



World Health Organization

Coronavirus Disease (COVID-19) Press Conference 17 February 2020

Speaker key:

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TAG	Tedros Adhanom Ghebreyesus
TO	Tomohiro
MR	Michael J Ryan
SB	Sylvie Briand
UM	Unidentified male speaker
AN	Agnès
PA	Paul
JB	Jean-Benoit
SA	Sara
MI	Michael
HU	Hugo

TJ Good afternoon, everyone, and thank you very much for waiting with us. Sorry for the delay. Today we continue with our press conferences regarding coronavirus disease, COVID-19. Dr Tedros is back from his trips to DR Congo and to Munich Conference. You were able to watch his speech he made in Munich on Saturday. We again have journalists following us on our Twitter account, we have journalists dialling via phone and watching us online. Again it's 0 * if you're on the phone and it's clicking raise hand if you are online. We will have an audio file and we will have a transcript of this press conference.

Today beside Dr Tedros we have again Dr Mike Ryan, WHO Executive Director for Health Emergencies, and Dr Sylvie Briand, Head of Global Infectious Hazard Preparedness. I'll give the floor immediately to Dr Tedros.

TAG Thank you, Tarik, and good afternoon, everyone. Let me start as I always do with the latest data. As of 6:00am Geneva time today China has reported 70,635 cases of COVID-19 to WHO including 1,772 deaths. In the past 24 hours China has reported 2,051 new cases which includes both clinically-confirmed and lab-confirmed cases. 94% of new cases continue to come from Hubei province.

Outside China WHO has received reports of 694 cases from 25 countries and three deaths. As more data comes in from China we're starting to get a clearer picture of the outbreak, how it's developing and where it could be headed. Today China has published a paper with detailed data on more than 44,000 confirmed cases of COVID-19. These data give us a better understanding about the age range of people affected, the severity of the disease and the mortality rate. As such they're very important in enabling WHO to provide good evidence-based advice to countries.

We encourage all countries to share their data publicly. The data also appear to show a decline in new cases. This trend must be interpreted very cautiously. Trends can change as new populations are affected. It's too early to tell if this reported decline will continue. Every scenario is still on the table.

It also appears that COVID-19 is not as deadly as other coronaviruses including SARS and MERS. More than 80% of patients have mild disease and will recover. In about 14% of cases the virus causes severe disease including pneumonia and shortness of breath and about 5% of patients have critical diseases including respiratory failure, septic shock and multi-organ failure.

In 2% of reported cases the virus is fatal and the risk of death increases the older you are. We see relatively few cases among children. More research is needed to understand why. These new data address some of the gaps in our understanding but others remain. The international team of experts now on the ground in China is working with Chinese counterparts to better understand those gaps and improve our understanding of the outbreak.

We thank all partners who have made their experts available through the GOARN framework. WHO is continuing to work night and day on several fronts to prepare countries. We're sending testing kits to laboratories around the world. We're protecting health workers by sending personal protective equipment to many countries and we're working with manufacturers to ensure supply.

We're training health workers. We're providing advice to countries on how to do screening, testing, contact tracing and treatment and we have put out a call for US\$675 million to support countries to prepare. I thank those donors who have contributed but we have not seen the urgency in funding that we need.

As I keep saying, we have a window of opportunity now. We need resources now to ensure countries are prepared now. We don't know how long this window of opportunity will remain open. Let's not squander it. I thank you.

TJ Thank you very much, Dr Tedros. We have about 20 minutes for questions, not more than that, so I would ask everyone to ask one and very short questions. * 9 if you are dialling in; click raise hand if you are online. We will start here as always in the room. We have one, two, there and then we will move on. Please.

TO Good afternoon. Tomohiro Deguchi with Kyoto Japanese Newswire. My question goes to Dr Ryan, on WHO's risk assessment for coronavirus disease 2019. Please correct me if I'm wrong but I understand that WHO uses the word pandemic phase specifically for influenza outbreak cases but should the global risk assessment of COVID-19 which is high

now turn into very high in the future would it be safe for us journalists to call it a pandemic in general terms? Thank you.

