



World Health Organization

WHO-BROLL Emergencies Coronavirus Press Conference Full

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Speaker Key:

MO	Moderator
TA	Dr Tedros Adhanom Ghebreyesus
MW	Mark Webster
MR	Dr Michael Ryan
DA	Dario
MK	Dr Maria Van Kerkhove
SN	Stephanie Nebehay
KK	Kai Kupferschmidt
AG	Anne Gulland
SB	Dr Sylvie Briand
IM	Imogen Foulkes
KA	Kanji
UF	Unidentified Female
HM	Hugo Miller
HB	Helen Bransfeld

MO Good afternoon, everyone, to everyone here in the room Geneva WHO headquarters. Also, good afternoon to journalists joining us online and by phone, and also to everyone watching us on WHO Twitter account today. We are continuing our daily briefings regarding novel coronavirus. Today we are using a bit of a different system, technically speaking, than usual. This is because it's the weekend and we were unable to use our normal system. So, as we said in our invitation, some of you are joining us online and if you're joining us online, so through an internet connection, if you want to ask a question, please click on "raise hand", which is on the participant's right hand side, and you will be put in a queue for questions.

If you are joining us by phone, then you will need to type *9 on your keypad, and then you will enter into the queue for questions. Some of you had done that before, but we had to reset the queue, so please do that again and sorry for any inconvenience today. Besides Dr Tedros, WHO Director General, Mike Ryan, Executive Director for Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead within the Health Emergencies Programme, we also have Dr Sylvie Briand, who you all know very well; you have seen her a couple of times, Director for Global Infectious Hazard Preparedness at WHO, as well as Miss Melinda Frost,

who is a technical officer and working with Dr Briand on the issue of what we call infodemic, and this is something we will be talking a little bit more about today.

As always, we will have an audio file and transcript from this press briefing. I'm giving the floor immediately to Dr Tedros.

TA Thank you, Tarik. First of all, my apologies; we should have started at 4:00pm. As you know, there is a board running parallel, so I had a session I was supposed to attend, so that's why we're late, so I hope you will understand. Thank you so much for bearing with us. Good afternoon, everybody, and thank you for joining us on a Saturday. Today I'm going to break with tradition and start with a brief update on the Ebola outbreak in the Democratic Republic of Congo. Along with novel coronavirus, it's one of the many disease outbreaks that WHO is combatting around the world. At this moment, our emergencies division is dealing with 216 ongoing events.

Since the start of February, there have been three cases of Ebola in the DRC. It's clearly too soon to celebrate while there are cases anywhere in DRC, because the risk of spread in the country and neighbouring countries still remains very high. But this is the lowest recorded and we see a positive trend. However, the progress deserves recognition, and despite ongoing security challenges, responders, the majority of whom are local people, have adopted and localised the response to increase its effectiveness and acceptance. Side by side with improved therapeutics, which are substantially decreasing mortality.

As well as a safe and effective vaccine that has now been licensed, the response has been dramatically strengthened over time and provides a preparedness blueprint to fight future Ebola and other disease outbreaks. We must use the momentum in DRC to finish off this Ebola outbreak and then look to the future by investing in building a strong and resilient health system that can quickly snuff out outbreaks in the future. I'd like to use this opportunity to thank the government of the DRC for its leadership, and for our health workers and all responders, and to all partners who have supported the fight against Ebola.

On the new coronavirus, here are the latest figures. As of earlier today, there were 34,598 confirmed cases in China and 723 deaths. Outside China, there were 288 cases in 24 countries with one death. I'd also like to speak briefly about the importance of facts, not fear, in the new coronavirus outbreak. People must have access to accurate information to protect themselves and others. While the virus spreads, misinformation makes the job of our heroic health workers even harder. It's diverting the attention of decision makers and it causes confused and spreads fear to the general public.

At WHO, we're not just battling the virus, we're also battling the trolls and conspiracy theorists that push misinformation and undermine the outbreak response. As a Guardian headline noted today, I quote, "misinformation on the coronavirus might be the most contagious thing about it", end of quote. However, WHO and partners are fighting back with a four pronged approach. First, we are leveraging our existing network called EPI-WIN, which stands for WHO Information Network for Epidemics. The WHO's risk communications and infodemic management team actively track misinformation in multiple languages.

