



World Health Organization

WHO-AUDIO Emergencies Coronavirus Press Conference 03 March 2020

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SN	Stephanie Nebehay
SA	Sarah
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UM	Unidentified Male Speaker

TJ Good afternoon, everyone, and thanks for joining this press conference on COVID-19. As always, we have journalists who are dialling online. If you want to ask a question please type, star nine, on your phone. For those who are watching us on Zoom, please click, raise hand, on your screen.

Today we have Dr Tedros, we have Dr Mike Ryan, Dr Maria van Kerkhove, but we also have Paul Molinaro who is our Chief Operations Support and Logistics for this response. We will have an audio file available immediately after the briefing and we will have also a transcript tomorrow.

I will just remind journalists, those who will get the floor, to ask only one question so we can get as many questions as possible. Dr Tedros, please.

TAG Thank you. Thank you, Tarik, and good afternoon and thank you once again for joining us in person and also online. Today is my birthday and I have been given a very good gift from DRC, my own continent, Africa.

We have now had two weeks without a single reported case of Ebola and there are currently no patients receiving treatment. This is very good news, not just for me but for the whole world. I remember how the whole world was worried about Ebola. And especially for the thousands of health-workers who have sacrificed so much in the fight against Ebola and for making sure that we are where we are, and two weeks without an Ebola case.

But as one epidemic looks like ending, one front of the fight closing, another is becoming increasingly complex. Another is, as you know, COVID-19.

There is now a total of 90,893 reported cases of COVID-19 globally and 3,110 deaths. In the past 24 hours China reported 129 cases, the lowest number of cases since January 20. Outside China 1,848 cases were reported in 48 countries. 80% of those cases are from just three countries, the Republic of Korea, Italy and the Islamic Republic of Iran.

12 new countries have reported their first cases and there are now 21 countries with one case only. 122 countries have not reported any cases.

The actions these newly affected countries take today will be the difference between a handful of cases and a larger cluster. We understand that people are afraid and uncertain. Fear is a natural human response to any threat, especially when it's a threat we don't completely understand.

But as we get more data we are understanding this virus and the diseases it causes and more and more. This virus is not SARS, it's not MERS and it's not influenza. It is a unique virus with unique characteristics. Both COVID-19 and influenza cause respiratory disease and spread the same way, via small droplets of fluid from the nose and mouth of someone who is sick.

However, there are some important differences between COVID-19 and influenza. First, COVID-19 does not transmit as efficiently as influenza, from the data we have so far. With influenza people who are infected but not yet sick are major drivers of transmission, which does not appear to be the case for COVID-19.

Evidence from China is that only 1% of reported cases do not have symptoms and most of those cases develop symptoms within two days. Some countries are looking for cases of COVID-19 using surveillance systems for influenza and other respiratory diseases.

Countries such as China, Ghana, Singapore and elsewhere have found very few cases of COVID-19 among such samples or no cases at all. The only way to be sure is by looking for COVID-19 antibodies in large numbers of people and several countries are now doing those studies. This will give us further insight into the extent of infection in populations over time.

WHO has developed protocols on how this study should be done and we encourage all countries to do these studies and share their data.

The second major difference is that COVID-19 causes more severe disease than seasonal influenza. While many people globally have built up immunity to seasonal flu strains, COVID-19 is a new virus to which no one has immunity. That means more people are susceptible to infection and some will suffer severe disease.

Globally about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

Third, we have vaccines and therapeutics for seasonal flu but at the moment there is no vaccine and no specific treatment for COVID-19. However, clinical trials of therapeutics are now being done and more than 20 vaccines are in development.

And fourth, we don't even talk about containment for seasonal flu. It's just not possible. But it's possible for COVID-19. We don't do contact tracing for seasonal flu but countries should do it for COVID-19 because it will prevent infections and save lives and containment is possible.

To summarise, COVID-19 spreads less efficiently than flu. Transmission does not appear to be driven by people who are not sick. It causes more severe illness than flu. There are not yet any vaccines or therapeutics and it can be contained, which is why we must do everything we can to contain it, and that's why WHO recommends the comprehensive approach.

These differences mean we can't treat COVID-19 exactly the same way we treat flu, but there are enough similarities to mean that countries are not starting from scratch. For decades many countries have invested in building up their systems to detect and respond to influenza.