MR Yes, I think we need to be extremely cautious in using the term pandemic. We had lots of controversies during the H1N1 situation around when it was pandemic and when it wasn't pandemic and I think we need to be careful. The real issue here is whether we're seeing efficient community transmission outside of China and at the present time we're not observing that and as such we're not in a position to have that discussion.

What we're seeing is again, as we've said previously, the majority of cases outside China have a direct link still back to China and of that transmission that's occurred in countries outside China the majority of that transmission can be traced through existing transmission chains. Therefore I think we have to be very, very careful not to drive fear in the world right now and be very cautious in using the words you have used.

We've said it; the risk is very high in China, it is high regionally and it is high around the world. That is not, the risk is high of a pandemic. The risk is high that the disease may spread further and I think at face value that is true. I don't know if, Sylvie, you may have a comment on this.

SB No, I think you are right. I think the difficulty with certain words is that their interpretation varies and for the general public very often pandemic is really the worst-case scenario. So I think before qualifying the event as the worst-case scenario we need a lot more evidence and a lot more data and so that's why I think we need to be cautious, because it can really create panic unnecessarily because what is important currently is that we all agree on the risk assessment so that we can all tackle the virus the same way.

TJ Thank you very much. Now we go to [Unclear].

UM [Unclear] with Xinhua news agency. A joint team of Chinese and WHO experts has begun field inspections around the outbreak on Monday so up until now, any updates on their latest findings and next steps in the coming days? Thank you.

MR Yes, the team have had a series of face-to-face meetings with Chinese counterparts and it's excellent to see such eminent international experts working side-by-side with their Chinese counterparts now. Much of the work over the last 72 hours has been in laying out and agreeing on what are those outstanding questions; we've been speaking about those unknowns and it's agreeing what we know, agreeing what we don't know and agreeing what is the best way to access the information on what we don't know.

The team will then be able to go and visit provinces and see things on the ground and continue that work together and again we reflect on the fact that this is a collaboration between Chinese scientists and scientists from the international community and it should be seen as such.

TJ [Inaudible] please and then Agnès. Then we will go online.

UM [Unclear], Xinhua News Agency. My question is, the WHO advisor recently said that new coronavirus could infect two-thirds of the globe. It's still today a concern for the world. What are your comments on this estimate? Thank you.

MR WHO works with many people around the world and people can express views on likely scenarios and many of you have seen the various ranges of R0 that've been proposed. All of that is important and generating hypotheses for possible scenarios in the future but we've dealt with this previously because we had some of the same predictions last week from other scientists.

All predictions are important; most predictions are wrong and I think we need to be careful with that.

TJ Agnès, please.

AN Yes, hello. Agnès Pedrero from Agence France Presse. Today some Chinese health officials have called former patients who've recovered to give their blood in order to extract the plasma and give that to the patients who are still here. Do you think this is a good option?

MR Sylvie may have some details. The use of convalescent plasma or hyperimmune globulin has been part of the treatment of severe infectious diseases going back almost to the beginning of when we understood viral infection. We see it in rabies, we've seen it in other infections and it has proven effective and life-saving in a number of different diseases, diphtheria being one most recently where we used a similar approach.

So it is a very important area to pursue and again we will need to look at how it's used, which patients are most likely to benefit from its use, when during the course of the illness it will be beneficial because what hyperimmune globulin does is it concentrates the antibodies in a recovered patient and you're essentially giving the new victim's immune system a boost. You're giving them a boost of antibodies to hopefully get them through the very difficult phase.

So it must be given at the right time because it mops up the virus in the system and it just gives the new patient's immune system a vital push at the time it needs it but it has to be carefully timed and it's not always successful. So it's a very important area of discovery and I believe they're starting trials on that in China but it's a very valid way to explore therapeutics especially when we don't have vaccines and we don't have specific antivirals.

TJ Thank you very much.

SB Just to add, of course the protocol, how it's in use is very important and especially the safety because, as you know, with blood products you can also transmit other disease so the protocol of purification is very important as well as scaling up, how many patients can get this therapy because it's not easy to produce. That's why all those aspects need to be carefully assessed before we use it widely.

TJ Thank you very much, Dr Briand. We will go online for a few questions. Let's start with the China Daily. Can you hear us, please? Hello, do we have anyone online from China Daily? If not, Chris, can we try someone calling us from Switzerland? Do we have anyone online? Hello? Can you hear us? That's not really a good sound. Let's maybe go back to the room here. We have our friend from Irish Times, who joins us for the first time. Maybe we'll go back online later. Please.