Second, WHO's infodemic team is working hand in glove with our communications department to deliver information to a broader public audience. This includes addressing

rumours by publishing myth busters and live Q&A interviews with experts on our website and social channels and through the media. Third, we're also engaging with search, social and digital companies, such as Facebook, Google, Tencent, Baidu, Twitter, TikTok, Weibo, Pinterest, and others. We're asking them to filter out false information and promote accurate information from credible sources, like WHO, CDC, and others, and we thank them for their efforts so far.

Finally, we're connecting with influencers through Instagram and YouTube, among others, to help spread factual messages to their followers with a focus on Asia-specific region. In essence, to fight the flood of misinformation, we're building a band of truth-tellers that disperse fact and debunk myth. Before concluding, I want to thank those donors who have made contributions in the past few days since we launched the US\$675 million appeal to fill the new coronavirus response. It's really important to make sure that all activities of the response are adequately funded at WHO and key partners.

Just to mention the donors so far and to thank them, the United States, the United Kingdom, the Bill and Melinda Gates Foundation, the Netherlands, the Czech Republic, Japan, and the Wellcome Trust. But the response requires more funding and we call upon all donors to please step up. I thank you.

MO Thank you very much, Dr Tedros, for this update on the Ebola situation in the Democratic Republic of Congo, as well as an update on the coronavirus. We will start taking questions. Just to remind those online again, we already have a few questions online, if you are on your internet connection, then click "raise hand" on the right hand of your screen. If you are by phone, please push *9 on your keypad, if you are calling by phone. Any questions here in the room? Mark, please.

MW Mark Webster from China Global Television. Dr Ryan, you said yesterday you've been in talks with some of the operators of the cruise lines where the people have been quarantined. The implication, I thought, of what you were saying is that each time there's a new outbreak, that means an additional 14 days of quarantine. Was that the correct understanding, or is it, in fact, does that tend to be a very, very long quarantine indeed?

MR Thanks for the question. No, we have ongoing discussions, not with the cruise line companies per se, but with the authorities who are taking care of the investigations and the support people onboard. And certainly, we have ongoing technical discussions with our colleagues in Japan, and we'll follow up again tomorrow with another technical call. So, it's really about understanding how people are being managed onboard, so how they've been cohorted in different groups. Because if you assign 3,700 people to the same risk group and then there's one more case, then you assume the possibility that 3,700 were exposed.

That's not true, but you have to make that assumption. So, by breaking the groups onboard down into smaller numbers, you can then allow some people to pass through the incubation period, but some people might still be at risk. So, many around the world, many authorities, and actually, we were in touch with health authorities in the Caribbean today, because they have many experts in how you investigate and contain infectious diseases on ships, because the Caribbean health authorities have great experience of dealing with this. So, we're reaching out to other partners as well.

So, the aim here is to ensure, and we again thank the Japanese authorities for the care they're providing, and remember, they are doing that. Anyone who is sick or is positive has been taken into care. But we're also working to ensure that those individuals who are left on the ships are able to get off as quickly as possible and just ensure that the protocols and the algorithms can work and we don't end up with an unfortunate consequence of people having to stay too long in that situation.

MO Thank you very much. We will take one more question here. Dario, please.

DA Dario [inaudible] from IFB [?]. I was just wondering, there was a conference in Singapore at the Grand Hyatt earlier in January where several infections apparently occurred. I just wondered if you're taking particular interest in that and if there is a possibility of a super spread of anything like that at this hotel? Also, on the name, I know China, today, has named it novel coronavirus pneumonia. Is that what we should be using now?

TA On the name, we're working on it. We're very close, so we will let you know as soon as possible.

MK If I can start on the investigation in Singapore and elsewhere, and maybe others want to comment on this. Each instance of a case that's identified, not only within China, but outside of China, is important. Every single case matters. Every single instance where there's the possibility of human to human transmission matters. In some countries where we are seeing some human-to-human transmission or a potential cluster, this is very important. It's important to understand who has come into contact with whom, how many of those contacts are leading to another infection, and what that means.

How did they come into contact with each other? What did that encounter entail? And where did the contacts of those contacts go? So, yes, every single instance of human-to-human contact outside of China and inside of China, for that matter, is very important. So, we are keeping a very close eye on that and making sure that we have detailed... I'm sure you've seen some of the images of looking at the cases and contacts with one another, but each one of those presents an opportunity for us to learn about this virus and how it transmits, so that we can learn more about control.

MR Just to add, specifically on the Singapore cases, every day, as we receive information on new cases for many of the countries, we try to link each and every new case reported to its existing transmission chain. So, we don't just take each day as a new day, we will go back and see how that case... And we actually have a team looking at each individual transmission chain across all of the countries, so we can link each case to its potential origin and its potential exposure. And in this case, the situation in Singapore, we had the cluster in Germany, we have clusters in various places.