Because COVID-19 is also a respiratory pathogen, those systems can and should and are being adapted for COVID-19. But we are concerned that countries' abilities to respond are being compromised by the severe and increasing disruption to the global supply of personal protective equipment caused by rising demand, hoarding and misuse.

Shortages are leaving doctors, nurses and other front line health-workers dangerously ill-equipped to care for COVID-19 patients due to limited access to supplies such as gloves, medical masks, respirators, goggles, face shields, gowns and aprons.

We can't stop COVID-19 without protecting our health-workers. Prices of surgical masks have increased six-fold and 95 respirators have more than tripled, and gowns cost twice as much. Suppliers can take months to deliver. Market manipulation is widespread and stocks are often sold to the highest bidder.

WHO has shipped nearly half a million sets of personal protective equipment to 27 countries but supplies are rapidly depleting. WHO estimates that each month 89 million medical masks will be required for the COVID-19 response, 76 million examination gloves and 1.6 million goggles.

WHO has guidelines on how to rationalise the use of personal protective equipment in health facilities and manage supply chains effectively. We are also working with governments, manufacturers and the pandemic supply chain network to boost production and secure supplies for critically affected and at risk countries.

Globally it's estimated that PPE supplies need to be increased by 40%. We continue to call on manufacturers to urgently increase production to meet this demand and guarantee supplies. And we have called on governments to develop incentives for manufacturers to ramp up production. This includes easing restrictions on the export and distribution of personal protective equipment and other medical supplies.

Once again this is a question for solidarity. This cannot be solved by WHO alone or one industry alone. It requires all of us working together to ensure all countries can protect the people who protect the rest of us. I thank you.

TJ Thank you very much, Dr Tedros, and happy birthday. We will open now for questions. We start here in the room. Jamie, please.

JA I would like to try to get a sense as to where we are with this virus. You mentioned again today that the numbers are coming down in China. Have we peaked in China and can we expect the same sort of phenomenon that happened in China to happen in those four countries that you mentioned like Italy, like Iran? Can you give us the big picture on that please? Thank you.

MK So the first question is has this peaked yet in China? What we've seen from the data that has been collected in China with the epi curves of looking at it by symptom onset, we have seen a decline in cases since the end of January, and that decline has been a steady decline not only in provinces outside of Hubei but also inside Hubei and in particular in Wuhan.

We questioned these numbers while we were in China. We scrutinised this data and we believe that this decline is real. And the reason we believe that this decline is real is because of the extent of case finding, contact tracing and testing among other surveillance systems that is ongoing in China. So we do believe that that is real.

We've seen the comprehensive measures that China has taken, and we've mentioned these previously in terms of these fundamental public health measures that they've taken, and we believe that that has had an impact on changing the natural trajectory of the outbreak in China.

There is no reason to believe that this is possible in other countries. We believe that this is possible in other countries. With following these fundamental measures of looking for cases, looking for contacts, social distancing, hand-washing, respiratory etiquette, readying your systems, having an aggressive approach to this, we believe that a reduction in cases in other countries, including Korea, including Italy, including Iran, everywhere, that this is possible.

TJ Then we go to Jamil please.

JC This is Jamil Chade from Brazil. Some in the Brazilian government are a little bit worried that you are not declaring the pandemic and this is basically hampering perhaps a strategy that would have focused on basically saving lives instead of containing. Is this the time already to declare a pandemic and if not, how would you deal with many cases given the focus that you're giving today of containment? Thank you.

MR The Director General may supplement, but I think for example countries like Brazil have a very low number of cases, possibly one. If we're going to wave the white flag at one case then we have a serious problem on our hands.

The issue here is about avoiding and saving lives now and we can save lives now by confining this disease, containing this disease, slowing this disease down. Other countries are

making huge sacrifices in order for that to happen. Countries like Korea, like Japan, like China have implemented very, very strong measures that have affected their own economies and their own societies, and that has bought time for others. And it is really the duty of others to use that time that's been bought.

So I would advise all our member states to engage in containment but also to be ready and to be ready for community transmission and be able to mitigate. This is not either/or. The DG said it yesterday; this isn't binary, this isn't saying we don't do containment.

And this is one of the dangers in using the pandemic word, is that even if you are moving in that direction in terms of a description, you would want containment to continue. You would want to see mitigation underway. And there's a very dangerous and I think unhelpful alignment in people's minds between this pandemic word and some sort of major shift in approach. This is not the case.

