

Coronavirus and MND Ask the Experts 17/04/2020

This content provides the main points from a live interview held on 17 April 2020.

See the video of the interview in *Ask the Experts* at:

www.mndassociation.org/coronavirus

Introduction

Hello everybody thank you for taking the time to watch this video today.

My name is Nick Goldup, I'm Director of Care Improvement at the Motor Neurone Disease Association. I hope many of you took the time to watch our first video which tackled some of the questions we had received from people affected by MND, on clinical related issues linked to the coronavirus. If you didn't see this, please do take the time to look at it, it's available through the Association website where you can follow the You Tube link, and where we'll be putting this video as well.

This is our second video, addressing some of the questions coming through to our MND Connect helpline and our regional teams, which we need clinical and expert answers for. We'll be focusing on questions around testing and vaccine-related issues and a couple of clinical ones as well.

I'm really pleased that we're joined again by our three fantastic, brilliant colleagues:

- Professor Ammar Al-Chalabi, Professor of Neurology and Complex Disease Genetics and Director of Kings MND Care and Research Centre.
- Professor Chris McDermott, Professor of Translational Neurology and Consultant Neurologist at Sheffield Institute of Translational Neuroscience.
- Professor Martin Turner, Professor of Clinical Neurology and Neuroscience and Director of the Oxford MND Care and Research Centre.

Question 1: How soon will it be possible for people in the community to be tested to see if they have had coronavirus?

Ammar:

Being tested to see if you have *had* the virus is different from being tested to see if you *have* the virus. Being tested to see if you have had it, is an antibody test, so

that's checking if your immune system has ever responded to the virus and can then recognise it. Tests like that aren't reliably available yet. They are being developed. There are some that will give a positive result or a negative result fairly accurately, but not accurately enough yet to be useful. The reason for that is other types of coronavirus exist – and having a test that detects your antibodies against this specific coronavirus, versus a different one, is challenging. But at the same time you don't want the antibody test to say you haven't been exposed when you have – getting that balance between a positive test and a negative test to be accurately reliable is challenging. So at the moment it's not available, but probably will be in the next few weeks to months. There is a global effort to find such a test.

Question2: If considered vulnerable, but tested positive for having had the virus, will that mean that people living with MND are safe to then have face to face contact with other people who have also been tested positive?

Chris:

This really is a question about whether people are immune after they have had the COVID-19 infection. It is likely that people will have immunity once they've had the Covid infection. How long that immunity will last is uncertain I think it's likely to be at least a few months. But we are still learning about this virus and about the body's response to it, so it's not possible to say for certain yet if those interactions would be safe and for how long they would be safe. So I don't think I can give full reassurance that that's a safe thing to do.

Question 3: If someone in the UK had coronavirus symptoms in December, was that possibly due to Covid 19 or was it too early then? And this is being asked because there was a flu like illness at the time where many people had a fever, bad cough and tiredness.

Martin:

I think we can be pretty confident the answer's no here, unless an individual happened to have come from Wuhan province in China. The first recorded case identifying the new virus, I think, was New Year's Eve 2019, December 31st and its possible that the original cases were in a couple of weeks or perhaps a month before that. Possibly even going back to some at the end of November with the incubation period. But for spread outside there [Wuhan] that wasn't getting going, in terms of the UK, until possibly mid to late January, when there were a handful of cases. So no. I think it's just worth remembering that the normal winter bugs are not sort of kept away by this. Fortunately we are moving into a better period now and that was one of the ways people wanted to manage this – to make sure that we lost the usual winter pressures on the NHS. So it's just likely that what was going on December was one of those usual sort of flu bugs and not related to this.

Question 4: What is the latest news in clinical circles about research on vaccines for Covid-19?

Ammar:

To develop a vaccine, for any person that vaccine going to be used on (potentially billions of people) it has to be safe. There's a lot of work going on to find a vaccine, but finding one that's effective and safe, and can be manufactured in large quantities, is challenging. Part of the reason it's challenging is for the same reason that it's difficult to develop an antibody test to see if you've ever had the virus. It seems that people's immune response to this virus can vary widely. So not everybody is going to necessarily develop an antibody response in the same way. It's a huge global effort. The UK is a leader in this area, but having safety measures put in place means that even if we had a vaccine available now, to know it really is safe to roll out on a very wide basis will take a long time. So it's probably months or possibly a year away.

Martin:

I think I've been really, really impressed by the rate of work here, because actually the reality is previous vaccines have taken ten years to produce and I'll confidently say there's no way it's going to take that long this time. But it is still a big ask to imagine it's going to suddenly change from 10 years to a few months. But the progress has been astonishing and there's so single greater issue globally. It's easily the biggest mobilisation of scientists ever and so I'm very confident that it will come quickly and not in that normal timescale.

Ammar:

And you've got to remember that there are some types of virus you can't make a vaccine for easily, for example HIV, because they attack the immune system. We are assuming we can make a vaccine and hopefully we can, but it can be very challenging.

Question 5: Will those most vulnerable have priority for a vaccine when it appears? Much like the flu jab?