PA Thank you, Paul Cullen from the Irish Times. Can I ask if speakers have any doubts about the efficiency or the effectiveness of testing for the virus given some anecdotal cases where people were multiply tested or they were found to be negative and then they were found to be positive?

MR No diagnostic test is foolproof and we've seen that with screening programmes and others around the world, especially when tests are new and validating those tests; there's always a small chance of a false positive or a false negative; someone being told they're positive when they don't have the virus, or sometimes someone told, you don't have the virus, and they subsequently turn out to have that virus.

So it is an important consideration and that's why clinical suspicion and intention to treat diagnosis is always very important. If there's an epidemiologic link with a previous case and if the person is extremely ill and you get a negative test you would always retest that patient. So the retest protocols and then validation of those samples in reference labs, especially where countries are testing for the first time; we require and ask countries to share their first 100 samples with an international reference lab so that we can validate their testing protocol.

So there're a lot of checks and balances in place but again we rely on common sense. No test is foolproof but what it does allow is busy clinicians and others to identify those patients who have COVID-19 and treat them accordingly.

TJ Thank you very much. We will try one more time to go online. We have someone calling us from Canada. Can we try, can you hear us?

JB Yes, can you hear me?

TJ Yes, please. Can you introduce yourself?

JB Yes. My name is Jean-Benoit Legault, I am with the Canadian press in Montreal. There are reports that roughly 100 passengers have now been infected on board the Diamond Princess. What more can you tell us on that front? And if possible I would like to hear, Dr Briand, very briefly on this matter. Thank you. In French, thank you.

[Asides]

SB Yes, on this issue I think what is clear is that it's very difficult to make sure that... The infection prevention and control measures are difficult to implement in a ship environment because there are a number of factors that are very difficult to put under control. We have seen this on many other occasions for other infections like noroviruses or other types of infections so it's not specific to COVID-19.

That's why we are working very closely with the various constituencies, the Japanese authorities but also the chief medical officer on those cruise ships to see what would be the best measures to put in place to protect the people on the ships but also make sure that we still stick to our objective which is containment of the virus.

That's what we are doing currently. Also be very cognisant that we need to make sure that we focus on our public health objective, which is to contain the virus, not to contain the people,

and make sure that we can have the right balance between the health of the population in Japan and other countries but also the health of the people currently on this boat.

So we need to have that balance and it's currently quite difficult because there are still many unknowns on this virus and so measures are implemented and assessed currently and monitored on a nearly hourly basis because we learn every day and every hour more about this disease and this virus.

TJ Can you please, a shorter version in French?

SB Okay, this time. [Foreign language].

MR I'd just add, thanks to the owners of the Westerdam and the Sea Princess or... because they've been exceptionally open and transparent and co-operative throughout this whole process and that's something we deeply appreciate.

TJ Thank you very much. Let's try to get Sara Jerving from Devex. Sara, can you hear us?

SA Yes, thank you. I just had a question about the reported figures. In your daily updates WHO is reporting laboratory cases but at the beginning of this cases you used laboratory plus clinical cases. I'm wondering what the media should be reporting – laboratory or clinical cases?

MR The data we received this morning doesn't disaggregate between laboratory and clinically-confirmed cases. That's why we've reported that gross number. I believe we will continue to report both numbers as they're made available but I think the overall number combined of both will probably be a better number going forward but we're working with our colleagues in China to see whether they will be reporting both numbers on a daily basis from here on in.

TJ Thank you very much. Let's try quickly to get one or two more questions before we conclude. Michael from CNN; can you hear us, Michael?

MI I can hear you. Can you hear me?

TJ Yes. Please go ahead.

MI Okay. Michael Bociurkiw here, I'm a contributor to CNN. First of all, I'd like to salute you for your great information-sharing updates. I'm sure I speak on behalf of everyone that we're very grateful. Mr Director-General, at the beginning of the outbreak you mentioned how important media are as partners and how important information-sharing is.

