WHO Emergencies coronavirus Press Conference 6 Feb 2020

6 February 2020

Speaker Key:

MO Moderator – Tarik Jašarević
TA Dr Tedros Adhanom Ghebreyesus
SH Shane
SN Stephanie Nebehay
MR Dr Michael Ryan
NU Nurith Aizenman
KA Kai
MK Dr Maria Van Kerkhove
JE Jeremy
BE Betsy McKay
AG Anne Gallant
XI Xiang
EF Elaine Fletcher
HB Helen Branswell
RO Roni Caryn Rabin

MO Good afternoon, everyone. Thank you very much for coming for this what is now a regular press conference on the situation regarding novel coronavirus. Welcome to all journalists online. We hope that today, the connection will be much better than we had yesterday and we will take maybe a few more questions from journalists online today. Welcome to everyone watching us online. As always, we will have an audio file available immediately after.

For those here, just to remind you one more time that we will have to leave this room immediately after the press conference, and we hope to finish the press conference by a quarter to, because the room is needed for another meeting, and with that, I will give the floor immediately to Director General Dr Tedros, and we have Dr Maria, and we have Dr Mike Ryan with us today. Dr Tedros.

TA Thank you, Tarik. Good afternoon, once again, and thank you for joining us. First, the latest numbers of the outbreak. As of 06:00am Geneva time today, there were 28,060 confirmed cases in China and 564 deaths. Outside China, there are 225 cases in 24 countries

and one death. Yesterday, as you know, we launched our strategic preparedness and response plan asking for $675 million to invest in stopping this outbreak. As I mentioned, the Bill and Melinda Gates Foundation has already made a generous contribution, and Japan has also made a contribution of $10 million today. And there are a lot of other signals of support. We expect more announcements in the coming days.

We welcome support from all donors, big and small, because every dollar counts. We're also mobilising the full power of the UN system. After our press conference yesterday, I briefed the Secretary General and other UN leaders, and today, we had a call with more than 200 UN country representatives in more than 200 countries. This follows yesterday's call with WHO country representatives. It's hard to believe that just two months ago, this virus was unknown to us. We have already learnt so much about it. We know its DNA. We know it can be transmitted from one person to another. We know that those most at risk are older people and those with underlying health conditions.

Having the genetic sequence of the virus has enabled the rapid development of tests. And as I mentioned yesterday, we have shipped 250,000 tests to more than 70 labs around the world and we're training lab workers to use them. But there is still a lot we don't know. We don't know the source of the outbreak. We don't know what its natural reservoir is. And we don't properly understand its transmissibility or severity. To defeat this outbreak, we need answers to all those questions. And there are tools we don't have. We have no vaccine to prevent infections and no therapeutics to treat them. To put it bluntly, we're shadow boxing.

We need to bring this virus out into the light, so we can attack it properly. That's why on February 11 and 12, we're convening a global research and innovation forum to identify research priorities and coordinate the international research effort to find therapeutics and vaccines. This will be a meeting of scientists from all over the world, including China, both in person and virtually. The aim is to fast track the development of effective diagnostic tests, vaccines, and medicines. One of the key challenges is coordinating research funders to support key priorities. A lot of donors want to help, but we need to direct them to support agreed priorities, rather than going off in different directions.

I have said we need to be led by facts, not fear, and science, not rumours. That's exactly what we're doing. We're letting science lead. But this is not something we have only just thought of. This is something WHO has been working on for years. Following the West African Ebola outbreak, we developed the WHO R&D blueprint, a global strategy for developing drugs and vaccines before epidemics, and accelerating research and development activities during epidemics. It speeds up the availability of the medicines and technologies that save lives.

We have seen that with the rapid development of an Ebola vaccine, but vaccines and therapeutics are not silver bullets and they will take time to develop. In the meantime, there are simple things everyone can do. Wash your hands regularly and cover your nose and mouth with your elbow when you cough or sneeze. That's personal hygiene. Keeping the world safe is in our DNA. If countries invest now in prevention and research, we can avoid more cases and more costs down the line. I thank you. Back to you, Tarik.

