**UK government Covid19 press conference 30 April 2020**

**Jeremy Hoad**

(usual caveats apply to this live transcript / commentary)

(press conference now preceded by advice video with trancey dance music)

**Attending**

Boris Johnson, Prime Minister

Prof Chris Whitty, Chief Medical Officer for England  
Sir Patrick Vallance, UK Government Chief Scientific Adviser

**Figures**

901,905 tested (81,611 since yesterday)

171,253 positive (6,032 increase since yesterday)

15,043 hospitalised

26,711 dead

674 increase in dead over last 24 hours

(big leap in tests since yesterday but still almost 20k short of the govt target)

**Johnson**

Sorry not to have been part of this for so long

Thank everyone in my absence

Thank NHS

Across the ctry families every day continue to lose loved ones before their time

We grieve with them and for them

Strengthened to get ctry back on its feet

Determined to overcome knotty challenges over last few weeks

I won’t minimise frustrations expanding tests or getting PPE distributed

Everyone tackling these problems – we are throwing everything at it night and day, heart and soul

I will not underrate efforts of pple rising to a challenge we have never seen in our lifetimes

Entire pple of this ctry also

Your effort and sacrifice is working and has been proved to work

ICU patients and hospitalisations falling

Achieved first task we set ourselves to avoid NHS being overwhelmed

No patient deprived of ventilator or intensive care

Massive effort to shield the NHS avoiuded worse case scenario catastrophic 500k deaths

We are past the peak and on the downward slope

UK leading int’l efforts to find a vaccine

Oxofrd Uni & Astra Zeneca working on inoculation

Rely on our resolve and ingenuity

Will set out plan next week – economy moving

Children back to school

How we can travel to work

Suppress disease and restart the economy

Guided by the science

Try for maximum political consensus across all parties and across the UK

5 key tests etc.

We’ve come through the peak, rather UNDER a peak as if through a huge Alpine tunnel and can see the sunlight and pasture ahead of us

Need to avoid disaster of running slap bang into another mountain

Keeping the R down is vital to our recovery

Can only do it through our collective discipline

I know we can do it

We did it in phase 1

Our ctry came together and can do this again in phase 2

(5 tests video)

(Odd that Johnson outlined the five tests himself then also showed a new video describing them)

**Vallance**

Slide

R is below 1 across the ctry – 0.6-0.9

Slide

infections

Coming down from 20/3 peak

Slide

Hospitalisations

Decrease across the ctry, p’tic in London

Slide

Critical care beds

Coming down slowing as expected

Slide

Deaths

All settings

Gradually beginning to come down

Plateau stage before coming down further

Slide

Global death comparison

(didn’t comment on this specifically)

(didn't show transport slide - because there are a lot more private road vehicles?)

**Questions**

(WARNING – Johnson starts sentences then doesn’t complete them, digresses almost every time he speaks and rambles quite a lot so some of this may not be entirely clear)

Michelle in Cornwall

Worried pple will come to countryside away from the cities

Johnson – sympathise with pple in tourism industry who have taken such a hit – you will come back, we’ll make sure UK bounces back

Public has been sensible so far, vital this does not fray

Next week and coming weeks you’ll see how and when we’ll unlock UK economy

(basically, not giving any information now)

Next week roadmap of options, dates and times driven by data

Short answer you’re dead right you need to get your business going again but not to create influx of tourists and second peak

(maybe unfortunate to say someone is “dead right” in what they ask in the current circumstances)

(Johnson weirdly interpreted the qtn as a tourism and economy boosting qtn rather than the threat of pple coming from towns to rural areas.)

Katie in Liverpool

Increase in suicide during lockdown – what help is there?

Johnson – pple more prone to existing mental health conditions

Taking pressure of NHS means we can now once again prioritising other urgent care needs across the community including mental health needs

PHE doing ENORMOUS campaign

There are lines you can call or go on website to see what you need

We are now putting money into mental health charities

All the more urgent for us to begin to come out of lockdown but suppress the disease

(yes, but how?)

Whitty – NHS website has contact details for mental health issues and remarkable voluntary organisations, look up those numbers and call someone

Johnson – that goes for anyone stressed out or those at risk of domestic abuse, vital pple shld use them

Good practical health reasons why we don’t want to protract this

Huge suffering to health and the country’s wealth by continuing are you saying the economy has to wait?

Johnson – what you say is right, we mourn every life lost and we mourn for the economic damage as well

(we “mourn the economic damage”? Really??? That’s a weirdly insensitive remark comparing dead pple to economic damage)

We totally understand that

Govt has made huge effort to look after workers

COLLOSAL figures are going out the door

If we are to bounce cback crucial we don’t have a second bought of this and do lasting economic damage

Need to calibrate measures finely and find new, more ingenious ways to suppress the disease that’s what we are working on now

(again, this teasing rhetoric is completely pointless and frustrating to hear from someone who days ago promised “absolute transparency in my thinking and the government’s thinking”)

Whitty – wrong answer is anything over 1 where exponential growth starts again

Direct deaths but also indirect deaths partly caused by NHS and other services not able to do what they normally do

Need for headroom to allow NHS to operate and do not just covid things but also other crucial care such as cancer care

Vallance – we started talking about the doubling time of infections, now talking about a halving time as R is below 1

We’ve avoided reasonable worse case of 500k deaths but death toll in UK poss worst in Europe – what lessons have been learned?