The clusters are of great interest to us, because number one, they allow us to understand the virus, and number two, there are, as you say, particular opportunities for the virus to spread, so we're keeping an extremely close eye on clustering of cases.

MO Thank you very much. Stephanie, and please, one question per person. We have a number of questions online. Stephanie, please go ahead.

SN Stephanie Nebehay. For the Director General, if possible. Sir, there's been anticipation of this WHO-led international mission. I believe on Wednesday, you said it was very, very close. Can you tell us where you are on that? Are you able to make any announcement and is the ball still in China's court? Can you confirm the status? Have you submitted names to the Chinese authorities?

TA Yes, we have submitted names and I got a response today. So, the team leader will be leaving either Monday or Tuesday, that's what we're aiming for now. And then the rest of the experts will also follow after that. So, I got a response today.

SN Just for clarification, a follow-up. Can you say whether there will be CDC members as a part of that technical team?

TA We hope so. We have already submitted a list, so we hope so.

MO Thank you very much. Now we'll go online. Kai Kupferschmidt . Kai, can you hear us with this new system?

KK Yes, thanks. I'll follow up on that because that was the question I also had. Is there any more information you can give us on who will be part of this team? Can you name the leader and can you say a little bit about what their remit will be there, where they will go?

TA We will publicise everything as soon as we're ready, but we already have a team leader identified. But it would be good if we can release it with the rest of the team.

MO Thank you, Kai. Now we will go to the next one. It's Anne Gulland. Anne, can you hear us?

AG Hi there. Thanks very much for taking my question. It was about the outbreak in the ski resort and the five British people. Sorry, I'm going a bit UK focused here. I wondered if you're concerned about the ski resort, an outbreak at a holiday resort like that with lots of people flying in from different places and then flying out again. Also, whether you'll be able to quarantine people that have come into contact with these people that have been diagnosed with the disease. Thanks very much.

SB Indeed, now we have had the notification of five cases of people with symptoms that have been detected in France. They were from a family of 11 people from Great Britain and they were having holidays in a ski resort in France. But before coming to France for their holidays, they were in Singapore. So, the people who have shown symptoms are currently hospitalised in Lyon and Grenoble, but the investigation is ongoing to see who the other contacts are and to take the measures that are necessary. This news is very recent; they were hospitalised yesterday. So, we are still waiting for more information from the national authorities to get information on this new cluster of cases.

MO [Speaks French]

SB [Speaks French]

MO Thank you very much, Dr Briand. The next question is Imogen from the BBC. Imogen, can you hear us?

IM Yes, can you hear me?

MO We can hear you. Please go ahead.

IM It's also about the French cases, but a more general question. Our information is that it's just one of these people who had been in Singapore. I'm just wondering whether some of the things we're seeing, the cases outside of China, can tell you anything about the transmissibility of the virus, which a lot of people I've talked to say this is the question. There are a lot of questions about that.

MR I think you're absolutely correct and that's one of the things we've been looking at, that secondary and tertiary transmission, and where we see transmission either within families or within groups outside a country in which there have been previous cases, and whether, again, there's onward transmission from that. And there is no doubt that we've seen such clusters, but what has been obvious, too, is that those have been small clusters. And the overall number of people associated with those clusters has been very, very limited.

The question remains as to whether we're in a lag phase and the rate of infection may pick up, or whether we're seeing more of what is the natural history of the disease. And it's way too soon to tell that, but it is why these clusters are very unfortunate and we feel particularly sorry for families who get caught up in this. It's a very frightening time. But those clusters can also teach us a lot about the natural dynamics of disease transmission, and we're doing what you're actually suggesting, looking very closely.

MK If I can add to that. Just to say that what we need are these detailed investigations that are happening in all of these clusters, and these are ongoing as we understand. But in these investigations, following all of those cases, following all of those contacts, so that we can actually quantify what is happening, in terms of transmission, in terms of shedding, in terms of if individuals are on the mild end of the spectrum or if they developed severe disease, this can help us really better understand this virus.

MO Thank you very much. We have a couple of other questions where we weren't able to identify the callers, so we will ask the next caller, who is calling us from Japan, if you can introduce yourself, the media you are working for, and then ask the question. Please go ahead.