MO Thank you very much, Dr Tedros. As we have limited time, we will go directly to questions. We will take one or two from the room and then we will go online, because yesterday, we were not able to take any. And please, in the interest of having as many people

as possible ask questions, can you please ask only one and not give a long list. We will go one, two, and then we will go online. Please.

SH Hello and thank you, Tarik and Dr Tedros. Shane from CCTV.. My question is, right now at this time of the day, I remember that yesterday, Dr Mike said that nurses and doctors on the frontline are the real heroes. But now we also see some strikes in Hong Kong. For the doctors here, they refuse to do their job. So, at this time of the situation, what do you think the doctors and nurses should do to help the patients and what to call for the spirit to support them? Thank you.

TA I think I have said this many times, this is a time of solidarity. There is a common enemy now, a very unknown virus, and I advise all of us that we focus on the virus, the common enemy. I can understand the pressure on health workers and that's why Mike said they're the heroes. And I fully agree. And I want them to continue to be like that. Thank you.

MO Thank you very much. Stephanie, one question and then we will go to journalists online. Stephanie, please.

SN Thank you. Reuters, Stephanie Nebehay. You've had, I think, about 4,000 cases announced overnight, but we're coming out of some of the incubation periods, the upper bounds of some of the incubation periods for some people. Are you getting a sense that we're, perhaps, nearing the peak or is it too soon to say that? I don't know if that's more a question for Mike. Thank you.

MR No. I think it's, right now, too early to make predictions on numbers, although we are pleased that the numbers from today is the first day in which the overall numbers of confirmed cases reported in China have dropped. So, we're thankful, and I'm sure our colleagues on the frontline in China are thankful for that, too. But that is very difficult to make any prediction related to that. We're still in the middle of an intense outbreak and we need to be very careful on making any predictions.

SN Can you just confirm what you mean by overall numbers of confirmed cases have dropped?

MR The new confirmed cases. And when you're seeing this in graphs, the cumulative number looks like the daily numbers are rising, but the actual number reported today compared to the number reported yesterday is actually down on the day. It doesn't mean anything, but at least it's not going in the wrong direction. And equally, we've seen, and we've said this before, there has been that constant increase in cases in Hubei province, but we haven't seen that same acceleration in provinces outside Hubei. And equally, we haven't seen that acceleration in Hong Kong and Macau in Taiwanese people either.

So, I think again, we're seeing a relatively stable situation outside Wuhan and Hubei, but as you said, Stephanie, and you are correct, there are cycles of transmission and we may see those cases increase in the coming days. But at least for the moment things are stable, but 4,000 nearly, 3,700 cases of coronavirus confirmed in a single day is nothing to celebrate. It's certainly still a great worry.

MO Thank you very much. We'll now go online and please, one question per journalist. Let's try Nurith from NPR. Nurith, we didn't get to speak to you yesterday. Can you hear us now?

NU Yes, I can hear you. Thank, I appreciate it. I wanted to ask you about Wuhan Dr Li Wenliang, he's one of the doctors who first reported concerns about the coronavirus cases back in early January, and who was, reportedly, arrested by police for spreading rumours. There's a report now that he contracted coronavirus himself and has now died. Do you have any comment about this?

MO Thank you, Nurith, for this question.

MR We're very sad to hear of the loss of Dr Li Wenliang. We're very sorry to hear of the loss of any frontline worker who's attempted to care for patients. We, ourselves, have lost our friends in the frontline, so we should celebrate his life and mourn his death with his colleagues.

MO Thank you very much. We will now go to (unclear). Kai, can you hear us?

KA Yes, thanks for taking my question. I really wanted to ask what the situation is, what you can tell me about Africa. What are the diagnostic capabilities that are there? How are things being tested and what are you doing to make sure that if it is introduced, the virus, there is the capacity to deal with it.

MO Thank you, Kai, for the question.

MK I'll take that question, thanks for that. We have a global laboratory network that is meeting multiple times per week to discuss how we can improve and increase diagnostic capacity. There are referral labs that have been identified across the globe where samples can be shipped to support countries that don't currently have the capacity. Secondly, we are working to increase national capacity and we're building upon the influenza labs that exist globally. And thirdly, we are trying to procure and identify tests that can be shipped.