The DG has just described the characteristics of this virus which clearly demonstrates that containment is still a primary approach. But we must be ready for sustained community transmission.

Remember China has moved back along the chain. China started with individual cases, China moved to large clusters and then moved to very serious sustained community transmission, and now many of the provinces have moved back to single cases; all the way through clusters back to single cases.

That is not a reverse you can achieve with influenza. Korea, Japan are making progress towards the same goal. We need to support all the other countries to try and do that. And yes, if we fail and if that is a failure, we will have slowed down the virus. We would have significantly given time to other health systems to be ready, and it is time for health systems to be ready.

A month can make a huge difference. If you're right now in a country that's experiencing seasonal influenza, the difference between having your surging cases today and having your surging cases in six weeks time is going to be extremely different in terms of outcomes because many of the beds...

If we look at Italy right now, many of those critically care beds have been filled with patients who have seasonal influenza and other respiratory diseases and what's happening is that the new cases of COVID-19 are stretching the system.

If we can delay the onset of those cases even by six weeks, then we can have the health system dealing with those at a time when it's more capable. So there are true benefits, not only in containment terms, of doing this. Sorry for my long answer but...

TAG I would be happy to add to what Mike said. We were on a call with the President of Chile, President Sebastian. As you know, there are no cases reported from Chile but the President wants to do everything to prepare the country to prevent any case from landing in Chile, or if it lands in Chile to control it or contain it as soon as possible.

I would like to really use this opportunity to appreciate the President of Chile for taking this initiative, to really commit at the highest level possible to do everything he can to prevent any case from arriving, but if it arrives to contain it quickly.

Then he asked us one question. He said, what do you think should the Latin American countries do? And we told him, there are three Cs now. The first C is countries with no cases or very few cases, and the second C is clusters of cases, countries with clusters of cases. And then the third C is countries where there is already community transmission.

And then the category in which we put Latin America and Meso America and the Caribbean is in the first scenario which is no cases or a few cases.

And then I told him about our recommendations. So what you should do is go for containment, because as Mike said, when you have one case... I will actually inform you how many cases we have there. I will start from the highest.

Ecuador has seven cases, Mexico has five cases, Brazil, two cases, Dominican Republic, one case, and as Mike said why would you wave a white flag when you have a few cases that you can contain? It's completely irrational.

I don't even understand why the person who you indicated is saying we should surrender. There is no reason to do that. We have to go for containment. We cannot go into what was suggested, what you said, into management when you have only a few cases or no cases.

So we underline again and we stress that there is no one-size-fits-all and each country is in a very different situation and even within one country the provinces and districts are in a different situation. And our recommendation is that we need to take a comprehensive approach and that should start from containment.

For Latin America, Meso America or the Caribbean we would comfortably and confidently recommend that they should do aggressive containment while the number of cases are low. Seven cases in Ecuador, five cases in Mexico, two cases in Brazil, one case in Dominican Republic, and zero cases in Chile from where President Sebastian has called us today.

The response or the answer is within the number of cases they have. So that's what we recommend and we encourage them, as we did encourage the President to really make an aggressive containment strategy but at the same time prepare for any eventualities because this virus is unknown. Anything can happen.

So those countries, including Latin America, should prepare for the worst while doing everything they can to contain it. But I would like to once again say how very appreciative we are of the approach that Chile is taking and for the President to take this commitment without even any arrival of the virus in his country.

TJ Thank you very much. Stephanie?

SN Thank you. Reuters, Stephanie Nebehay. I wondered, perhaps Mike, you've had a team now in Iran just barely 24 hours. I know they've just hit the ground and brought in a lot of supplies. Do you have any preliminary feedback from them? There have been releases of prisoners, other things, after testing. Is that a good public health measure? Do you have any

other insight into how well equipped their health workers are and are able to do the testing that is necessary and contact tracing? Thank you.

MR Thanks Stephanie. We'll be having a conference call obviously a little bit later with the team to download from their first day on the ground. Yes, the team arrived yesterday and supplies for 100,000 tests arrived with them, and as I said a large supply of medical equipment.

We've also had meetings here in Geneva today with the Ambassador of Iran. We've spoken about the joint approach to investigations, very similar to the joint approach in China, the need for that engagement between scientists and doctors on both sides to ensure that we have the best possible understanding of what's happening in Iran.

