



World Health Organization

International Health Regulations Emergency Committee on novel coronavirus in China

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Speaker key:

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| DH | Professor Didier Houssin |
| TAG | Dr Tedros Adhanom Ghebreyesus |
| MR | Dr Michael Ryan |
| SB | Dr Sylvie Briand |
| MVK | Dr Maria van Kerkhove |
| TJ | Tarik Jasarevic |
| LZ | Li Zengxin |
| XT | Xiaochun Tian |
| MBG | Marie Bourreau-de-Gantès |
| KK | Kendri Kwasi |
| NU | Nurit |
| BU | Bodi Hugger |
| TM | Tomas Miller |
| AS | Andreas Schup |

TJ Good evening everyone, thank you very much for waiting. It has been a long day. The Emergency Committee of the International Health Regulations on novel coronavirus was meeting again today. We have again with us speakers that we had last night, we also have Dr Jaouad Mahjour, Assistant Director-General for Preparedness, who is an additional speaker. But I will just remind everyone who are our speakers. It's Professor Didier Houssin, who is the Chair of the Emergency Committee, Dr Tedros, WHO Director-General, Dr Maria van Kerkhove, Head of Interim Emerging Diseases and Zoonosis, Dr Mike Ryan, WHO Executive Director for Health Emergencies, and Dr Sylvie Briand who is the Director of Global Infectious Hazards Preparedness. I will just remind everyone that this is being webcasted on WHO Twitter and Facebook accounts. Journalists who are online and wish to ask questions, please dial 01 on your keypad, and you will be put in the queue.

Just before I give the floor to the Chair of the Emergency Committee, I would like to remind you that we will have an audio file from this press briefing, as well as a transcript later in the evening or tomorrow morning. I wish just to tell one more thing, that this press conference will be shorter than yesterday. We will have approximately 20 to 25 minutes for questions

after opening remarks, so I ask you to keep questions very short. So I give floor immediately to Professor Didier Houssin, the Chair of the Emergency Committee. Professor Houssin.

DH Thank you. Thank you very much. So according to the International Health Regulations, the main treaty in the field of health, Dr Tedros has convened an Emergency Committee about the novel coronavirus epidemic in China. And the question was whether this event constitutes a Public Health Emergency of International Concern (PHEIC). The advice to the DG, which is provided by the Emergency Committee, is that now is not the time. That it's a bit too early to consider that this event is a Public Health Emergency of International Concern.

As I told you yesterday, the Emergency Committee Members, which I thank for their work, were very divided. Almost 50/50. And they continued today to be in the same division, with regard to the advice concerning the declaration of a PHEIC. Several were reinforced in their idea that it should be considered as a PHEIC, considering the evolution of the epidemic, some increase in the number of cases, in the severity of the disease. But several others said that it is too early because of limited number of cases abroad, and also considering the efforts which are presently made by China, Chinese authorities, in order to try to contain the disease.

Declaring a Public Health Emergency of International Concern is an important step in the history of an epidemic. The perception of this declaration by the international community in the most affected country for the people who are presently struggling with the virus, certainly has to be considered. Nevertheless, the Emergency Committee considered also that following some advices might already be useful, produce useful results, even in the absence of a PHEIC.

Those advices, which were sent to the DG of WHO, concern mainly the constitution of a mission, international and multidisciplinary, to try and investigate some of the unknowns of this epidemic, be it the animal source, the mode of transmission, or the containment measures. But also advice to prepare already for the international coordination for the research efforts that should be done in the field of vaccines and medical counter-measures.

And finally to WHO, the EC of course said to the DG that it is ready to reconvene as soon as necessary, even in the coming days, if necessary, if the evolution of the epidemic deserves such a reconvening. Advice also to the People's Republic of China to pursue its policy of transparency, sharing data, providing all explanations about risk management, why this measure has been taken, how is it taken. This is very important to understand what is done in China.

Reinforcing also, of course, risk management measures. Noticeably concerning exit screening. And, of course, continue to collaborate closely with WHO. Advices also to the countries which are, at the moment, affected by some cases, or not affected, saying to these countries to be ready to cope with some cases, sporadic cases, let's hope that they will remain sporadic, and of course survey, detect, trace these cases in order to avoid extension of the epidemic. And finally, advice to the global community to be ready for a potential evolution of this epidemic which may require in some time the declaration of a PHEIC. Thank you for your attention.

