure to the illness. That's one of the reasons why we're not triggering that draconian measure now, if you see what I mean. And on the issue, for instance, of mass gatherings, sporting events, and so on, it is very important that we're guided by the science. There is very little epidemiological or medical reason at the moment to ban such events. As I think Nicola Sturgeon, First Minister of Scotland, has also made clear. But in Scotland, they do have particular issues with the resilience of their public services.

We will want to be keeping that issue under review here across the UK as well. Because let's be clear, that may become a factor for all of us and we may also be wishing to go forward with stopping those kinds of events as well. We're not saying no to that measure. Of course not. We're keeping it up our sleeve. But it's very, very important that we get that in order to maximize the benefits of our interventions that we get the timing right. Did anybody want to add?

Chris Whitty: If I could just add one thing to that, which is an important part of the science on this is actually the behavioural science. What that shows is probably common sense to everybody in this audience which is that people start off with the best of intentions, but enthusiasm at a certain point starts to flag. If you start too early and then people's enthusiasm runs out just about the peak, which is exactly the time that we want people to be doing these interventions that is actually not a productive way to do it. So we do need to do it at the last point it is reasonable so people will maintain their energy and enthusiasm to get through what will be quite difficult things to do. It sounds trivial to say stay at home if you have minor symptoms I wait until you're doing it and you will realise this is going to be difficult and the other things we're asking are going to be difficult. And it's important we do not ask our fellow citizens to do them for longer than makes sense from the epidemiology.

Patrick Vallance: Just to be really clear about that, the delay is to maximize the effect. It's not simply to delay. It's exactly as Chris has said, to make sure we don't end up with everything coming off just when you don't want it to come off.

Boris Johnson: Thanks. Beth, Beth Rigby's side.

Beth Rigby, Sky News: Thank you. Prime Minister, the US has stopped flights from Europe. Italy has closed down completely. Ireland today has closed its school. But your action plan basically means asking people to stay at home if they feel ill and avoid cruises. Can you understand why people watching this might think you're doing far too little to protect their families? And to the Chief Medical Officer, if I may, German Chancellor Angela Merkel told the German people this week she thought seven out of 10 of them will catch Coronavirus. Do you think that level will apply in the UK? And can you level with us? Based on your graphs, say how many people do you think will actually die? Thank you.

Boris Johnson: Well, Beth, first of all, we have to look at the efficacy of the measures that we're bringing forward. As I've said throughout, we're looking at the science and the measures that I've discussed today with you, staying at home, if you think you have the symptoms, your whole household staying at home, looking after the elderly, making sure the elderly and vulnerable stay at home. These are the three most powerful defensive lines. I'll ask Patrick to say a bit about the percentages that these measures will be able, I think, according to our scientific advice, to reduce the peak. We think it's very important to maintain public trust and confidence in what we're doing throughout this challenging time, always to be guided by the best possible scientific advice.

Patrick Vallance: The modeling predicts that you get about a 20 % to 25 % reduction in peak with getting people to stay at home for seven days if they've got mild symptoms. You'd get something like a 25 % reduction if you went to the whole household isolation and those are additives you'd expect to get up towards 50 plus. And then looking after the elderly in terms of preventing them from getting affected, that's not so much about stopping or reducing the transmission in society. That's about them not getting it. That has a bigger effect on death, where you'd expect about 20 % to 30 % reduction in death rate. Those are the three most important measures to take. It doesn't mean other things don't have additional effects as well, but those are the ones which have the biggest effect and therefore they need to come in first. You can bring in other things later. And it's important, I think, not to go to things that have relatively small effects but sound very sensible because that puts people off doing the things that really matter. It's also important as we keep stressing to do this in a way that's sustainable because we're not talking about measures that you're going to do for a week or two. These are measures which we have to have in place over the whole course of the epidemic.

Chris Whitty: I'll add an additional point on the schooling, which I think is something which obviously families really care about. Then I'll answer directly your question on the numbers. On schooling, the additional points in addition to the modeling, one reason to close schools is it's going to have a big impact on the epidemic. Patrick has already covered that. A second reason is if children are particularly affected by a virus or some other infection. Fortunately, and this is one silver lining, if you wish, in this particular infection, it looks as if children are affected much less than adults based on the early data we have at the moment. Our view is not that they don't get infected. We think they probably do. But they seem to have a much milder disease in general. The second possible reason to close schools does not appear to be there. And of course, closing schools has big knock on effects across all of society. So it has to be justified by very strong reasons, either for protection of children or for the impact on the epidemic. In the absence of those, the evidence for doing this is quite weak. In terms of being level, as you put it, with numbers, I have been absolutely level on every number in which I have confidence.