KA Hi. I'm Kanji [?] from Nikkei calling from Japan. I have a question to the Director General regarding the forum next week, scheduled for February 11 and 12 on the global research and innovation. I was wondering whether anyone from Taiwan will be in this forum. And if yes, I would like to know how many are coming from Taiwan and who is coming. And will that mean that there's a reversal in the policy of not allowing Taiwanese people or Taiwanese experts to join in any of the WHO organisations and meetings? And if they're not coming, can you tell us why they're not coming. Even though this virus doesn't really have a boundary and all scientists should be joining in. Thank you.

MO Thank you for your question.

MR Just to clarify, there will be many hundreds of experts, 400 in total, and they will be dialling in from all over the world. Many colleagues who are, obviously, in high risk

countries are taking the opportunity not to travel. We will have Taiwanese colleagues online, as we will have experts from the rest of China online and I'm sure they'll listen attentively and contribute equally to the discussions. Again, to reassure, we have been very much technically engaging with Taiwanese officials and public health experts and engaging in communicating and coordinating with them on any suspect of probable cases outside the country.

They've been engaged in teleconferences with colleagues from China mainland and colleagues from the European Centre for Disease Control in tracking probable cases. And therefore, we can assure of the full technical cooperation with our technical counterparts in Taiwan and the rest of China. The DG may want to comment as well because I know you've had other discussions.

TA No, that's enough.

MO Thank you very much. I think the next question comes from the Economist, but I don't have the name of the caller, so if you can hear us, please introduce yourself.

UF This is [Unclear] from the Economist. What kind of data has the WHO received from China on transmission rates, shedding of the virus, serological data? Anything from the hundreds of thousands of contacts that are being monitored at the moment?

MK We're receiving information from China daily on the cases that are being reported by area within China. There's information that we've received, in fact, I've just read a paper that's recently come out from hospitalised patients in Wuhan. There's a lot of information that either comes through official channels or is being published, which gives us more information around severity which gives us some information on shedding. But this information is coming in daily, almost. So, what we've seen on transmission is that in this recent paper that's come out, it's looking at hospitalised patients, and we've seen some transmission that's happening in healthcare facilities.

And this is very important because as we've said from the beginning, one of the areas that we're worried about for transmission is human-to-human transmission in healthcare facilities and the possibility of amplification events. Which is why we've put out guidance and recommendations around infection prevention and control, to make sure that we prevent hospital transmission. Do you want to add, Mike?

MR I will just continue, as the DG has, to encourage and call upon our member states to share all relevant information with WHO, especially information related to cases, to investigations, to lab, environmental, and other investigations. We continue to lag behind from a number of different sources, and we really do want to get that data, so we can make the best possible global risk assessments. So, just a call, I know every country is under great pressure, there's a huge amount of demand on everyone, but the quicker we build an effective and comprehensive and global picture of this disease, the better we will be able to advise everyone regarding how we can control it together.

MO Thank you very much. We will take a few more questions. Anyone here in the room? No? So, we'll go... Dario, please go ahead. Just one, please.

DA This is for Dr Van Kerkhove. I know you keep getting asked this, but about the profiles of the people who've died. You said that it tends to be older people and tends to be people with underlying conditions. Obviously, we now have the case of the 31 year old or 32 year old doctor. So, I'm just wondering, are you able to give any figures or a breakdown of the ages?

MK I appreciate the need to want to have this level of detail, and what we can tell you is what we're learning from the reported cases, what we're learning from these published studies, what we're learning from the information that we've received on the teleconferences, which, as we've said, is a global network of clinicians who are treating patients. The information is still early. We're still six, seven weeks into this and it is a growing picture of learning this. So, we do have individuals who are on the mild end of the spectrum. And I said yesterday that we had some information from 17,000 cases where, overall, 82% of those individuals are mild, 15% are severe, and 3% are critical.

We do have some information of mortality by age, which, as we've said previously, increases as age increases, with the highest mortality in those above 80 years old. These are snapshots right now, in terms of at this point in time, this is the number of people who have died out of the number who have been reported. And overall, that number of deaths versus those that are reported is between 1% and 2%. But as surveillance increases, as detection increases, the ability of countries to detect, we will be able to pick up more people who are on the more mild end of the spectrum, so that number will change. The proportion of people who died may change.

MO Thank you very much. Let's take one more question from online. We have someone calling from France. Can you please introduce yourself?

