



# The Military Survey (Geo) Branch

Covid-19 Newsletter No 3 June 2020



PA Media

**Captain Sir Thomas Moore**

Captain Tom Moore is to be knighted for his fundraising efforts after a special nomination from the prime minister.

The war veteran raised more than £32m for NHS charities by completing 100 laps of his garden before his 100th birthday in April.

Boris Johnson said the centenarian had provided the country with "a beacon of light through the fog of coronavirus."

As an honorary colonel, his official title will be Captain Sir Thomas Moore under Ministry of Defence protocol.

The knighthood, which has been approved by the Queen, will be formally announced on Wednesday.

Capt Tom, who was given the honorary title of colonel on his 100th birthday, had initially set out to raise £1,000 for NHS charities by walking laps of the 25-m (82ft) loop in his garden in Marston Moretaine, Bedfordshire.

But he eventually raised £32,794,701 from more than one and a half million supporters.

In a statement, Boris Johnson said Capt Tom's "fantastic fundraising broke records" and "inspired the whole country".

"On behalf of everyone who has been moved by his incredible story, I want to say a huge thank you. He's a true national treasure," he said.

Labour Party leader Sir Keir Starmer congratulated Capt Tom and said he had "brought inspiration to millions and helped all of us to celebrate the extraordinary achievements of our NHS".

"In his actions, Tom embodied the national solidarity which has grown throughout this crisis and showed us that everyone can play their part in helping build a better future."

Capt Tom, who was born in Keighley, West Yorkshire, captured the hearts of the nation and his birthday celebrations were extensive.



*Capt Tom served in India and Myanmar during World War Two (@CAPTAIN TOMMOORE)*

The occasion was marked with an RAF fly past as well as birthday greetings from the Queen and prime minister.

He was also made an honorary colonel by the 1st Battalion The Yorkshire Regiment, in which he had served during World War Two, and received an estimated 140,000 cards.

Source: Copyright © 2020 BBC - BBC News: East of England

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## **Gurkhas Praised For Rescuing British Tourists Stranded In Nepal**

Soldiers travelled through the Himalayas to reach tourists stuck across Nepal

**Forces | Net** 8th May 2020 at 11:27am

More than 100 British travellers stranded in isolated parts of Nepal when the coronavirus outbreak struck have been rescued by the Gurkhas.

Soldiers, UK embassy staff and drivers travelled more than 4,000 miles through the Himalayas to reach tourists stuck in mountainous towns, villages and national parks, the Foreign Office said.

The three-week rescue mission was launched to help some 109 British people, along with 28 foreign nationals, to reach charter flights sent to repatriate Britons last month amid strict lockdown measures.

Soldiers from the British Gurkhas Nepal network, based in Kathmandu, Pokhara and Dharan, negotiated river crossings and landslides to reach them, the FCO said.



In a statement, the Foreign Office said Sergeant Prakash Gurung, of 29 Regiment, Royal Logistic Corps, navigated treacherous roads to rescue a British solo traveller from Manang, in north-west Nepal, before driving the nine and a half hours back to Kathmandu to catch a UK charter flight.

Sergeant Gurung, who has completed three tours of Iraq, as well as serving in Afghanistan, the Middle East, Kenya and Germany, said: "I stepped up to volunteer because I thought it was a part of my job.

"Helping people in dire situations gives me a sense of satisfaction.

The coronavirus outbreak severely reduced transport routes in Nepal, leaving tourists stranded in remote locations.

Some soldiers and drivers sent to their rescue had to set up camp for the night on the side of the road because of the long and hazardous journeys, the FCO said.

"Getting British nationals home in such an unprecedented time is a huge challenge around the world, but in a country like Nepal, with such extreme conditions, it would have been impossible to get everyone back without the close collaboration of the embassy and British Gurkhas Nepal," British Ambassador to Nepal, Nicola Pollitt, said.

"We have been able to reunite more than 700 British travellers with their families in the UK, and that would not have been possible without the tireless work of our embassy and Gurkha team."

"It is both fitting and in keeping with the role of the armed forces that when called on for assistance that we do our very best to support those in need," Lieutenant Colonel Peter Wettenhall, Deputy Commander of the British Gurkhas Nepal, said.

"We are delighted that we were able to assist the British Embassy, British nationals and our soldiers and families in Nepal through this trying time," he added.