So we are very much using that same model of cooperation, mutual understanding and the avoidance of a sense of external investigation as such into these issues. I think this is something we need to have as a standard approach.

In terms of the workforce in Iran, there's a very, very strong workforce in health right the way from the community up. The issues they face now are supplies, equipment, specific training in the use of PPE and the intensive care management of very severely ill patients.

Iranian med doctors and nurses have concerns but they don't necessarily have enough equipment, supplies, ventilators, respirators, oxygen and all the things you've heard spoken about in many other press conferences. Those needs are more acute for the Iranian health system than they are for most any other health systems.

So we're working, and again the Director General thanked the Crown Prince in Dubai yesterday for their facilitation and also the facilitation of easing of sanctions and creating a facilitatory environment in order for medical supplies to reach Iran.

So there needs to be acceleration, Stephanie. We clearly need to see an acceleration of activities. We're glad to see the increased amount of data that's being shared and while the numbers going up may, on the face of it, appear as I said to be a very bad thing, we saw the same thing happen in Korea.

Things tend to look worse before they get better because you have to find your problem, you have to recognise your problem and then deal with your problem. So the increase in cases in Iran over the last couple of days, the large increases, are actually reflecting a more aggressive approach to surveillance and case detection, and we hope represents a point at which we working with them can turn the corner.

It's not an easy situation, there are multiple cities infected, and very like some other countries, the disease is now well established. And rooting out COVID-19 in countries where it has become established in multiple geographic zones is not impossible but it's difficult and everything has to work, and the medical supplies needed to do that are essential right now.

TJ Thank you very much. Let's go to some of the journalists online. Let's start with Jeremy from [unclear].

JE I apologise if the question has been asked previously but I'd like to ask it anyway. Regarding sports events, the Olympic Committee said it maintains the next Olympic Games in Tokyo unless WHO thinks otherwise. Do you think otherwise?

And on a more general level, do you consider that maintaining sports events, like football games, is not necessarily a good idea? Some European countries are doing things really differently, like Switzerland is cancelling everything and France is not. So what is your point on that? Thank you.

TAG Thank you for that question. As you know, Japan is doing all it can to contain the outbreak and I have confidence in Japan and there will be hopefully progress. At the same time we are discussing with the IOC, the Olympic Committee, and we had a phone call with the President of the IOC.

What we have agreed is that we monitor the situation and then, of course with the government of Japan, if there is a need for any actions then we can discuss with the Japanese government.

But I think deciding now could be too early so it would be good to monitor the situation and then of course primarily the government of Japan and then the IOC and WHO will discuss and announce any actions that should be taken.

MR If I could just supplement in general in terms of sporting events or any gatherings, each country has to make a decision based on where it sees itself in the epidemic. Some countries have no cases so normal mass gathering events can go ahead.

In countries that have intense transmission in particular areas, they may choose to create social distancing. Cancelling of events or postponement of events is not to punish the event co-ors (unclear) ; it's to create social distance. What you're trying to do in this situation is ensure that you have the minimum number of risky contacts between people in a situation where the virus could be transmitted.

So if there is no virus transmitting, there is no need to limit social contact. As the number of cases goes up, the need to create social distance increases and therefore the measures must be calibrated with the level of risk or the level of transmission.

So you'll see in China, in Hubei it was total lockdown but in many of the provinces outside there was never a total lockdown. It was graduated. It was graduated to the risk that was perceived.

So again, we go back to the point that each country must try to understand its epidemic, understand what phase of the epidemic you're in and then understand what degree of social distancing you're prepared to put in place, taking into account the social and community acceptance and reaction to that.

Every public health measure is a mixture of the objective and the acceptance. You can have a fantastic public health objective but if it's not accepted by the community it can be very difficult to implement. So I think each country then has to find that balance, and I know that sounds terribly unscientific, but that is the reality of the world we live in.

So a measured risk management approach where each and every event is looked at in the context of what you're trying to achieve in public health terms. Knee-jerk reactions, cancelling this and cancelling that, that's not helpful. Measured public health decisions and the careful and evidence based use of social distancing is what we advise.

And we're willing to advise all our member states regarding the organisation of any mass events and mass gathering events, and we have a dedicated team which is distributed between here and our six regional offices who are actively advising any member states or organisations, like IOC, organising major events.