And as the Director General said, more than 250,000 tests were shipped this week. We're also looking for other sources of tests that can be shipped, so that those labs that can do diagnostic work, molecular testing, PCR testing, across Africa can detect cases quickly.

MO Thank you very much, Dr Maria. Now we will go to (unclear).Jeremy, can you hear us?

JE Yes, I can hear you. Thank you, Tarik. A quick one for Dr Tedros. You mentioned earlier that some countries are withholding information about coronavirus, or at least not sharing them in due time. Human Rights Watch, on the other hand, pointed out that China might have been hiding information at the beginning of the epidemic and made things worse. I'd like to have your comments on that.

MR Thank you, Jeremy. We're still awaiting data from a number of countries, in terms of fully completing their sending of data to WHO. But with regards to your question regarding China in terms of data, it's very difficult, at this stage, to look retrospectively and reimagine what the dynamics of the epidemic were in late December, early January. But from our

observation of the situation, China has reported those first clusters in association with the Wuhan market, and did that in an extremely timely fashion. But we don't know the source of the outbreak, as such, and we don't know that there may have been one, two, or three different animals involved and possibly in different settings.

What we do know is that the Chinese authorities had a special surveillance system in place for picking up unusual pneumonias, that system was active in Wuhan. And as soon as that system activated with a cluster of unusual pneumonia cases, they were reported immediately to WHO and subsequent laboratory investigations were undertaken. There's a difference between what may be happening at a community level and what the public health system can detect and report. And from our perspective, the public health authorities in China, as soon as they detected an unusual signal, you can imagine here, in China, it's winter, it's the flu season.

People with pneumonia, it isn't an unusual thing. Two people or three people, there are millions of people living in Wuhan. So, picking out a signal of an unusual event that may be associated with a particular place is not an easy thing to do. It's very easy to look back in retrospect, and it's very easy to assign some kind of easy process that should have been carried out. It's not that easy. The signal was picked up from a very large signal of winter disease and winter pneumonia, and that was reported to us immediately by public health authorities, and for that, we're very grateful.

TA Maybe we see it in other wods. As you know, China is the most connected country with the rest of the world. Cases would have made it to other countries if there was a serious hiding in China. Because China may be able to hide what's happening inside but cannot hide the number of cases in other countries. And as you may remember, when we had cases in China, there were no cases in the rest of the world. And when the number of cases was increasing in China, even when we declared PHEIC, the number of cases elsewhere was not more than 100.

Even as we speak, we have, outside China, 225 cases, while in China, we have more than 28,000. So, it's very difficult, given the facts, to say that China was hiding. Because many Chinese travel and many cases would have made it, if there was a delay. So, that's how we understand it, but as I said yesterday, for anyone who wants to know what happened from the start to the end, we will have the after review action that we will do with China to learn from what happened from the start to the end and learn from it, and then prevent any problems in the future.

MO Thank you very much, Dr Ryan and Dr Tedros. We go now to Betsy from Wall Street Journal. Betsy, can you hear us?

BE Yes. Thank you, Tarik. I have a question for Mike based on some comments from yesterday. Mike, you mentioned that you were doing assessments of public health measures, such as quarantine, taken by countries around the world. I wondered if you could talk about that a little bit more. What are you assessing and what do you plan to do with these assessments?

MR Thanks for the question. The assessment is almost complete. Under the IHR, where WHO has issued temporary recommendations, where countries have exceeded, or appeared to have exceeded those recommendations, we are bound by the IHR to seek information from

that member state regarding the rationale they've used for exceeding the measures as advised in the IHR. The IHR does not deny or prevent, it doesn't prevent a country from taking measures, but what it does is it requires the countries to justify the risk assessment and the value of the public health measures from their perspective.

And this is a very important balance because it's very difficult to make an international law that can predict every eventuality and every particular circumstance that might occur. So, all risk assessment and public health, in some sense, is local. It is depending on the local situation, the local dynamics, the local capacities. Because in some circumstances, countries may feel they don't have the capacity to take one measure, but they do have a capacity to take another measure. So, it's like having tools in a toolkit. Sometimes you have a limited toolkit and you have to use it in a certain way.