I'm sure you've read the same stories we have about video bloggers and others in China being arrested or detained or simply put under quarantine. I'm wondering given that choking of information, if you will, whether you're prepared to address this issue with the Chinese authorities and remind them of how important during an outbreak like this is free flow of information as long, of course, as it's accurate and verified. Thank you.

TAG Would you like to?

MR No, we always encourage and would always encourage openness. We say the same and one of our own principles here is when we get misinformation our job is not to go after the people who release misinformation; it's to put out good information and give people the best information. So it's not about going after the messenger and we do encourage openness and transparency at all levels.

It is the best way for public health to do its job and it doesn't matter what country you're in and it doesn't matter what level you represent so openness and transparency is the way forward and we do always, as in the cases Sylvie referred to, the quarantined ships, we always have to balance the public and common good against the rights of the individual.

Sometimes that's a very difficult balance to strike and that has been a historical balance to strike and we've seen that in 1918 in the great pandemic where governments, including your own in the US, had to make some very difficult decisions about quarantine, very difficult decisions about information-sharing. That is something that you can't ignore and it's very important that all governments are able to balance the good of society and the community against the rights of individuals to openly communicate.

TJ Thank you very much. I think we have time for one more question, a short one please.

HU Very quick. Hugo Miller from Bloomberg News. Dr Ryan, you were just talking about protecting the rights of individuals and although travel advisories are to be taken very seriously and not entered into lightly is it too early to talk about any kind of a suggested travel ban on cruise ships even within certain regions, to steer clear of Asia, to preclude the situation where you have to make these difficult choices between keeping people corralled on a ship for weeks on end...?

MR Yes, I take your point but even the construct of your sentence; "to steer clear of". We have a group of people who say we should steer clear of cruise ships or steer clear of airports or steer clear of certain ethnic groups and steer clear of other things. We have to be really careful here. There's no zero risk in the world for anything.

What Sylvie mentioned is we need an approach to managing risk that allows us to continue to operate as a society while minimising the risks we know about and that doesn't matter if we're talking about travel or meetings; it doesn't matter if we're talking about cruise ships. These are manageable risks and again we need to reflect on the fact that the vast majority of these cases are within China.

When you look at the population attack rates within China, when you look even within Hubei and Wuhan, we're talking about an overall attack rate of about four per 100,000. This is a very serious outbreak and it has the potential to grow but we need to balance that in terms of the number of people infected.

Outside Hubei this epidemic is affecting a very tiny, tiny, tiny proportion of people so if we're going to disrupt every cruise ship in the world on the off-chance that there might be some potential contact with some potential pathogen then where do we stop? Do we shut down the buses around the world and what happens when other countries are affected, do we take the same measures in that case?

So we need to be extremely measured in what we do and everything we do needs to be based on public health, it needs to be based on evidence, it needs to be based on a principle: there's no such thing as a zero risk and every single person on this planet understands that. It is impossible to reduce anything to zero.

TAG To add to that, measures should be taken proportional to the situation based on public health, science and evidence, and blanket measures may not help so that's what we're trying to say. Otherwise, as Mike said, there is no zero risk but it has to be proportional to the situation.

HU I was just thinking transport [unclear] in the sense that transport, buses, trains fit into one category. Cruise ships is perhaps a cleaner line...

MR Sure but again there were some specific risks associated with a small number of cruise ships and again the risk of that has waned so I think we again need to be realistic about what has happened but very often in life what has happened doesn't determine what you do next so I think we need to separate the past from where we are now. What's the evidence now and then where do we go from here?

So I fully take your point and I fully take your concern but again we need to remain very balanced before we knee-jerk ourselves into an unfortunate situation and I particularly would say in the case of stigma - and if we leave aside the issue of cruise ships; if I don't get to take my cruise ship holiday maybe that's not the end of the world.

But there're a lot of people around the world who've suffered stigma and profiling and other things and we should maybe be concerned about that and ensure that people around the world show solidarity with those affected and don't extend risk beyond what's reasonable. Again, we need to avoid stigma at all cost.

TJ Thank you very much. Jing, I'm really sorry but we'll have an opportunity again. Our guests have to go now so we will conclude here. Thanks, everyone, for watching. We will have an audio file and transcript. Please follow us on our social media platforms and on the website. The situation report will come again tonight. Thank you very much.

TAG See you tomorrow.