TJ Thank you very much. We go to the next question, Michael from CNN. Michael can you hear us?

MI I can hear you. Can you hear me?

TJ Yes. Please go ahead.

MI Michael [unclear]. I'm a contributor to CNN opinion. Thank you for taking my question.

I was wondering, early on you said that a lot of countries should resist imposing trade and travel restrictions, and I remember Dr Ryan also saying that we can't close down the world. But I think a lot of what we see around the world happening is the exact opposite; actually trade and travel restrictions are being imposed. It's more difficult for people to get around and some nationalities are being banned.

So I'm wondering, how do you feel about this and do you think that it might chip away at your authority if countries continue to do this? Thank you.

MR I think what we've seen with travel restrictions, we've always maintained that these should be a very limited part of any set of public health measures taken by countries. WHO does not have the authority other than to recommend public health measures, but what we do have the authority is to challenge countries when they implement restrictions that we believe exceed our advice, and we've been doing that systematically.

What we have noticed though is that countries that have relied purely on travel measures as the only public health intervention have not done so well, because when they've imported cases they've subsequently been caught off-guard.

So, any country that relies on travel measures or screening at airports as its only public health defence, that is a very weak defence. Where countries use travel measures and travel advice as part of a comprehensive public health strategy, where they implement measures that are time limited, that are evidence based and can be justified, then I think those measures can be better understood.

In terms of WHO's authority being eroded, WHO has no natural authority in this area in legal terms. We don't have the right to punish member states for exceeding our travel advice. What we do have is scientific evidence, what we do have, if anything, is the moral authority to advise countries on how to best use that evidence.

If countries decide to exceed that evidence, there's not a whole lot we can do about that. We can only challenge them and continue to challenge them on this. But clearly travel measures by themselves do not represent an adequate response to the spread of any infectious disease, and that has increasingly proven to be true in this event.

PM The only thing I would like to add is it will be, at the end of the day, up to the countries to take measures but our advice is to take measures that are proportional to the public health risks based on their own assessment.

TJ The next question comes from Sarah from Telegraph. Sarah, can you hear us?

SA Yes. Thank you. There have been some reports today that India has restricted the export of 26 pharmaceutical ingredients in medicines because they haven't been able to get the ingredients from China. I just wondered how concerned you are not only about restrictions on PPE but also on global drug trade and are we going to see medical shortages? Thank you very much.

MR Thanks for the question. We're obviously concerned. We're seeing the first initial panic reaction around PPE which we're still frantically trying to address.

When it comes now to shortages or potential shortages of medicines, whether it's through export restrictions or through China's manufacturing of API still trying to come back online after the disruption, which I'm sure it will, we're setting up a group now with industry to start looking at those further repercussions in the market.

So we'll examine that around a particular number of key medical products, around various different diseases, whether it's HIV, whether it's non-communicable, whether it's maternal and childcare. We'll be looking at that and performing some work to analyse that. So at the moment it's not as restrictive as we see right now with PPE but the fear is that the ripple effects of this will make shortages in those medicines as well.

TJ Thank you very much. We will go back to the room and then we will maybe take one more from the online before we conclude.

UM Happy birthday, Dr Tedros. I'm [unclear]. Before WHO's mission to Tehran a delegation from China landed in Tehran to help the Iranians with the outbreak of COVID-19. Are they also working under supervision of WHO, and if so could the lessons learned from China's measures, which have been taken in China to tackle the outbreak of the virus, be implemented in Iran and be sufficient to tackle the outbreak over there?

MR We have taken the opportunity last night in a video conference to fully brief our Iranian colleagues and our international team on the outcomes of the China mission in extreme detail.

We've also connected very closely with the China team that's on the ground and in fact one of the reasons we're not speaking to them now is that they're probably sitting together to discuss.

So the Iranian government are very keen that the Chinese expert team and the WHO team come together, as happened in China, and they will share experiences. They will double their impact and there will be a joint approach to this.

Again, we thank our colleagues for that. In fact, one of the Chinese colleagues has been deployed as part of the WHO team because they come from a non-governmental organisation on the Chinese side.

So what we've done is helped and facilitated the arrival of the teams on both sides so that the best people get to the ground in the service of the people of Iran. So it's great to have a growing team on the ground supporting the Iranian people.