TJ Dr Tedros, please.

TAG Thank you, thank you, Tarik. Good evening once again to everyone in the room, and to everyone online. And sorry for keeping you waiting, although it's not, I hope, longer than yesterday. So I hope we have improved a bit. Once again, I would like to thank Dr Didier Houssin who has done a super job of leading the Emergency Committee, through what was a very complex deliberation. My thanks, again, to all the members of the committee for their time, expertise, and full commitment.

I'm not declaring a Public Health Emergency of International Concern today. As it was yesterday, the Emergency Committee was divided over whether the outbreak of novel coronavirus represents a PHEIC or not. Make no mistake, this is though an emergency in China. But it has not yet become a global health emergency. It may yet become one.

WHO's risk assessment is that the outbreak is very high risk in China, and high risk regionally and globally. 584 cases have now been reported to WHO, including 17 deaths. 575 of those cases and all of the deaths have been reported in China, with other cases reported in Japan, the Republic of Korea, Singapore, Thailand, The United States of America, and Vietnam. We're aware of the media reports of suspected cases in other countries, but those cases are still being investigated.

Let me talk about what we know. We know that this virus causes severe disease, and that it can kill, although for most people it causes milder symptoms. We know that, among those infected, one quarter of patients have experienced severe disease. We know that most of those who have died had underlying health conditions such as hypertension, diabetes, or cardiovascular disease that weakened their immune systems.

We know that there is human-to-human transmission in China, but for now it appears limited to family groups and health workers caring for infected patients. At this time, there is no evidence of human-to-human transmission outside China. But that doesn't mean it won't happen. There is still a lot we don't know. We don't know the source of this virus. We don't understand how easily it spreads. And we don't fully understand its clinical features or severity.

WHO is working with our partners night and day in China and the other affected countries at the regional level and here at the headquarters to fill the gaps in our knowledge as quickly as possible. It's likely that we will see more cases in other parts of China and other countries. China has taken measures it believes appropriate to contain the spread of coronavirus in Wuhan and other cities. We hope that they will be both effective and short in their duration.

For the moment, WHO does not recommend any broader restrictions on travel or trade. We recommend exit screening at airports as part of a comprehensive set of containment measures. All countries should have in place measures to detect cases of coronavirus, including at health facilities. The committee has made several recommendations to prevent the further spread of the virus, which the Chair has described, and which I have accepted.

There are a few simple things we can all do to protect ourselves and each other. Like washing hands, covering your mouth and nose when you sneeze, and so on. WHO has a full package of information on its website. Once again, I would like to thank the government of the Republic of China for its cooperation and transparency. The government has been successfully isolating and sequencing the virus very quickly and has shared that genetic sequence with WHO and the international community.

This outbreak was detected because China has put in place a system specifically to pick up severe lower respiratory infections. It was that system that caught this event. I wish to reiterate the fact that I'm not declaring PHEIC today, should not be taken as a sign that WHO does not think the situation is serious, or that we are not taking it seriously. Nothing could be further from the truth. WHO is following this outbreak every minute of every day at country, regional, and global level.

We are working to prevent human-to-human transmission. We have provided guidance to all countries for the rapid identification, management, and containment of the virus based on the sequence we've got from China. We're coordinating our networks of global experts. We're working to advance the development of diagnostics, therapeutics, and vaccines. We're completely committed to ending this outbreak as soon as possible. And I will not hesitate to reconvene the committee at a moment's notice, any time. It could be in a day, it could be in a couple, it could be any time. Thank you very much, again, for joining us.

TJ Thank you very much, Chair Houssin, thank you very much, Dr Tedros. We will open the floor for a short session of questions. Those online please type 01 on your keypad. We will start with our colleague from Caixin, sorry if I'm mispronounced the name of the media.

LZ Thank you for that. My question is on the quarantine, the status, the measures China has taken, and also travelling. In 2003, when we had SARS, also several cities did the same thing. I wonder what were the biggest mistakes that we should avoid this time. And on travelling, I wonder, can you elaborate, besides the screening and masks, what other measures should be taken, please? Because now is the big season for travelling.