*(Cover image: A library picture of Pokhara, Nepal)*

## Applaud the military on VE Day for their unsung efforts to beat Covid 19

WILLIAM HAGUE - 4 MAY 2020 • 9:30PM



*The Army has been vital in, among other things, establishing the Nightingale hospitals*

It is an immense shame that the 75th anniversary of Victory in Europe Day this Friday cannot be celebrated in a fitting manner. We will necessarily be confined to our homes and gardens, while 8 May 1945 was a day of vast crowds, unrestrained celebration and public joy. Even in the midst of our current world crisis, it is hard to imagine the sense of liberation and relief at the defeat of a threat to the very existence of the country and of much of decent civilisation.

Yet of course we can find in VE Day some lessons and comfort relevant to today. It reminds us that even the most lethal attack can be repelled with inspiration and endurance. And it encourages us to salute the efforts of those engaged in unflinching service to others. Every day of the week it is NHS workers and carers who are rightly praised and recognised for sacrifice and extraordinary effort. But this Friday will also be an appropriate time to show appreciation of our armed forces in the present national effort. Their role is more extensive, more crucial, and more versatile than is usually acknowledged.

As far as I can tell, not a single one of the huge challenges facing the country in recent weeks could have been surmounted without military involvement. The Nightingale hospitals have sprung up at amazing speed because of the skill of army engineers and others, including military joiners and carpenters, air-conditioning and refrigeration engineers, medical experts and electrical engineers. This is not just a case of sending round some plumbers at high speed – although their military equivalents have indeed been heavily involved. **It is the armed forces who contribute geospatial planners to work out where to site the new hospitals – showing that we soon fall back on the brains of the army as well as their brawn.**

Equally, the frantic battle to keep health workers supplied with personal protective equipment, PPE, would have been a hopeless one without military help. The RAF have been collecting shipments from overseas and army logisticians and drivers have worked on deliveries across the UK. Again, the ability to plan, think and organise has been important, with considerable military co-ordination of contractors.

In the intense drive to increase the availability of testing, the army has also been vital, creating in recent days nearly a hundred mobile testing units, without any prior notice, that will now enable many thousands of healthcare workers to be tested without undertaking long journeys.

The military contribution to this national effort runs to more than 80 current tasks. Some of those are high profile, such as helicopters lifting sick patients from the Orkneys and the Channel Islands. But others are little known to the general public, including procuring ventilators, mentoring local resilience forums, providing ambulance drivers, operating warehouses and repairing oxygen systems in hospitals

Previous civil emergencies in this century have shown the need to use military skill and resources – their role in handling the Foot and Mouth outbreak in 2001 was much praised, and the floods of 2007 saw them handing out three million bottles of water a day. This, however, is the first time in decades that they have been so invaluable to the internal functioning of the country. There is a strong case for the whole nation to applaud the job they are doing, not just to thank them but to draw attention to the values, ethos and adaptability of services that get on with their job in a typically understated and good-humoured way. This week is the opportunity for Boris Johnson to draw attention to their work and for Keir Starmer to join in – thereby underlining that he is not Jeremy Corbyn.

Sadly, there is also a wider and more disturbing reason to think about the future of our armed forces this week: the Covid-19 crisis is not seeing the world become a safer place. Far from bringing humanity together, it is providing cover for unwelcome and dangerous manoeuvres. In the South China Sea, tensions have increased between China on the one hand and Vietnam and Indonesia on the other. In the Gulf where British ships patrol Iran has just put its first military satellite into orbit. Disinformation has flowed out of China, following a pattern already well-established in the case of Russia. Globally, the race to develop more advanced weapons, drawing on artificial intelligence, or travelling at hypersonic speeds, is accelerating. The need to prevent the spread of nuclear weapons, now that North Korea has assembled its own arsenal, is greater than ever.

So as many of our service men and women rush around helping us withstand coronavirus, their colleagues cannot neglect their normal duties. There are probably many people who imagine that when we are not engaged in a major war, the armed forces have a break and polish their equipment. In reality they are deployed each year to dozens of countries on a multitude of tasks.

Currently, they maintain our continuous-at-sea nuclear deterrent, patrol the North Atlantic, protect the overseas territories, and deploy in Iraq, Afghanistan and North Africa. Aggression by Russia means they provide part of the NATO response – with army units in Estonia and RAF air policing based in Lithuania. And all the time our own air space has to be defended against the deliberate intrusions of Russian aircraft and the danger of terrorist attack. If any political party thinks we should be cutting defence when the bills for Covid-19 come in, they should forget it.

Like the vast majority of British people alive today, I have never served in our armed forces. However, I was privileged to get to know them at close quarters when I was foreign secretary, whether visiting bases in Helmand or being airlifted at high speed into the middle of Baghdad. After a few years of that, they became the arm of the British state that I admired the most.