Actually, our top number for our reasonable worst case scenario is higher than the Chancellor's. In fact, our top planning assumption would be up to 80 % of the population being infected. But that is an entirely speculative number. Now, we do know something about the mortality rate. I've discussed that before. I'm very happy to go through that. But the overall mortality rate is, in our view, Patrick and I completely agree on this, 1 % or less overall, although higher in older and vulnerable groups and lower in other groups. The bit we actually do not know, and I'm really not in favour of putting what I consider are basically speculative numbers which are made up just for convenience, into the public domain is what percentage of people are actually infected. If you multiply by the one by the other, then you will get a number, but we do not know. And if you look around the world, nowhere so far is coming anywhere near the 80 % which is our top reasonable worst case scenario. As soon as we get a clear indication as to what we think is a reasonably stable number

on that, I'm very happy to then do what is a pretty straightforward mathematical calculation and say this is where we think we will land.

What I'm trying to avoid, and Patrick is as well, is trying to be really clear about what we know, really clear about where we've got numbers that we think are reasonable estimates or reasonable worst case estimates and not put into the public domain numbers, which in my view don't actually are really basically speculative.

Patrick Vallance: And to monitor this day by day to see where we are.

Boris Johnson: Patrick, could I perhaps ask you to just on a couple of the points that Beth raised, I know will be of concern to lots of you. The specific questions about stopping plane flights and stopping sporting events. I think people will want to know why those did not commit themselves to the scientific advisory group for emergencies, and what our thinking is there,

Patrick Vallance: Quite early on, we looked at the question of stopping flights, and the assessment was if we stopped flights directly from China at the beginning, unless you got something like a 95 % effect, in other words, you could stop all of the routes from China to the UK by 95 %, the effect on the delay to the epidemic was minimal. It was a day or two. And more realistically, we could get at best, probably 50 % reduction. So that this really wasn't going to make a big difference. I think the evidence has borne that out actually, that you can't, in the way the world works, you cannot stop that unless everybody decides to do it all at once. And it's certainly too late now to be trying to do that. Sorry, I forgot the second one was... The sporting event. The sporting event. Just one of the thing on the planes actually, the other thing is, of course, the screening measures on airports, as we know. I mean, it sounded sensible, but we know that, for example, the first case in the US went through the screening measure and that was the first person wasn't detected and then popped up.

So these things sound great, but don't always work. The sporting events. Of course, there is a risk, and I'll explain this as I did last time, that as one individual who's infected, you are releasing virus from your body as you cough or sneeze or put fluids onto surfaces. But on average, one person infects two or three others. You therefore have a very low probability of infecting a large number of people in a stadium, or a rather higher probability of infecting people very close to you. And that means that most of the transmission tends to take place actually with friends and colleagues and things in close environments, not in the big environments. So it is true, of course, that any cancelation of things, you can have some effect. If you can get a displacement activity where you end up with everyone congregating somewhere else, you may actually have perversely an increased risk, particularly in an indoors environment. So it doesn't mean you shouldn't at some point make the decision for the resilience point that's been discussed. But this is not a major way to tackle this epidemic. The major ways to tackle it are to try and reduce and delay the transmission across households and across people who've become infected. And that's why that's the concentration of the first actions. And they're not trivial actions. These are quite difficult things for people to actually comply with and to do.

Pippa Crerar, The Mirror: I've got a couple of questions, if I may. First, one is about statutory sick pay. Prime Minister, you made announcements, or the Chancellor made announcements at the budget yesterday which cover a lot of people. But there are still some gig workers and other low paid workers that aren't going to be covered by it and will therefore have to embark on the benefit system, enter the benefit system. Can you keep the door open to looking again at whether some of those workers might be covered by SSP rather than forcing them onto universal credit, which is quite a difficult system to get the hedge round? And secondly, can I quickly ask you whether you have any concerns yourself? You're coming into a lot of contact with a lot of contact with a lot of people in small environments rather than mass gatherings. Whether you yourself have any concerns or worries, like a lot of people do, about getting Coronavirus, and whether as Prime Minister, you've got measures in place with your, I think it's your First Secretary of State, I believe, is Dominic Raab, to step in should you be incapacitated any length of time. Thank you.

Boris Johnson: Okay, well, first of all, you're quite right, Pippa. It's very important that we do everything we can to protect people who are not necessarily eligible for SSP as statutory sick pay. You saw what we did by advancing statutory sick pay. We're laying instruments today that will help people who are unemployed or not in work, who are self employed, on benefits. The crucial thing is that we will do everything that is necessary to make sure that when we ask people to do something tough, as Chris has just been saying, something difficult, like staying at home and protecting other people, that you're not disadvantaged, no one

is penalised for doing the right thing. And on the second thing, I'm watching my hands. That's the crucial thing.

Macer Hall, Daily Express: Lots of people Prime Minister, will be keen to do their bit and help out, whether it's helping out overstretched NHS or public services or helping protect the vulnerable. Are you planning any form of register or anything in advance so that people with the right skills can do the right job for the country in its hour of need?

Boris Johnson: Indeed, Macer, we are. And I know that Matt Hancock has set up a system so that people wanting, for instance, wanting to come back into the NHS, people who have skills that could be of value to the country now will have a way of doing that and of contributing. We certainly encourage people to think of doing that in the weeks ahead.