MVK I can answer the second part of that question. So yes, as Dr Tedros mentioned in his speech, that there are many things that individuals can do to protect themselves. Sorry, is that better? As I said, Dr Tedros mentioned several things that individuals can do to protect themselves. What we know about this coronavirus, is that it can cause mild disease to severe disease. And some of the common things that people can do is basic hand hygiene, washing hands with soap and water, or an alcohol rub. But also making sure you do proper respiratory etiquette.

LZ [Inaudible] the mistakes that we should avoid this time. Such as [inaudible] came in real ill people.

TAG By the way, WHO's role is to provide rational and science-based recommendations to countries. But at the end of the day, a sovereign country has the autonomy to do what it thinks is right, and based on the situation.

LZ [Inaudible] measures to avoid across the infection within the city, within the block?

TAG I think any measure, you can check whether it's tailored towards the public health measures that we suggest. But at the same time, we give also room for the sovereignty, and also the autonomy of the country to take the measures it thinks can be tailored to the situation.

TJ Thank you very much. First, we will go to a colleague from CCTV, and then we will have Le Monde.

XT Under the current situation, what do you think is the favourable factor in controlling the spreading of the epidemic, and what are the more prominent disadvantages? Thank you.

MR I think the important advantages we have now, that we didn't have in previous epidemics, is we know the virus. In previous epidemics, that wasn't known for a long time. We have diagnostics. So we have the capacity to diagnose quickly. But those diagnostics are not useful unless they're deployed, unless people know how to use them. So we really do have to focus on protecting hospitals and healthcare environments and ensure we have high level of alert amongst health workers for suspect cases, and that we have the capacity to isolate those cases and test them quickly. We have advanced collectively in China, globally, in our capacity to be able to do that.

The challenges in the situation are understanding the full extent of transmission, and the way in which the virus is transmitting within communities. And I think Maria spoke to that, how communities can protect themselves. So there are many things that are giving us an advantage, but our disadvantage is the unknowns, in not fully understanding the disease, not fully understanding the severity, not fully understanding its transmission. And that is what the Director-General spoke to, in bringing the global community to work with China to ensure that we have the right evidence, the right knowledge, to be able to react appropriately to this disease. I don't know, Sylvie, if you wish to supplement?

SB And I think also one advantage we have compared to, for instance, 2003, is really the fact that now we have the IHR, that is a framework that has been adopted by all Member states to coordinate international response. And so, it allows us also to not only coordinate control measures, but also coordinate a generation of knowledge and sharing of information globally. And so this will accelerate certain discoveries of new measures, new opportunities to tackle diseases.

TJ Thank you very much. We will now go to locally from Le Monde.

MBG [In French] Si vous permettez une question en français. Vous aviez indiqué hier manquer d'informations. Est-ce que Pékin est revenu vers vous, entre hier soir et aujourd'hui, avec ces nouvelles informations ? Est-ce que ce sont les mesures de confinement prises par Pékin qui vous ont fait changer d'avis ? Et peut-être une question un peu plus politique. Vous n'êtes pas sans connaître les difficultés en interne du Président Xi Jinping. Est-ce que ce sont des considérations qui ont été prises en compte par le comité, en particulier, le coup politique que pourrait représenter, pour la Chine, la mise en place d'une alerte mondiale ?

TJ I will just [inaudible] question in English. So the question is that yesterday WHO said that we didn't have enough of information, so did we receive this information from China during the day? What is this information that has been received? And is there any part of politics that have been taken into consideration, domestic politics into consideration, by the committee? Chair, please.

DH Thank you very much. You want me to respond in French or in English?

UF [In French] En français, ce sera mieux.

DH [In French] Je vais vous répondre en français puis je vais traduire. Les informations qui nous manquaient étaient de deux natures. Nous voulions savoir si les mesures prises dans

la ville de Wuhan résultaient d'une évolution que nous ne connaissions pas de la situation épidémiologique locale. Et la réponse nous a été apportée. Nous avons eu un point épidémiologique très précis et mis à jour qui a été fait aujourd'hui. Et nous avons compris que les mesures prises dans la ville de Wuhan ont résulté de l'initiative de cette ville et n'avait pas un lien, je dirais, immédiat avec l'évolution particulière de la situation épidémiologique. Quant à la question sur la dimension politique, cette question n'a pas été évoquée au sein du comité, qui n'a pas les compétences pour aborder ce genre de sujet.