Yet as our forces have become numerically smaller, fewer people than ever are familiar with what they do. In the years to come, a safe, cohesive and well-protected country is going to need to put that right. VE Day is not a bad time to start, as we live through another dark period in which we cannot do without the military skills and dedication so often taken for granted.

*Source: Daily Telegraph.*

# These Historic Photos Show How San Francisco Survived the Last Pandemic

You can see parallels between the community response to the 1918 Spanish Flu and Covid-19



## Casey O'Brien

Journalist and freelance writer based in Berkeley, Calif.  
I write about the environment, healthcare, equity,  
justice and community



*Crowded sleeping area at Naval Training Station San Francisco California – Photo # NH 41871  
Photo courtesy of the U.S. Naval History and Heritage Command/Thoughtco Picture*

Covid-19 has completely changed the way we live, and it feels unprecedented. But the world, and San Francisco, has actually been here before, a little over 100 years ago during the deadliest flu epidemic in American history, referred to as the 1918 Spanish Flu. Back then, the city — like now — shut down schools, emptied streets, improvised hospitals, cancelled events, encouraged mask-wearing, and most of all, firmly warned to stay at home.

Taking a look back at photos from that year, it can be jarring to see such similarities to today and interesting to see what they did differently (for better or worse). In the image above, dozens of men lie in a warren of narrow beds separated by simple cloth screens, forming a sea of white. It is reminiscent of photos we are seeing today of hospitals crowded with Covid-19 patients around the world. But the men in this photo were not sick yet — like us, they are practicing social distancing. Although... not up to our standards today.

These men were sailors at the Naval Training Station on Yerba Buena Island, and the screens around them were an attempt to stop the spread of the disease altering their world.

The 1918 flu started at the tail end of World War I, when everyone was exhausted and ready for an end to all the fighting. Little did they know another deadly battle had not even begun? The first case of what would later become known as the Spanish Flu was detected in March of 1918.

The epidemic ended in the summer of 1919 with more than one-third of the world's population having been infected with the virus and more than 50 million deaths. More people died from the disease than from the war.

San Francisco saw 45,000 cases, and over 3,000 deaths. The “Spanish” nickname was coined after Spain's king at the time, Alfonso XIII, became ill with it and the Spanish media was first to cover the disease, due to fewer restrictions during the war than other countries. Although the actual origin of the epidemic is not known for certain, historian J. S. Oxford, among others, hypothesized it actually started in the French trenches.

Much like Covid-19, the Spanish Flu spread rapidly around the world. It was far more severe than the common flu and sometimes fatal to even young adults between 20 and 35.

Similarly, to today's novel coronavirus, city officials believed a returning traveller brought the first case to San Francisco — back then it was a San Franciscan coming home from Chicago in September of 1918. By mid-October, the city had over 2,000 cases. Officials encouraged citizens to wash their hands frequently, avoid crowds, and be cautious about public transit at rush hour. Still, cases climbed, and San Francisco's hospitals became overwhelmed.

That is when the city put in place what we now refer to as “shelter-in-place.” After some debate, on October 17 of 1918, the city ordered all “places of public amusement,” like movie theatres and dance halls, to close, in addition to shutting down schools and prohibiting social gatherings.

One difference: Rather than postponing court cases as we are doing now, the courts chose to hold fresh-air trials outside. As we can see below in this photo taken in Portsmouth Square, it was a bootstrap operation.



*Photo courtesy of University of Michigan via Influenza Archive*

Churches were the only gathering spaces allowed to stay open, but worshippers stood outside with face masks on, as we can see in the photo below of St. Mary's Cathedral, taken by an unknown photographer. Unfortunately, it does not appear that they got the same memo to stay six feet apart. Everyone at the outdoor Sunday service shown in this photo is wearing a mask, which was required by the city of San Francisco. Anyone who did not was a “dangerous slacker,” a Red Cross public service announcement at the time read.



OpenSFHistory.org

*The masks probably helped slow transmission a little, but they were often poorly made from surgical gauze. Nurses volunteered to sew them in large batches in Oakland, as you can see below, but they were thin and small.*



*Photo: Oakland Public Library*

When San Francisco's cases began to drop after two weeks without social gatherings, city officials lifted many of the bans in mid-November of 1918 — a mistake we can learn from. Citizens were still required to wear masks at performances and gatherings, but it was not enough. Like Covid-19, the Spanish Flu spread rapidly between people at public gatherings, and the city did not socially distance for long enough.

