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Epidemiologist warns of even tougher measures 'there is no reason to send the whole country into home quarantine'

Charité expert Stefan Willich believes curfews are wrong. The health costs of isolation can also be enormous, he says. An interview.

Stefan Willich has been Director of the Institute of Social Medicine, Epidemiology and Health Economics at the Charité since 1995. From 2012 to 2014, the doctor and conductor paused in this function and headed the "Hanns Eisler" Berlin University of Music. The interview was conducted for the Tagesspiegel BACKGROUND Health & E-Health.

Mr Willich, the German Society of Epidemiologists, published a paper on Thursday calling for a rapid reduction in infection rates. Within the next two weeks, policymakers would have to bring them down significantly in order to prevent the intensive care units in Germany from becoming overburdened. Do you share this forecast?

The current forecasts have the limitation that they work with many statistical uncertainties and unknown variables. It is not yet clear exactly how many of the infected people in Germany are in need of hospital treatment – the current figures point to around five percent – and how many even require intensive care, current estimates are at one percent.

The number of people actually infected is likely to be very high in Germany as well as in other countries.

However, more precise figures would be important in order to be able to reliably answer the question of whether and when our health system can reach its limits. So far, the clinics have hardly been affected, and I do not think that will change this week.

But the number of people infected could continue to rise rapidly in the coming weeks, and in this case health policymakers and clinics must plan. We should prepare for the worst-case scenario. But it is not said that it **occurs**.

But all the data suggests it, right?

There is no data yet on the extent to which the measures taken so far in Germany have an impact on the number of infections. We will not be able to assess this until the end of this week at the earliest. I firmly believe that the measures taken so far will be effective and I expect a significant slowdown in the increase so far.

That is why I do not think it makes sense to take a next step now, for example in the form of nationwide curfews.

So you think the current pandemic is not dangerous?

In terms of lethality, i.e. the number of cases that lead to death, it is slightly higher than influenza: according to current trends, approximately 0.3 to 0.4 percent of all infected patients die in Germany. SARS, or even Ebola, are moving in completely different dimensions.

And the Spanish flu around 1918, which was sometimes cited for comparison, was much more threatening in terms of lethality and overall mortality among the population. For SARS-Cov-2,

Persons under 65 years of age and without pre-existing conditions appear to be unlikely to be at risk. The disease is dangerous especially for older people with chronic pre-existing conditions. This risk profile is different from influenza, which also puts children and pregnant women at risk.

"The pandemic is probably unavoidable."

But in the risk group there are still millions of people who need to be protected. It is therefore sensible and necessary to develop the best possible protection for these vulnerable groups of people. It is probably insinuating that the pandemic will go through the world and infect large parts of humanity. The question is whether it will take months or years. And, of course, when vaccines will be available.

In the current situation, it is important to keep an eye on hospital capacities, so to ensure that all patients can receive the best possible care in the coming weeks and months. The curve of infection increases must be flattened so that the capacity of the health system and, more specifically, intensive care options are sufficient. ***However, your colleague Christian Drosten, chief virologist at the Charité and one of the federal government's most important advisers in the current pandemic, sounds markedly different. He warns of dramatic conditions. Is there a disagreement between the virologist Drosten and you, the head of the Charité Institute of Epidemiology?***

If nothing had been done in the last few days, bottlenecks would be possible, which Mr Drosten quite rightly warned about. However, if the measures that entered into force last week are pursued consistently, then I expect a significant reduction in new cases.

This has been seen in South Korea, where, by the way, there are no general curfews. In Germany, most citizens seem to be behaving sensibly and, in my view, there is no reason to send the whole country into domestic quarantine now. As a social physician, I must also take into account the social perspectives.

Which one?

With a complete lockdown, one directly or indirectly endangers the economic existence of many people, already now there are adverse effects. Unemployment could rise and precarious living conditions, as well as subsequent mental illnesses, could increase.