Now I will speak in English. So the information which we expected today, compared to yesterday, were mainly related to the announcement yesterday, as a surprise, of the decisions which were taken concerning public transportation in the City of Wuhan. But also Ezhou and Huanggang. So we received from the health authorities of China very precise information about the evolution of the epidemics, and we also understood that the decision which had been taken in the City of Wuhan was an initiative of the City of Wuhan, of course, in consultation with the provincial and national authorities, but it was not directly related to a specific evolution of the epidemiology in the city. And concerning the political aspects, we have not the competence in the Emergency Committee to address these very important issues.

TJ Thank you, Chair, we will now go to our journalists who are online, and we will start with, and I'm sorry if I'm not getting the name right. Kenny from Nikkei, Japan. Kenny, can you hear us?

KK Yes, I can hear you. Yes, I'm Kendri Kwasai from Nikkei. May I start my question, can you hear me?

TJ Yes, we can hear you. Just please speak slowly and loudly.

KK Okay, yes. My question is with regard to Taiwan. Taiwan is not part of the WHO for political reasons, but however there seems to be no boundary, border in terms of transmission of virus. And I was wondering how WHO has been working with the Taiwanese authorities on this case. And also, was there any reconsideration of accepting Taiwan as a member, or being part of the prevention of the disease? And also the exchange of information, of such important information, in terms of hygiene. Thank you.

TJ Thank you very much, Kenny. Is there anyone who would...? Mike?

MR We work very closely with technical partners in China, Taiwan. And we have done so, if you cast your minds back to 2003, even during SARS, we had a deep technical support to China, Taiwan at that time, and nobody will deny the necessary public health assistance in that situation. And I believe the authorities in Taiwan are working very closely with China in the mainland, and I believe there have been joint missions and joint approaches to the response. So I would characterise, at the moment, from our perspective, that there is technical cooperation going on between provinces in China, and between WHO, and any of those entities that seek our assistance. But through the normal procedures and processes of WHO and its Member States. Thank you.

TJ Thank you very much, Dr Ryan. Now one more question online. Nurit from NPR. Nurit, can you hear us?

NU Yes, I hope you can hear me. So I take the point that the Director-General made about countries having autonomy. That said, we are curious to hear, what is WHO's position on the kind of measures that were taken in Wuhan, shutting down transportation? Do you think this is advisable? Do you have concerns about it? Can you speak about that, please.

TJ Thank you very much, Nurit.

TAG I thought I have already responded to that question. Maybe I will repeat myself, so sorry about that. As you know, WHO's role is to provide rational and science-based public health guidance and recommendations to countries, communities, and individuals. China is a sovereign nation with the autonomy to take steps it believes are in its interest. And that of its people. As I said in my opening remarks, and earlier, China has taken measures which it believes will be effective, but we hope from our side that they're both effective and short in duration.

MVK If I may add something, that what Dr Tedros mentioned about the technical package that WHO is putting together, is a package that's aimed at all countries, where it's recommended, and the advice that we provide, is based on the evidence. It's based on the information we have and the information that we've learnt from past experiences with other coronaviruses, which is focusing on identifying cases early, the prevention of human-to-human transmission and onward spread, and international spread. Making sure that anyone that is identified as being infected with this virus has appropriate care, and that we communicate with those individuals so that they know, and their families know, what to do. Thank you.

TJ Thank you very much. Bodi, please?

BH Phoenix TV from China, Hong Kong. I have a question for Mr Tedros. You're concerned that, WHO will concern or bring the guideline to help. And when will you launch your first guideline? Also about how could we call the new virus. Have you named the new virus? Thank you.

MVK So our first set of guidelines, I believe, were online on the 10th of January, if I'm not mistaken. And these guidelines that are online are constantly being reviewed, as more information becomes available. We are receiving information from affected countries, we are utilising the expertise of the affected countries, and our international networks, to make sure that the advice that we are giving is appropriate. So we revise them as necessary. So please look at the website to see the latest guidance materials that are there.

TJ Thank you very much. Do we have a question here?

MVK Oh, the name of the virus.