MK If I can just add to that, we've said in this press room many times the experience that China has had needs to be shared, and this is an excellent example of that in peer to peer and sharing what has been done, what can be done in other countries, and having them as part of this mission and having direct interaction with another country, sharing those experiences whether it's about case and contact finding, whether it's about the care and management of patients, whether it's about how they're readying hospitals and PPE and infection prevention and control.

That direct interaction is what we want to see more and more happen. So having China share their experiences with other countries is nothing short of excellent.

TJ Thank you very much. We have time for two more questions. We go to Kai Kupferschmidt online for the last question for the day.

KK You made the point that one difference between the flu and COVID-19 is that COVID-19 does not seem to be spread mostly by asymptomatic cases. Now, the evidence on this seems to be so divergent that I really wanted to understand a little bit better how big the uncertainty is around this and where you come down on it.

On the one hand you say 1% of reported COVID-19 cases do not have symptoms. That's from China. And then on the other hand we have studies like from the Princess Diamond where suggestions are it's 30% or more.

And the same goes for the mild cases; the joint mission report says there is no evidence of a lot of mild cases being missed, but we do have these modelling studies from early on which used travellers to estimate that there were hundreds of thousands potentially of mild cases missed.

I realise that we need more data but I'd really like to understand at this point in time how you can evaluate these different datasets and where you come down on them.

MK This is indeed a complex question. It's a complex topic and as you say, we are learning more and more information about COVID-19 every day.

What you have quoted and what the DG quoted in his speech, the 1% of reported cases from China, these are reported cases from China that have been reported as asymptomatic. What we know from that 1% is that a large proportion of those, almost 75% of those, actually go on to develop symptoms. So the truly asymptomatic is rare.

You've mentioned pre-symptomatic, so we do know that there are individuals that are being identified early because contact tracing is strong. So you're finding cases and then you're following all of their contacts and because they're under observation, you're testing them early and you're actually finding that they are pre-symptomatic. So you're capturing PCR-positive individuals who develop symptoms a few days later.

There are many countries that are looking for mild cases beyond cases and contacts and the way that they're doing that is that they're utilising other respiratory disease surveillance systems in their countries.

We are advocating for this to be done across many countries and in fact we have a pilot system right now in more than 25 countries where countries are looking at their ILI and their SARI surveillance systems and testing for COVID-19. So SARI is on the more severe end of the disease but influenza-like illness, people who are being detected through those respiratory disease symptoms will be tested for COVID-19.

You mentioned the modelling studies. Of course we're working with a large number of modellers across the globe who are trying to make some estimates of how many cases may have occurred to date. These are really important estimates.

This is a piece of information that we use to better assess what the extent of infection might look like, but we will not know what the extent of infection looks like until we have serologic surveys, and the DG also mentioned this. These are studies that look for antibodies in people across the population to determine how many people actually have been infected with this virus.

And what WHO has done and what many countries are doing right now is they're initiating studies, and we've developed a protocol which we would like countries to use to do these population based sero surveys. And essentially what that is is it's looking at a general population, different age groups, and testing for antibodies to see how many people have been infected.

Without those studies we really can't say how many people have been infected so far. I'd like to remind you all again that we're eight weeks into this and we have serologic assays. I think this is unprecedented, and someone needs to correct me if I'm wrong here, but this is unprecedented to have a virus identified, a sequence shared a few days later, PCR assays to be ready a week or so later after that, and to have serologic assays in use eight weeks into an outbreak.

So we are waiting with bated breath, as you are, for these serologic studies to be done, and it's a matter of weeks before we start to see some of these results. But we encourage not just China but countries all over, who are interested to know how much of their population is infected, to start testing.

Test your individuals who have been identified through ILI and SARI surveillance systems and conduct these seroepidemiologic studies in your general population.

TJ Thank you very much. We will conclude here for today. Thanks everyone for watching us on our Twitter account, dialling in by mobile or watching us through internet.

We will have an audio file, as always, in half an hour or so and a transcript will be posted tomorrow.

We also try to send you on a regular basis COVID-19 related news from our regions so please try to read those as well. Have a nice evening everyone.

TAG When do we meet them? After tomorrow, Thursday. Tomorrow we have a mission briefing, so we still have a media but... Not a day off. Even my birthday is not a day off, how can you expect tomorrow?