It was not until February 1919 that San Francisco was free of the Spanish Flu. San Francisco has survived public health crises before, and we will again. But to avoid the same pitfalls that befell the Bay Area in 1918, we have to do one thing: **stay home for as long as needed.**

# WEAR a MASK and SAVE Your LIFE!

The emergency that now confronts our city is  
beyond the facilities of the health department

## THE RED CROSS

has come to the assistance of the Board of Health. Doctors and  
Nurses cannot be obtained to take care of the afflicted. You  
must wear a mask not only to protect yourself, but your  
children and your neighbor from influenza, pneumonia and death

### A Gauze Mask Is 99 per C PROOF Against Influen

Doctors wear them—those who do not wear them get sick. The man  
or woman or child who will not wear a mask now is a dangerous slacker.

# WEAR MASKS

GOING TO W  
AT WORK  
GOING HOME  
AT HOME

This statement was authorized at a meeting of the undersigned, who  
are convinced that it is the only way to stamp out the epidemic:

<p><b>CITY AND COUNTY OF SAN FRANCISCO</b> JAMES ROLPH JR., Mayor</p> <p><b>BOARD OF HEALTH of SAN FRANCISCO</b> ARTHUR H. BARENDT, President WILLIAM C. HASSLER, Health Officer</p> <p><b>AMERICAN RED CROSS</b> JOHN A. BRITTON, Chairman San Francisco Chapter</p> <p><b>THE COUNCIL OF DEFENSE</b> CHARLES C. MOORE, Director</p> <p><b>UNITED STATES SHIPPING BOARD</b> DON W. BINGHAM, Sanitary Engineer</p> <p><b>UNITED STATES POSTAL DEPARTMENT</b> CHARLES W. FAY, Postmaster</p> <p><b>SAN FRANCISCO CLEARING HOUSE ASSOCIATION</b> FRED H. COLBURN, Secretary</p>	<p><b>SAN FRANCISCO CHAMBER OF COMMERCE</b> ROBERT NEWTON LYNCH, V.P.</p> <p><b>SAN FRANCISCO BUILDING TRADES COUNCIL</b> P. H. McCARTH</p> <p><b>SAN FRANCISCO LABOR COUNCIL</b> JOHN A. O'CONNEL</p> <p><b>RETAIL DRY GOODS ASSOCIATION</b> WILLIAMS MARK</p> <p><b>CIVIC LEAGUE of IMPROVEMENT CLUBS and</b> DR. JULIUS ROSENSTIRN</p> <p><b>RESTAURANT MEN'S ASSOCIATION</b> J. J. EPPINGE</p> <p><b>ASSOCIATED CHARITIES</b> O. K. CUSHIN</p>
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Photo courtesy of University of Michigan

(Source: Medium.com)

# From concept to creation: Mobile Testing Unit

A team of specialist military engineers worked through the hours to design the prototype for the Mobile Testing Units (MTU), which now be seen travelling the country



Ministry of Defence - May 4



When most people have been at home, 516 (Bulk Petroleum) Specialist Team Royal Engineers — part of 66 Work Group Royal Engineers — were designing a mobile unit to travel around the country in order to support testing for coronavirus.

Mobile Testing Units: testing for Coronavirus

The team of Royal Engineers were given a mission — to develop a Mobile Testing Unit (MTU) in just 7 days.

There were many options considered but after a significant study of possible options, a prototype was assembled using a crew transport van.

Once the van was selected the engineers got to work — this started by stripping panelling, taking seating out and giving the inside a good clean.

The next process was to cover the walls and surfaces in a wipeable material to stop the possibility of contamination.

Overcoming the challenge of closed shops, our Resources Specialist Sergeant hunted all around Nottingham and used materials found on camp to provide appropriate supplies.

Shelving was fitted in the main body of the van and in the back to provide storage for the kit needed, including Personal Protective Equipment (PPE) for the testers.

Finally finished, they were off to showcase the van to the NHS in Hyde Park.

The prototype was presented to the Department for Health and Social Care. Once they had received their approval the build process began...



The van was upgraded over two days of solid work at the Royal School of Military Engineering.

It was lined with a vinyl wrap and the floor replaced with hard-wearing and cleanable stainless steel. The shelving in the back was able to take more weight and in the main body of the van, a compartment for cool boxes was fitted to store test samples. A hand wash unit was also installed on the back of the van.

The new mobile testing unit was then ready for hand over. It was delivered to the Welsh Guards so that they can travel the country testing key workers.

After a full demonstration, the mobile unit was on the road and by the afternoon they had performed their first tests.