Unprecedented support so national debt rising by record amount in peace. Time – how great a risk you will feel compelled to a new era of austerity?

Johnson – collating of data internationally is bedevilled with difficulties

Only real test, comparison, is going to be poss at end of epidemic when you look at excess deaths

I genuinely think and by the way we put in lockdown earlier than France and Italy and Spain and we did right measures at right time

(empty rhetoric, grossly insensitive – he seems happy to use international comparisons when he says he was right but not when the figures show otherwise)

Good qtns about mental health and suicide

Completely right to make period of lockdown coincide with peak of epidemic as far as poss

Peak has passed we are learning lessons every day but broadly speaking we did the right thing at the right time

(stop saying that, you idiot)

At that time we were looking at possibility pple wld not get access to ventilators and ICU beds

Pple came together to save lives

Not going to pretend we are not learning lessons every day

Wait and see on int’l data

On big picture qtn I think economy will bounce back strongly

I’ve never p’tic liked the term you just used – austerity for viewers who forgot what you said

Whitty – nowhere near the end of this epidemic

Through first phase but v long way to run

Let’s not go charging into who won and who lost

Excellent article in today’s Guardian explaining why comparing deaths is very difficult

All caused mortality adjusted for age is the key. Metric as every ctry measures covid cases in a slightly diff way

We can learn all the time and other ctruies can learn from us eg getting pple into trials

Not at stage of doing post review now

Experts believe ticking cancer timebomb, 60k extra cancer patient deaths – any modelling on numbers?

Can you guarantee anyone who needs life-saving cancer treatment will be able to get it in second phase?

Whitty – we’ve looked across the board at direct and indirect impacts and increasing deprivation

Not just cancers, fall away in A&E visits for strokes and heart attacks – NHS definitely can deal with these

Need to switch on non-emergency treatments to prioritise most urgent first then more later in the system, phasing

Johnson – increasingly concerned about as weve seen decline in covid cases is are we seeing an unnatural displacement where pple are scared tyo go to hospital, urgent cancer care I can certainly say pple will get the care they need

R rate guiding star but can only say 0.6-0.9 – what is a manageable R rate?

Guidance to safer workplaces and transport – clarity on facemasks?

Johnson – On R I’ll give my layman’s account

Diff R’s in diff environments, crucial to stop overall R going above 1

Change is starting. To get much more and better data so as we go. Forward with phase 2 we’ll be much more sophisticated in how we can respond to R locally and nationally

Driving down R is our. Collective endeavour

(we don’t want your layman’s account, you fool.)

Masks and face coverings – SAGE saying and I agree part of coming out of lockdown face coverings will be usefil for epidemiologoical reasons and to give pple confidence going back to work

(waffle)

Vallance – contacts, admissions, genomics used to calculate R

Not uniform across ctry

Now measuring R by measuring active infections in random population survey giving us a measured value - Closer to precision value

Better idea of infections so what figure needed for effective test and trace?

Has your infection changed your approach at all, PM?

Johnson – new cases is key variable there

Whitty – can do track and trace at any stage but more effective with lower number of cases per day

SAGE and others looked at modelling of this in great detail

No magic number, lower, more effective

Johnson – I was v v lucky I had wonderful care and treatment

tragically thousands of pple have been less fortunate than I was

Objective of govt is to save lives across the ctry and minimise impact, objective unchanged

(well the govt has done very badly at that priority)

NHS stayed under capacity but spare ICU beds why is death rate in care homes so high?

Antiviral drug and other treatments – share confidence about rendosvir?

Johnson – all sorts of discussions about co-morbidities, huge debate opening up, defer to answer Chris gave earlier, waiting until end before making int’l comparisons and total excess mortality, data not clear at the moment

Vallance – ebola drug tried for covid, does hit p’tic part of virus, China and USA studies, China didn’t show overall benefit, USA study not statistically significant but delayed impact

Can get some effect, not v large at the moment, studies going on, good. First start drugs will be poss to have effect on virus, maybe combination of drugs

Whitty – always wait until published paper peer reviewed – encouraging verbal report, good first step

Pple imagine move to “the” treatment but actually small incremental effects and progress

Confident we’ll have better treatments after 1-2 years

Thanks to those taking part in drug trials

Vallance – first step

Key workers still being told they have to drive 80 mile round trip from Stoke – more testing available in Stoke?

Drug treatment trials – how vital are Royal Stoke patients playing in these trials?

Johnson – thanks to pple in Stoke and to all key workers

Will check out round trip distance with NHS and with the HUGE team we now have for te4sting

Will hear more in coming days about testing

Massive way to go

Every key worker in the ctry shld be able to get a test

We are massively ramping up testing

Now doing about as much testing as an other ctry in Europe

We have massively ramped up testing and will ramp it up further

Stoke tests – we’ll be onto it to ensure pple don’t need to go into that sort of palaver

We’re at around 86,000 tests

(5k more than he said earlier)

Whitty – extraordinary so many pple, especially in Stoke have volunteered, we will be able to treat this better down to pple in Stoke and elsewhere

Vallance – makes a massive difference

Johnson – thank you, see you all again in the next few days

(ends with govt warning video)