A couple of hundred people in Singapore were infected with SARS in 2003 and this “shadow of SARS”, says Professor Wang Linfa of Duke-NUS Medical School, gives the Republic a problem.

Duke-NUS professor behind test to successfully trace infected person who has recovered

Tina Khalid
Senior Health Correspondent

Nothing is as important as speed and accuracy when it comes to testing for Covid-19. It was a not a developed locally that helped Singapore trace the source of infection of two Covid-19 clusters here – to where infections were brought in.

The talk was a woman who became infected at the Life Church and Missions Singapore, gone to a clinic in southern China.

The problem is that there are no longer any viral nucleic acids left in the virus and was only by pressing she had Covid-19 antibodies that the link was made.

That was a worldwide first.

When it comes to testing someone who has recovered for Covid-19, Singapore has a problem that many countries do not.

This is because more than a couple of hundred people have been infected by the severe acute respiratory syndrome (SARS) virus in 2003.

And the two coronaviruses are 80 per cent identical.

The problem is that the virus to others.

Some people, when they recover, stress, they get cold sores.

That’s 80 per cent identical to the Sars coronavirus.

It is very clear that it is a zoonotic transmission.

If I get a vaccine for Covid-19, will it last me one month or six months?

The public half understands and accuracy when it comes to testing for Covid-19.

Who should be given the vaccine first?

Q: Can Covid-19 be contained?

A: It is difficult to say. Developed nations can be able to contain it, but developing nations may not be able to do so. It is very much infectious that is at least level 3, so the virus cannot be accidentally released outside of mainland China to get infected by the severe acute respiratory syndrome (SARS). It is genetically relatively similar. It is not a human virus, it is an animal virus.

Other viruses, when you get infected, you will get protected, that is different. But for coronavirus, you will not.

For Covid-19, we don’t just want to know if you have antibodies, we want to know how much.

Most of the time when you have emerging disease decades, you give to these people.

In 2003, in Northern China, the Sars virus was hunted down.

That’s 80 per cent identical to the Sars coronavirus.

It is very clear that it is a zoonotic transmission.

We are not able to contain it now.

If you are infected with measles, then you get lifelong immunity. Some viruses can infect, but you still get lifelong protection.

Q: Can the vaccine be developed for the 2003 Sars virus?

A: No. Genetically, Sars and Covid-19 have 20 per cent difference. That difference is enough for the body to recognise Sars but not Covid-19. It is much harder to start the vaccination franchise.

Q: How many vaccines, worldwide, will be enough for everyone? First, who should we vaccinate?

A: Most of the time when you have emerging disease decades, you give to these people.

Who should be given the vaccine first?

Q: Why is it taking so long to develop a vaccine?

A: There is a lot of work that needs to be done before we can start vaccination. Nothing is as important as speed and accuracy when it comes to testing for Covid-19.

This is because more than a couple of hundred people have been infected by the severe acute respiratory syndrome (SARS) virus in 2003.

And the two coronaviruses are 80 per cent identical. That is why it is taking so long to develop a vaccine.

A: It is clear that we need to do this.

There are four levels of biosafety labs, with level 4 as the highest.

But our Sars survivors in Singapore still have antibodies 17 years later... I think it will last for years to come.

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