

Interview of Prof Michael Osterholm, by Dr Norman Swan. Michael is an Epidemiologist, and Director of the Centre for Infectious Disease Research and Policy, University of Minnesota
<https://twitter.com/ColinDavdButler/status/1378677313773084674>
<https://twitter.com/normanswan/status/1377028533621432320>
<https://www.abc.net.au/radionational/programs/healthreport/wsfb/13279982> 29/3/21

I suggest you start listening at the 12minute50sec mark.

- Normal Swan asks: “What are you predicting globally, about what will happen with this pandemic over the next 12 months?”
 - Prof Michael Osterholm response: “**I feel that I now knows less about this virus than I did 6 months ago.**” Then he goes on to say what he thinks will happen or might happen.
 - We have been dealing with this virus for about 14 months.
 - But we have only been dealing with the variants for 3 months.
 - We had been going along on the assumption that these variants had no real significance as mutations, just that we could identify them as being different.
 - Only in early November did we start to understand that these variants had properties that are really significant.
 - Some variants can cause much more severe disease.
 - They are also much more infectious.
 - They can actually evade the immune protection from vaccine or from natural immunity.
 - **And once we realised that, and we labelled these variants of concern, we began to understand that this was a whole new ballgame – and that the variants were doing to drive this pandemic is a way that we had not appreciated.**
 - In Europe starting November & December (and now in north eastern states of USA), the UK variant B.117 that is both much more infectious and causes more serious illness. Now these is about to be a B.117 surge in USA (also watch for more information on this <https://www.youtube.com/watch?v=Vkv-nxKG-hc> Anne de Gheest COVID Epidemiology update), that could be quite devastating (despite the massive efforts to rapidly immunise all Americans). So the US is going to see another wave of COVID infections (This time B.117).
 - **But now you are asking where we are going with this? I don't know** – because one of the things that we are confronted with are these other variants. The P.1 (Brazilian) variant for example, and the B.1.351 South African variant. These variants can evade the protection from vaccine or natural immunity.
 - So whatever happens with these variants could determine how well our vaccines or previous protection from having been infected, will actually work.
 - **We are concentrating on getting these vaccines to the high income countries right now. We may be able to vaccinate 20% of the populations in low and middle income countries over the next year. So transmission of the virus will continue full-throttle over the next years.**
 - **That is where the new variants are going to spring forth from.**
 - **And when they do, that could well challenge how well our vaccines in the high income countries work.**
 - I would like to think that this is not going to happen. But everything points to the fact that we are going to see these new variants come forward.
 - **We have to be very very leery of assuming that just because we have the vaccines that we do now, that we are done. We may not be at all.**

Conclusion: We may have a long and very uncertain road still ahead of us, in dealing with COVID19. Australia MUST redouble its efforts to prepare forth