TJ Oh, the name of the virus. Sylvie, do you want to...? Sorry for that.

SB Okay. So for the time being, we named this virus 2019 novel coronavirus. 2019-nCoV. And after the pandemic in 2009, we had consultations with different agencies and Member States to see if we should have, at global level, a way to name viruses, as there are ways to name, for example, typhoons or storms, and so, you know, that gives them names.

And so it was decided that indeed in case of emergence of a new virus, the global community could meet and decide on a name.

So we have not done it yet because we have not had time, actually, But we will do it when there is time to do it, actually. But for the time being, everybody agrees that this name is okay, and we can work with it, and it's understood by everybody on the planet, and so it's a good name for the time being to name this disease and this virus.

TJ Thank you very much. We really have to wrap up. We have really time for one or two very short questions. I will go here for colleagues who didn't have time to ask questions yesterday. Bloomberg first, and then your colleague next to you, and then we will have to leave, because Chair, Professor Houssin, has to leave us.

TM Thank you, this is Tomas Miller from Bloomberg. I was just wondering if there are any conclusions that we could draw given that the mortality rate isn't rising as fast as the case rate. And my second question is about the epi curve. Has the WHO had enough data from China about the dates and timing of the onset of symptoms to map out the epi curve and will that epi curve become public at some time? And if, in any case, are you able to comment a little bit what the epi curve might look like?

TJ Dr Ryan.

MR Yes. Actually last evening, we received the latest disaggregated raw data on a case basis from the government of China, and for that we are very grateful, and we're currently analysing that. We also received a detailed analysis and presentation today from the National Health Commission and CDC China, which detailed a lot of the epidemiologic data. We do have the data to construct the epidemic curve, and at this point when you look at it from the perspective of suspect and confirmed cases, the outbreak is still evolving. We're not at a position to say that the epidemic has peaked. The outbreak is still evolving.

However, having that information allows us now to track on a daily basis along with and in partnership with China, and again, we're grateful for that partnership. And again, it must be said, in many of these situations in the past countries haven't been prepared to share that detail of data, quite frankly. And we're grateful for that.

With regard to case mortality, it's something that's come up again and again in epidemics. We have to be very, very careful at the beginning of an epidemic in making any pronouncements around the true severity of an epidemic because, and it can work both ways, at the moment we haven't seen any mild cases. As we detect more mild cases, then effectively the severity may decrease because there are more mild cases in proportion to severe cases. And that may do it.

We also need to be careful in that many people are very sick in hospital right now, and more may die in the coming days, and the number of deaths may increase. And that may give the impression of an increased severity. So it's extremely important that we stick to the facts. The facts are, 17 people have died, and their families grieve them this evening. That is the fact of the matter.

Overall, what we will see ultimately of severity and death remains to be seen. We also have quite a number of severe cases. And in this case I think we need to focus also on those

individuals and the standards of care that they receive. We don't have a specific therapy for this disease or for any coronavirus, but patients can do well with intensive supportive therapy. So we need to focus on early diagnostics, early supportive care, intensive care where needed, and ensuring that the burden of cases within the system, and we've seen this with other diseases like dengue and cholera in the past.

The system itself, the health system may come under pressure, as many worried well, and people who think they have the disease, come. So we need to also manage the pressure on the health system so the system can continue to function and triage patients appropriately. But I think we do need to, at this point, just be a little careful on making any pronouncements regarding the true case mortality associated with this disease. Thank you.

TJ We will take a last question from our colleague, if we can just introduce ourselves. I'm really sorry to everyone else, but all of our speakers have other things to do. So please go ahead.

AS Thank you very much. My name is Andreas Schupp from RTL Germany. There are reports that the virus originated from snakes. Do you have any conclusions about that? What can you tell us about that? Thank you very much.

TAG The investigation is going on, but so far no conclusive evidence, actually.

TJ Well with that we will have to conclude. Thanks to everyone here in Geneva, and thanks to everyone who was watching us on our social media platforms, and who dialled in. The statement has been sent to you electronically. We will have audio file, we will have a transcript. Don't hesitate to contact us if you have more questions on this topic. Wish you a very nice day or evening or morning. Thank you.

TAG Yes, thank you so much again for bearing with us. Thank you.