*Source: Medium.com*

# Coronavirus: 1,500 Military Personnel Involved In Testing

There are now 92 mobile testing units ready for use across the UK

*Laura Makin-Isherwood - 1<sup>st</sup> May 2020 at 7:10pm*



*(Cover image: MOD)*

A total of 1,500 British military personnel are now involved in carrying out tests for coronavirus - an increase of 350 since Wednesday.

Ninety-six mobile testing units (MTUs) are now operational, with personnel due to be involved with 92 of those by early May, according to the Government.

The mobile facilities, which have the capacity to test 300 people each day across the UK, began to be rolled out by service members last week.

The total capacity for testing in a day, as of 30 April, was 81,611 - the total number carried out by commercial partners, which includes drive through and mobile tests, was 48,311.

The units, developed by the military, operate out of drive through sites to help access those who are isolated communities such as care homes.

It is unclear where the mobile units will be located, although it is believed they will be moved depending on need.

Each unit has the capacity to conduct 300 COVID-19 tests each day.

Personnel are supporting the Department of Health and Social Care by assisting at drive through sites and operating mobile testing units.

The MTUs will be driven by service members to those in isolated areas to collect swabs, before returning them to a lab for analysis.



Results are returned within 48 hours.

As of Thursday, there were 17 units operational around the country



As more NHS Nightingale hospitals and mobile testing sites have become operational, UK Armed Forces continue to play a key role in the UK's response to the coronavirus pandemic.

There are 20,000 military personnel on standby as part of the 'COVID Support Force', with 3,256 personnel currently deployed to assist with 92 open military aid to the civil authorities (MACA) requests.

A total of 1,500 troops are currently involved in carrying out coronavirus testing across the UK.

Here is what the British military has been doing in response to the COVID-19 outbreak.

### **Supporting the NHS Nightingale Hospitals**

A major focus of the military's work has been on assisting the NHS.

Personnel have helped to set up Nightingale hospitals around the country, which provide additional care capacity for coronavirus patients.

- The first was in London, at the site of the city's ExCeL centre.
- A similar facility opened at the NEC in Birmingham.
- A hospital at Manchester Central Convention Complex, formerly known as the GMEX, opened after being set up with the help of military personnel.
- The British Army helped convert Glasgow's SEC Centre into a temporary NHS hospital.
- Army veteran Captain Tom Moore, who has raised more than £32 million for NHS Charities Together, officially opened NHS Yorkshire and The Humber via video link. These recently opened sites will also benefit from the military's largest medical deployment amid the pandemic.
- The Earl of Wessex opened NHS Nightingale Hospital Bristol.
- Nearly 300 personnel are being deployed to the two facilities, in Yorkshire and Bristol. One hundred and thirty five military medical personnel will be assisting NHS staff, helping with basic patient care and monitoring. A further 160 personnel will help with more "general duties", including portage, equipment maintenance, stores management and distribution services.

### **Mobile testing**

- Military personnel have started operating mobile coronavirus testing units. Forty-two drive-through sites are now open, with 17 mobile sites operational.
- British Army soldiers and Royal Marines have been operating facilities across the country, as well as personnel training to operate the pop-up sites. Ninety-six mobile sites are now operational.
- British military personnel will be involved in 92 of the 96 mobile coronavirus testing units by early May, the Government says.
- The total capacity for testing in a day, as of 30 April, was 81,611 - the total number carried out by commercial partners, which includes drive through and mobile tests, was 48,311.
- The Government says it is working hard to hit the target of 100,000 tests a day by the end of April. A number 10 spokesperson said: "You can see the progress that's been made to get capacity up and we're working hard today to get people the tests they need "What we're talking about with the target is where we get to by the end of the day

### **Supporting ambulance services**

- Nearly 200 Armed Forces personnel from the COVID Support Force are being mobilised to support ambulance services across the country.
- Members of the British Army, the Royal Air Force and the Royal Navy will support NHS ambulance services as they face increased pressure.
- Elsewhere, more than 100 tri-service personnel have trained to drive oxygen tankers in support of the NHS, if required. They are likely to respond to emergencies and be asked to drive ambulances when required.

## Training

- Royal Marines have gone through specialist training to help the fight against COVID-19, getting them ready to deploy across the south-west of England to support frontline workers.
- Troops from 247 Gurkha Signal Squadron, part of 16th Signal Regiment have spent 10 days training with pharmacists on how to conduct COVID-19 testing at Edgbaston Cricket Ground in Birmingham. Thirty-two military personnel are helping the fight against coronavirus by providing testing for NHS staff.
- Similar programmes are taking place in Manchester and Glasgow, meaning the military is helping more frontline health workers get tested.
- 



Troops from The Grenadier Guards hold up cards to explain how to complete coronavirus testing in Dulwich (Picture: MOD).