So, we have to respect the fact that countries have to make certain decisions based on their circumstances, based on the threat that they perceive. And very often, sometimes, based on community perception. The cultural perception of fear for contagion is very different all over the world and governments have to respond also to community expectations and perceptions around protection of their health. So, governments are in a very difficult position. They have a very fine balance to strike. And what we try to do is make that decision transparent and we share that justification with all of the other member states, so at least other member states see what that justification is. So, that's the process we're completing at the moment.

MO Thank you very much. One more question from online and we are then back in the room. Anne Gullandfrom the Telegraph. Anne, can you hear us?

AG Hello. Thanks very much for taking my question. You said one of the things you weren't sure about was the severity of the disease. I just wondered now with all the case reports coming through whether you have, at least, the beginnings of an idea of how severe the disease is. I just wondered whether people really do need to be in hospital, or whether that's just a precautionary measure. Or whether the disease is more severe than other similar pneumonia type illnesses. Thank you.

MK What we're seeing from reports on severity, so as you know, the big things we're looking at are severity and transmission. And with regards to severity, we have a clinical network that we've pulled together that meets multiple times per week. We have clinicians that are actually treating patients across the globe and they are sharing their experiences of dealing with these patients. And what we're seeing and hearing from these reports is that there is the full spectrum of disease.

You have mild cases, which look like the common cold, which have some respiratory symptoms, sore throat, runny nose, fever, all the way through pneumonia. And there can be varying levels of severity of pneumonia all the way through multi organ failure and death. So, it is that full spectrum of disease. What is important is to determine which proportion of those infected fall in that spectrum of disease. We know that there are underlying conditions and advanced age make an individual more at risk for developing severe disease and death. Individuals who are over 60 years old have a higher risk of death.

Individuals with underlying conditions like diabetes, hypertension. Unfortunately, these are common comorbidities that we see are risk factors for respiratory pathogens, including this novel pathogen. The clinical network is having very detailed discussions around the

progression of disease. They're having detailed discussions about what are the certain types of characteristics of these individuals. Looking at pregnant women, if pregnant women are infected. So, more will come from these teleconferences and we will share more, as we learn more.

MO Thank you very much. We'll go back to the room for a few questions here. We have one question here then Elaine.

XI (unclear) from News Agency. Dr Tedros, I think on January 23, the population of Wuhan has been confined in their city for almost 15 days. So, we have to say they've sacrificed a lot for the prevention of spreading the virus. Is there anything right now that you want to say? Any messages you want to send to them at this difficult time? Thank you.

TA The Wuhan people and Hubei province in general, they are paying a lot. And first of all, I would like to appreciate them and thank them for their cooperation. And for believing that the actions they're taking protects their people, and also, it protects the rest of the world. And doing this for humanity is something beyond words. I am really thankful for that and proud of what they're doing, and much gratitude. I was in Beijing and I wish I had visited Wuhan.

But I would like to assure the Wuhan people and the residents of Wuhan that I will go and visit them one day, hopefully very soon. But at the same time, express that my spirit is always with them and with others who are fighting this dreadful virus. We're in it together and with this kind of solidarity and thinking for another, we are one human race, I know we will defeat this virus. Thank you for reminding me. I hope to see them, but until then, I wish them all the best and I feel that I am among them, actually, today as I speak, even.

MO Thank you, Dr Tedros. Elaine, please.

EF Dr Tedros, Elaine Fletcher from Health Policy Watch. We're seeing a lot of high income countries imposing travel restrictions, as you've discussed, while many low income countries and middle income countries have left their doors wide open. The US, this morning in EB, asked if WHO could provide some more technical guidance on what should be done. Because people are, perhaps, very confused and maybe the countries that are most vulnerable might be left more vulnerable, if they don't have any guidance on the sorts of measures they should take. Is there a paradox here with what's going on?

MR High impact quarantine measures are some of the most expensive measures to implement that you could imagine. Low income countries have choices to make, and frankly, we've always believed that the real point of entry of a virus to a country is, very often, in a poorly equipped emergency room in a doctor's clinic where there's no awareness of the disease, and not necessarily in points of quarantine or points of entry. We do support entry screening and other measures, as part of a comprehensive package. But what we absolutely have to avoid in this case is disease arriving in an unprotected health facility with untrained, unaware workers and having an amplification of disease in a clinical setting.