Chris:

That will obviously be a government decision. It would make a lot of sense to prioritise healthcare workers, and in the broader sense one would also hope those working in social care, that we've heard a lot about this week. But also then those that are on the vulnerable list, so those people who would usually be recommended to have a flu shot each year, those with underlying conditions and certainly I would hope individuals with motor neurone disease and those caring for people with motor neurone disease are prioritised as well.

Question 6: What is happening to MND research during the coronavirus crisis, is it still happening at all?

Martin:

I think we are obviously restricted, right now and in the last few weeks, on what we can do on the ground. But people have huge amounts of data and a lot of analysis is going on. I know it is in my unit, and I'm sure in Sheffield and Kings as well. So analysis is still going on. Laboratory work will be the sort of thing that can be phased back in once we have more antibody testing, when we'll be more confident to send people back to work, although distancing still and with normal measures. I think the clinical trials at the moment are challenging because obviously we need the patients, but it's only on hold and the infrastructure is there to get it back up and running. I think we're also learning from some of the clinical trials experience in COVID-19, while there's obviously a lot of money being thrown at that, and it's a global scientific priority, it shows us the logistics of running lots of different drugs in perhaps smaller studies. Also the importance of getting those biomarkers in MND and some of the platform trials that I know Chris and Ammar have been helping lead, and the Scottish initiative. So I think all of that has been excellent ground work. Although its paused right now, I'm very much hoping that things will be starting back up in the next few weeks, in a phased manner.

Chris:

We're learning how to do trials differently. Some trials have paused recruitment, but some clinical trials of drugs are continuing – we're trying to things remotely, getting to speak with patients over the phone in the most simplest fashion, to check on their safety. We can also take some of the trial outcome measures over the phone. With some drug trials continuing, we will become more innovative in the way we design trials. I think you have to be, to help make them pandemic proof in the future. We'll see a lot of this in everything that we do in our lives and clinical trials are no different. Hopefully we'll beat COVID-19 in the next six months to a year, but we have to plan that there may be others around the corner, and we don't want to be caught slightly wrong footed like we have this time. We want to be ready and have all the things we do in our daily lives and work lives sort of 'pandemic proofed'.

Ammar:

I would echo everything Martin and Chris have said and also add that new trials are still being set up, because we can still go through the process of getting the governance approvals and making sure the different sites would be ready to recruit, so that as soon as lockdown is lifted those trials could go ahead if needed. Although things are paused, they will be able to resume rapidly.

Question 7: What protective equipment should we be wearing, either as a person with MND, a carer or as a member of the public?

Ammar:

I think you have to follow the national guidance on this, as the national guidance is changing fairly frequently (because the scientific evidence changes). This means the

interpretation of what is the best action to take changes. The only advice I think we could reliably give, would be to make sure people follow standard hygiene: make sure you wash your hands frequently, don't touch your face and make sure you're two meters apart from other people, unless you have no choice or live with them. In terms of PPE, at the moment we're not being advised to wear masks. That may change, but follow whatever the appropriate national guidance is at the time.

Martin:

I think we know from other countries that its quite normal with symptoms of a cold to wear a mask in public. There is some sense in that, as it has some value in protecting others, but just to reiterate the really core way to prevent infection for yourself is through handwashing and social distancing. But we may start to see more mask wearing – it's common sense really. If you have symptoms and you're forced to go out (obviously if you think you've got coronavirus the advice is not to do that), but even if people are developing simple colds and coughs, then you know it's going to be much more sensible, especially on public transport when that comes back on, to be thinking about wearing a mask.

Ammar:

Can I just add in as well, the other thing to consider is that not everybody has a cough and a fever as their symptoms of coronavirus. The Covid tracker app which has been widely rolled out seems to show that fatigue and loss of sense of smell as a combination is actually the most frequent set of symptoms. It may be that the advice changes that people should wear a mask when they go out anyway, just so they are less likely to spread it, as they may not be aware they have coronavirus.

Nick:

That just leaves me to say thank you again to all three of you and Chris especially, as I can see you've come off the ward today. My colleagues within the care team will be bringing together the key points from today's session to communicate them through the Association website. Please everyone, do take a look over the coming days and visit our coronavirus page on the website as well. The other option is our MND Connect helpline and if you have any questions contact the team on 0808 802 6262. Thank you everybody for your time today and please do take care.

Further information

See our MND Association webpage about coronavirus, including this interview on video at:

www.mndassociation.org/coronavirus

Contact our MND Connect helpline as follows – the helpline team can answer questions and help with guidance on services:

Telephone: **0808 802 6262**

Email: www.mndassociation.org/mndconnect

See more about our services and information at:
www.mndassociation.org/support-and-information

Covid tracker app

As mentioned in this interview, you can download the Covid tracker app to your mobile device from the App store or Google Play. The aim of the app is to help scientists find out high risk areas in the UK. This information can help them in their work to slow down the spread of the virus and find a solution. Find out more at:
<https://covid.joinzoe.com>