HM Government

NHS  
Test and Trace

# NHS TEST AND TRACE

- Staff at the testing centre swab person with symptoms
- Scientist analyses sample to test for coronavirus
- Clinical contact tracer supports people to identify their recent contacts
- Call handler phones recent contacts who need to self-isolate for 14 days

**STAY ALERT ▶ CONTROL THE VIRUS ▶ SAVE LIVES**



*Soldier from 1st Battalion Duke of Lancaster Regiment holds a contact number to a driver at coronavirus mobile testing unit in Kendal (Picture: MOD).*



*A coronavirus test kit is posted through the car window at the Mobile Testing Unit in Kendal (Picture: MOD)*

Source: BFBS Forces Net

# What You Need to Know About Antibody Tests

They might not be a true indicator of immunity



Emily Mullin  
Staff writer at OneZero  
covering biotech and Covid-19



A healthcare worker takes a sample from a woman at a New York State Department of Health Covid-19 antibody testing center at Steve's 9th Street Market in Brooklyn, New York on April 25, 2020. Photo: Michael Nagle/Xinhua News Agency/Getty Images

You have probably been hearing a lot about antibodies. These specialized proteins are made by the immune system when the body is infected with a new pathogen. Antibody testing for Covid-19 can give researchers a better picture of how many people have been exposed to the novel coronavirus and how it has spread.

As coronavirus antibody testing gets up and running across the United States, here is what you should know.

## What is an antibody test?

An antibody test is used to determine whether a person's immune system has encountered a particular pathogen before. Antibodies are created in response to the presence of a specific pathogen and are programmed to recognize and attack them. They help the body fight off an immediate infection, but they also remain in the immune system for a while and provide protection against that pathogen upon future exposures. People who have been infected with SARS-CoV-2, the virus that causes Covid-19, are likely to have antibodies against it.

Most coronavirus antibody tests that are becoming available provide a positive or negative result, indicating whether or not you have SARS-CoV-2 antibodies. However, some antibody tests, like the one developed at the Mount Sinai Health System in New York, measure the level or titer of antibodies in your body.

An antibody test is also referred to as a serology test. Researchers conduct so-called serological surveys in order to determine the proportion of people positive for a specific antibody.

### **Should I get an antibody test?**

You should not try to get an antibody test if you currently have Covid-19 symptoms. Antibody tests are meant to look for evidence of a past infection. They are not good at diagnosing a current infection because it takes time for the body to mount an immune response against a pathogen and start producing antibodies against it. This can take one to two weeks. That means if you are currently sick with Covid-19 and you take an antibody test, you could get a negative result.

If you think you were previously infected with or exposed to the coronavirus, call your health care provider's office to inquire about antibody testing. If you suspect you currently have Covid-19 and cannot get a diagnostic test to confirm it, you should wait two to four weeks after your symptoms subside before trying to get an antibody test.

### **Where can I get an antibody test?**

Antibody testing is getting underway across the United States and is not available everywhere right now. However, many hospitals and health care organizations are beginning to offer these tests, and they will likely become more widely available in the coming weeks and months. LabCorp and Quest Diagnostics are also rolling out testing at doctors' offices, pharmacies, and their own service centers. Some universities and public health departments have launched studies to test SARS-Cov-2 antibody levels in local populations. The National Institutes of Health is also conducting a serological survey and is enrolling 10,000 people throughout the country.

### **What should I expect when I get an antibody test?**

Antibody tests use a small sample of blood to analyse for the presence of antibodies. A health care provider might take a blood draw to obtain the sample, though some tests use a finger-prick device, similar to home glucose tests for diabetics. You should expect to wait a few days to get your results back.

### **Are at-home antibody tests available?**

The U.S. Food and Drug Administration have not yet authorized any at-home Covid-19 antibody tests. Several companies are developing them though, and they could become available in the coming weeks and months.

How accurate are antibody tests?

Their accuracy varies. Covid-19 antibody tests can sometimes detect antibodies from other coronaviruses you might have been infected with, like the common cold, which can produce a false positive result. Though more than 120 antibody tests are now being offered, only a small fraction of them have been reviewed or authorized by the FDA.