And it is strongly demonstrated that poverty is the most important social risk factor for disease incidence and higher mortality. If individual deaths are now prevented, but the overall mortality rate in the population increases in the next few years, the proportionality of the funds would no longer be maintained.

Is it possible to offset this against each other?

In the coming weeks, it is necessary to ensure that patients in hospitals can be well cared for. An important basis for appropriate health policy decisions would be, among other things, information on the capacities in the clinics and on the patient histories to date.

How many Covid-19 patients are hospitalized, how old are they, what are the pre-existing conditions, what is their hospital stay and what is the clinical course?

For both Germany and Europe, this data is urgently needed for realistic scenarios and forecasts as a basis for policy regulation and clinical deployment planning. But health policies must also be weighed in on their longer-term consequences. The current threat must not lead to reactions that trigger serious future health crises.

"Consistent infection testing is necessary."

So you are advocating that social life should be restored after the Easter holidays?

If the exponential growth of new diseases is broken, the gradual re-entry into normal social life should take place. Of course, normalisation in all areas of life will not immediately take place, which would be blue-eyed and perhaps also risky if the process is not sufficiently evaluated.

Consistent infection testing at the population level is particularly important, as in South Korea. This is the only way to reliably estimate the number of infections and the situation of immunity. If we do not test broadly, we run the risk of quickly facing the same unclear danger situation as now.

Why does South Korea manage to test en masse, Germany does not?

I wonder. It would be a priority task for all concerned to create capacity here. Good monitoring is the basic prerequisite for gradually returning to a normalisation of social life. This will be a process of many months, not weeks, which is unfortunately already to be foreseen.

What about the elderly, the pre-sick people? Should they not continue to be isolated during this period?

Special protection for at-risk groups will be necessary until there are vaccination measures and special medicines, the total population is sufficiently immunised, or the risk of the virus is mitigated, for example in the summer months. Concepts must now be designed for the successive re-entry phase.

Here, too, cost-benefit assessment is important. Prolonged quarantine of elderly and chronically ill people can in turn lead to health damage and serious danger. I urge that solutions in the current situation should also consider the longer-term consequences.

Public health has been a national issue so far, and the EU Commission wants more rights of access here. Should measures such as those you outline not have to be very closely coordinated in a continent as densely populated and with extremely high mobility as Europe? I find it very disappointing how badly the European idea of health care works, as can be seen, for example, in the lack of hospital information. There is an urgent need for coordination at European level and beyond in order to be better prepared for future emergencies.

We should also use the current situation for necessary learning processes. Asian countries such as South Korea, Singapore, Japan, and Taiwan used the SARS crisis in 2003 as an opportunity to develop and test comprehensive prevention plans and are well ahead of European countries in dealing with epidemics.

At the same time, there is a very decentralised system in Germany at the lower levels, with the countries and the local health authorities, which do not always coordinate their work. Is it not also necessary to change direction in this area?

The Robert Koch Institute has high competence for infectious diseases. But the public health service in Germany as a whole is not considered to be particularly modern, at least compared to the Anglo-Saxon countries, which also operate much more public health research than we do.

More expertise, standardisation, coordination and less patchwork would be important, especially in a dangerous situation like now.

However, the Anglo-Saxon countries of the United States and the United Kingdom seem to be completely overwhelmed at the moment with formulating a Corona strategy. What do you think of the idea, which was initially put forward there, of relying on so-called herd immunity?

The concept of herd immunity, i.e. to allow the virus to run freely and focus on protecting the risk groups, seems too risky. Britain has backtracked on this idea after advice from infectious epidemiologists, and almost all Western countries, including the US, are now pursuing similar Asian-style containment and prevention measures. I think that is also the safer option.

Holland, however, has opted for a middle ground: allowing the spread of the virus, but isolating vulnerable populations as far as possible. While in Brazil, as a counter-model, at least from the president's point of view, no countermeasures are necessary at all.

We will only know in a few months' time which strategies work best in international comparison. The right conclusions should then be drawn from this, too. Because health disasters caused by viral threats have occurred time and again and will continue to exist in the future.

End.