Jason Grove, Daily Mail: Thank you, Prime Minister. Just to follow up on Macer's point, you asked for people to mobilise to support each other through this crisis. I wonder what sorts of things you had in mind. Sir Patrick, can I just pick you up on a point you made? You said we were roughly four weeks behind Italy. Should people be looking at what's going on in Italy and thinking, Christ, that's what we're going to be facing in a month?

Boris Johnson: Thanks, Jason. Well, look, on what people should be doing, I think it's a really, very important question because in asking people to stay at home and look after themselves, clearly that's putting a burden and a necessity upon others potentially to help them, to bring them food and support. Perhaps I'll ask Patrick and Chris to elaborate on this point, but we will certainly be hoping that people will think of their neighbours, think if they are aware that people are staying at home to protect the community from the spread of the virus, let's think what we can do to help them. Don't forget that... I think the correct advice is not to go within two metres, but it should be possible to help people, Patrick?

Patrick Vallance: I think that's right. And I think all the behavioural science says that the biggest effect during times like this is not outbreaks of panic, it's actually outbreaks of altruism, people wanting to help each other. And whether that's delivering things to neighbours, whether it's making sure that people have got their medicines. And that, I think, is the effect that we'd expect, particularly in the UK. In answer to the questions about Italy, on the curve, we're maybe four weeks or so behind in terms of the scale of the outbreak. And we're behind where Germany and France are as well in terms of the scale of the outbreak. And you'd expect it to follow a similar trajectory in terms of the numbers, not in terms of the response. And that's why the measures we're putting into place come into place today to see whether we can deflect that and get that into a different trajectory. But that's the unmitigated curve would follow exactly that curve in terms of numbers. But of course, that's different from saying in terms of the actions that have been taken.

Laura Donnelly: You've made it very clear that the loud and clear message to the elderly is at the moment, don't stay home because pensioners can't... They won't be able to stick it for weeks and months on end. It's something you can only ask of people for a finite period. Is it possible to talk a bit about what the working assumptions are for when that period kicks in and how long old people might be expected to try to stay home as much as possible and how old is old?

Boris Johnson: I'm going to put that straight to the scientific adviser and maybe to Chris as well.

Patrick Vallance: Yes. So we think that the peak may be something like 10 to 14 weeks away. It could be a bit longer. And you would want to try to make sure that the elderly are protected during the peak area. About 95 % of people would be predicted to get the infection over a nine week or 10 week period either side of the peak. And about 50 % would be infected about three or four weeks either side of the peak. On the current evidence of how the epidemic looks, it may change as we put the measures in place. So that means that even to cover the peak, you're talking about trying to make sure that those sorts of measures are in place for 13, 14 weeks or so.

Chris Whitty: I just add one more thing on that, which is obviously, what we're giving is national recommendations. Individual people may have discussions with their own GP or specialist if they're under specialist care that said that this is something which is appropriate for them even now. But what we will be doing is giving very clear and hopefully relatively detailed guidance for people when we get to the point we think across the country as a whole, this seems a sensible thing to do.

Elizabeth Piper, Reuters: I was just wondering if I could pose this question to all of you, really. How confident are we of the data, the international data and how can we really know whether we understand the behaviour of this illness when we not necessarily have a chance to verify that data? And how does that affect how we plan to deal with this crisis?

Boris Johnson: My impression is that there are some countries which are having some success in greatly reducing the incidents of the disease and whatever the... Whether those statistics are entirely trustworthy or not, the tendency is pretty clear. I think the issue is the one that was referred to earlier, which is that there may be measures that we could take which were of a very draconian and immediate nature that really did suppress drastically the contact between human beings in this country, but might mean that the delay, the disease simply surged back again in a few months time in a way that we weren't properly protected for.

Chris Whitty: I think that there are certain things we are very confident of, like the mortality rate, which we now, initially, were uncertain of. There are also things we do not know. And the most important of those is how many people get this infection without any symptoms. And the reason we don't know that is we do not have a test that can tell us that. And depending on the answer to that question, this pandemic looks very different. So there's things we definitely know, things we don't know at all like that, and some things between where we've got a reasonably good estimate based on data from elsewhere, but it's improving all the time. And one of the reasons why delay helps us, it's not the main reason, is that our understanding of this virus improves week on week, and we're narrowing down on what we know about it.

Patrick Vallance: That's exactly what I would have said.

Boris Johnson: Right. Well, I think we're going to wrap it up there because I think that's more or less all we have to tell you at this stage. It's a pretty important development in our planning for beating back this disease. I hope everybody's understood, everybody's clear about what we're saying. If you have those two symptoms, or if you have one or other of those two symptoms of potential Coronavirus, a high temperature and a new and continuous cough, then you should stay at home. The reasons that we advise you to do that is really that this will help us to delay and flatten the peaks, squash that sombrero that you saw on the map, because that is the way to minimise the suffering and minimise the impact of this disease. We will, in the course of the next few weeks, be bringing forward more measures to delay the impact of the disease as we move through the delay phase. Anyway, that's all for now. Don't forget, wash your hands and we will get through this. Thank you all very much. Thank you. Speak to your name on a piece of paper. Okay.