### **If I test positive for antibodies, does that mean I am immune to the coronavirus?**

Not necessarily. Scientists think the presence of antibodies to the new coronavirus could provide some protection against reinfection, but they do not know for sure. It is possible that a certain level of antibodies, or the presence of certain kinds of antibodies, is necessary for immunity. Even if that is the case, it is unknown how long that immunity lasts. Antibodies to other infectious pathogens can stick around in the blood for years. But some research indicates that immunity wanes quickly for coronaviruses.

Even if you test positive for antibodies, you should still wash your hands thoroughly, wear a mask in public, and practice social distancing until more is known about what the presence of these antibodies means.

(Source: medium.com)



### A Quick Coronavirus Vocab Lesson:

You are probably hearing these terms a lot. Bookmark these definitions for the next time you are feeling a little confused or overwhelmed by Covid-19 information.

**Contact tracing:** Finding people who came in contact with an infected person and letting them know they may have been exposed.

**False positive:** A conclusion that something is true when it is not, such as results indicating that a person has a disease when they do not.

**Cytokine storm:** An over-response by the immune system, producing a lot of proteins called cytokines. Too many cytokines—a storm of them—can kill human lung cells and cause severe infection, difficulty breathing, and death.

**R0:** Pronounced “R naught,” the R0 is a “reproduction number” for a disease, signifying the average number of cases each infected person will cause.



## Captain Tom Moore Portrait Gifted To Army Foundation College

The portrait was donated to the Army Foundation College by a local artist

BFBS Forces Net - 28<sup>th</sup> May 2020 at 4:13pm



A portrait of NHS fundraiser Captain Tom Moore has been gifted to the Army Foundation College in Harrogate.

Captain Tom became a national hero after raising more than £33 million for the NHS during the coronavirus pandemic.

The Second World War veteran, originally from Yorkshire, was appointed as the first Honorary Colonel of the college which trains junior soldiers, last month. Meanwhile last week, it was announced he was to receive a knighthood for his fundraising efforts.

Neil Arms, the Harrogate-based artist who painted the portrait, said: "The image of an elderly man, proud of his military background, with his military discipline and medals walking up and down his garden slowly raising funds for our amazing NHS spurred me to pick up my paintbrush."

He said he "would have liked the painting to hang in a place of Tom's choice", but later decided to donate it to the college after the veteran was appointed Honorary Colonel.

"I was delighted when the college accepted the painting, I could not think of a better place for it to hang," he added.

The donation of the painting was announced earlier this month.

Lieutenant Colonel Rich Hall, Commanding Officer at the Army Foundation College, said: "It was a privilege to accept this fantastic portrait of Captain Tom on behalf of the college.

"It is an inspiring piece of artwork that really captures the essence of our Honorary Colonel and all he has done for the NHS.

"The handover ceremony was emotional. The artist, Neil Arms, was clearly moved by what the college represents.

"It is a place of transformation and social mobility for thousands of young people. We hope this painting will inspire young people for generations to come."

## Inside The Defence Laboratories at Porton Down Battling COVID-19

Protecting frontline workers has been a big part of the Defence Science and Technology Laboratory's work during the coronavirus pandemic.

Laura Makin-Isherwood - 27<sup>th</sup> May 2020 at 12:09pm



*Laura Makin-Isherwood and 'Professor Tim' discussing the range of activities undertaken at DSTL*

Forces News has been given special access inside the Defence Science and Technology Laboratory (DSTL) in Wiltshire to learn more about the work of scientists there during the coronavirus crisis.

The facility at Porton Down on Salisbury Plain carries out some of the most highly classified work to safeguard Britain's security interests and is one of the UK's biggest capabilities for handling dangerous pathogens.

Research has been conducted there for more than 100 years, although DSTL was not officially formed until 2001.

The Ministry of Defence and Home Office are among its customers, spending more than £600 million last year.

The job of DSTL scientists is to respond to any catastrophe and have worked on a number of cases including the re-designing of the British Army's Foxhound vehicle to reduce deaths in Iraq and Afghanistan, as well as the decontamination of Salisbury after the nerve agent attack in March 2018.

When the coronavirus pandemic began, defence scientists were tasked with helping with the crisis, including finding out more about COVID-19 and ways to stop its spread.

Due to the classified nature of the work carried out at the facility, filming was restricted, and staff identities have been protected.

'Professor Tim', who has worked on chemical, biological and radiological cases for more than 20 years, said the DSTL at Porton Down handles "pathogens such as plague, anthrax and the virus that causes COVID-19 currently".

"We're doing a variety of tests but really they centre around characterising [coronavirus] itself and understanding how it behaves when it's aerosolised, how it behaves, for example, when it deposits on surfaces.

"How long does it survive? What is the effect of light? What's the effect of humidity?"