HM Good afternoon. Hugo Miller calling Bloomberg News. I just wanted to ask, further to the latest statistics that Dr Tedros gave about deaths and cases in China, could you provide any more detail about what the rate of spreading of the virus is outside Hubei? In other words, particularly important hubs, Shanghai, Beijing. But outside Hubei, are you seeing the rate of the spread accelerating, decelerating? Any insight on that would be appreciated. Thank you.

MK The information that we receive. I'll start and perhaps others will answer. We receive data every day on the number of reported cases by province. And these numbers are something that we're plotting over time. I don't actually have these in front of me right now, but what we were just looking at, before the press conference started, is that there are two areas outside of Hubei that have more than 1,000 cases right now. So, the numbers of reports, it's hard to say if these are increasing or decreasing, because what we really want to know is when the symptom onset was.

Not just the number of cases reported per day, but when that symptom onset was, so that we know if there's an acceleration or if there's an increase or a growing epidemic, or if it's actually turned.

MR In addition, there has been a stabilisation in the number of cases reported from Hubei, and we're in a four day stable period, where the disease, or the number of reported cases, hasn't advanced. And that's good news and may reflect the impact of the control measures that have been put in place. But remember, there are also lots of suspected cases still to be

tested, so a lot of stuff has to work its way through the system. What we've seen are stable numbers outside the Hubei province, and we've seen quite a low, but steady incidence in places outside. But those numbers, as I say, continue to grow slowly day-by-day, and it's not clear which of those provinces may end up having complete control over the disease or in which provinces that may escalate in.

I think the Chinese authorities are taking extra actions in some provinces. They have some concerns, obviously, and we will track it. We track every single province on a daily basis, and we hope that the same stabilisation that appears to be occurring in Wuhan also occurs outside. But again, it's very, very, very early to make any predictions about numbers in this outbreak. This is still a very intense disease outbreak in Wuhan and Hubei, and there is still great risks in practically all of the other provinces. So, we will wait and see.

TA To add to that, out of the 34,000 cases, close to 25,000 are from Hubei province. Then we have two provinces with more than 1,000 cases. These are Guangdong and Zhejiang. The rest are less than 1,000 cases. And if you see the trend, it's actually not really accelerating. Of course, very difficult to give the details of what's happening, but it's not a significant increase, if you take it day-by-day in the rest of the provinces. So, the centrepiece is actually Hubei, and even in Hubei, we see some stabilising in the last four days. But even that, I think we have to understand it with caution.

Because as you know, epicurves can show some stability for a few days and then they can shoot up. Especially with, as you say, super spreaders and community transmission. It's very hard or not really right to speculate. But what we know is we have to give it our best, especially at the source, especially in Hubei province. And I think that's paying off because the spread to the rest of the world from Hubei, to the rest of China and to the rest of the world, it is actually slow. In the rest of the world, we have 288 cases. And the increase is slow, even since we declared PHEIC.

But again, even the global spread, I said it many times, it's slow now, but it may accelerate. So, while it is still slow, there is a window of opportunity that we should use to the maximum, in order to have a better outcome and to further decrease the progress, and ultimately, stop it.

MO We will take the last question from our friend Helen Bransfeld. Helen, can you hear us?

HB I can. Can you hear me?

MO Not so well. Can you speak a little bit louder, please?

HB Sure. I wanted to follow up on something Maria said a few minutes ago about having data showing the demographics of the fatal cases. You said the rate was higher above 80. Can you give any more detail?

MK Thanks, Helen. I can give you a snapshot of some cases fatality rates by age. It's not recent, but it's based on 7,000 cases where we see an increase in age, where the highest was above 80 years old. And it does steadily increase, if we look at under 29, 30 to 49, 50 to 59, 60 to 69, and then the highest in that 80. But again, one of the things that's really important when we're considering mortality, when we're considering deaths, is looking at these

individuals who are infected with this novel coronavirus and if they have underlying conditions. We do know that there are certain underlying conditions that make people more at risk for developing severe disease and death.

And this profile is still the same as we reported previously, with underlying conditions, such as diabetes and hypertension. So, those are important things to collect. We have recently released a clinical case report form, which we are encouraging hospitals and clinicians to use, so that standardised data collection can be captured from patients who are hospitalised. And by using this form, we will get a better picture of how individuals who are infected with this virus, what their disease progression is, so that we can capture this information to have a better picture of what disease and severe disease looks like.

MO Thank you very much. With this, we will conclude this daily press briefing. The audio file will follow shortly and we will have a transcript, hopefully tomorrow morning, posted on our website. I thank all of our guests, all those online, and those watching us on our Twitter account. Thank you very much and maybe see you tomorrow.