The labs at the DSTL are held under negative air pressure to prevent the escape of the virus.

The scientists proceed with extreme caution, handling COVID-19 cultures in sealed glove boxes.



*Scientists are particularly cautious with the virus, handling COVID-19 cultures in sealed glove boxes.*

DSTL experts have also been deployed across the country to help meet the Government's coronavirus testing target.

'Emma', who was part of the team to be deployed, said: "It's a totally different kind of pressure - the turnaround time that they manage to achieve is phenomenal, especially considering the amount of samples they're getting in.

"It's really pushing, I think, science as an industry to their limits to develop all these new ways of working and new tests to keep evolving to meet the demands that the country needs."

Protecting frontline workers has formed another big part of DSTL's work since the outbreak.

When ambulance services reported decontamination of their vehicles taking too long, staff designed a new way to cut times down to just minutes.

Meanwhile, when the country faced a national shortage of the bitter and sweet-tasting sprays needed to test the fit of face masks, the labs found a way to plug the gap overnight.

"It's not particularly difficult chemistry, if I may, but it's something that we're not used to doing here," Professor Tim said.

"We had to establish a capability very quickly, indeed, in order to produce these solutions in extremis.

"We, to date, have manufactured about 21,000 units of fit test solution.

"I'm reliably told that those solutions have enabled capabilities like the London Nightingale Hospital to become operational."

## Brian Beale

21st May 2020, 12:00PM

Sedgemoor Crematorium, Bridgwater



The funeral Of Brian Beale was held at the Sedgemoor Crematorium Bridgewater, Somerset under the Covid-19 social distancing guidelines. Only close relatives were able to attend and included Brian's daughter Julie, his grandchildren, and great-grandchildren. We believe that Brian's death on the 6<sup>th</sup> May was not due to the Covid-19 virus.

Family and friends were able to follow the service on-line by webcast through a fixed webcam in the Chapel provided by <https://www.wesleymedia.co.uk/webcast-view> and were able to log in with an order ID and password.

Brian was born in Hampshire in 1935 and joined the army as an apprentice at Harrogate AAC in 1952. He trained as a field surveyor and after sapper training was posted to various parts of the world during his full-service career. He served with various survey units in Kenya, Cyprus, Germany, and the Far East.

As a Warrant Officer Brian ran the map store as part of the Military Advisory Team (MAT) in Sharjah UAE. On the withdrawal of the survey representative in November 1974 Brian was required to pack and dispatch to Survey NEARELF all the survey records, which included 6,000 air photographs and 3,000 maps, plus numerous PIR and job files.

Brian and family lived in South Wonston near Winchester but moved to Axbridge in Somerset in 1979. Brian was a keen athlete, cyclist, and swimmer - and excelled in distance running. He was a founder member of the Burnham Harriers and the local park run. To cap it all he ran the London Marathon TWICE!!



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## Tail Piece – “I got it from Agnes”

Mike Stanbridge mentioned that an old school friend of his reminded him of what his 6<sup>th</sup> formers sang in the late 50s when Asian Flu was rife. See link below! It was never included in any of Tom's albums for some reason. Considered too issue perhaps? <https://m.youtube.com/watch?v=6WHSVOVLmNY>



*Tom Lehrer performing in 1960 - singer-songwriter, satirist and mathematician*

### **I Got It From Agnes**

**Tom Lehrer**

I love my friends and they love me  
We're just as close as we can be  
And just because we really care  
Whatever we get, we share!

I got it from Agnes  
She got it from Jim  
We all agree it must have been  
Louise who gave it to him

Now, she got it from Harry  
Who got it from Marie  
And everybody knows that Marie  
Got it from me

Giles got it from Daphne  
She got it from Joan  
Who picked it up in County Cork  
A-kissin' the Blarney Stone

Pierre gave it to Sheila  
Who must have brought it there  
He got it from Francois and Jacques  
A-ha! Lucky Pierre!

Max got it from Edith  
Who gets it every spring  
She got it from her Daddy  
Who just gives her everything?

She then gave it to Daniel  
Whose spaniel has it now  
Our dentist even got it  
And we're still wondering how

Ah, but I got it from Agnes  
Or maybe it was Sue  
Or Millie or Billie or Gillie or Willie  
It doesn't matter who

It might have been at the club  
Or at the pub, or in the loo  
And if you will be my friend  
Then I might . . . (Mind you, I said  
"might")  
Give it to you!

Source: Musixmatch

**STAY ALERT ▶ CONTROL THE VIRUS ▶ SAVE LIVES**