We've seen what's happened with other diseases that do that, be it Lassa or Ebola in clinical settings in countries with weak health systems. We know the damage that a virus like this can do in that setting. So, we are focusing on supporting countries with weaker health systems to strengthen the key, most important elements of their system. Their ability to

detect, their ability to confirm, their ability to isolate cases safely and provide safe care. The last thing we need at this point is the frontline health workers themselves becoming victims of the disease. This is an absolutely important factor. So, again, where countries have more resources, they can put in place much more comprehensive measures.

And you can argue about what the cost efficiency of that is, and you can argue many things, but what we want to do is to be sure to extract the value from every dollar that's invested through and with developing countries, in particular, that we ensure that we get the best value for that investment. And yes, we are looking, as we speak, at the systematic review of quarantine measures historically, and trying to give countries more advice and give them more information on how to make those trade-offs. What is the value for money of quarantine measures and the historical costs of doing that? So, we'll continue to push that information to our member states, but we don't believe there's a paradox in that approach.

MO Thank you very much. Let's go now back to our journalists online. Can we try Chris, please, to get Helen Branswell?

HB Hi. Thanks very much. I wanted to find out more, if I could, about mild cases. Is the picture coming into focus at all about whether mild cases are transmitting and what potential they have to drive this outbreak outside of China?

MK Thanks, Helen. Yes, we're learning. There are some studies that need to be conducted, and these are virus shedding studies. We need to look at mild individuals all the way through severe individuals. And that systematic data collection and sampling of mild cases, as well as severe cases, is something that's really urgently required for us to get a clear handle on this and to quantify the amount of shedding that is happening from mild individuals to severe individuals. We do know that mild individuals shed virus. We know that severe individuals shed virus.

Which proportion of those that drive this outbreak, it needs to come into more clear focus. We know that the more symptoms you have, you are more likely to transmit. This is a respiratory pathogen, so transmissions through droplets, through close contact with droplets. But we do know that individuals that are mild also have respiratory samples. So, this data is something that is urgently needed and we advocate for countries all over the world, if you have cases to collect this type of information from your cases, so that we can quantify this.

MR We're also expanding our collaboration. Again, the DG mentioned that the R&D work that's rolling out as we speak is based on years of investment in the R&D blueprint platform and with our partners. Well, this work on coronavirus is built on 70 years' experience in influenza surveillance. So, we're building on influenza surveillance, building on a massive network of influenza labs, linking them with emerging disease labs and coronavirus labs. And effectively, going to use those antenna that we have in the global system, listening posts, to see if this virus is pitching up in a broader community sense. We can't wait for the serology tests to become available.

Because at the moment, we can only test for the virus, as in the particles of the virus, in swabs from the patient. But we can't test someone who's perfectly well, whether they've had a recent infection. And we need serology blood tests that can test that, so we can look at the overall population attack rate. How many people in the population have had the infection, and then we can make the comparison with severity. We don't have those tests. We've

hardly known this virus for a month. It's incredible that we have PCR tests. It's incredible that we're able to diagnose it.

But we need the serology tests to be able to do the broader population based studies. So, there's still much to be learnt. But we have, as I said, a lot of capacity out there, we need to put all of that capacity to use to learn more about the actual impact of this disease at community level.

MK Can I pivot back to the research meeting next week? This is exactly this meeting that Dr Tedros mentions on the 11th and 12th next week of bringing together the world's scientists, public health professionals, individuals who are treating patients, to come together to say what are the most critical things that need to be done? This is one of them, but there are many.

MO Thank you very much. We have time for one more question. Let's go to Ronifrom the New York Times. Roni, can you hear us?

RO Yes, I can, thank you. My line's much better today. Do we have any clear data, I know you've mentioned people over 60 being more vulnerable and people with underlying conditions. But do we have anything else about the demographic breakdown? Men seem to be more affected. What kind of data do we have from confirmed cases in China? Gender and age.

MK We have some data from Chinese authorities around age that I mentioned, the older ages. We have seen a breakdown of advanced age and it appears that even over 80 is the highest risk factor. That increasing age increases the risk for death.

MO Thank you very much. I think we will have to stop here and again, apologies that we are changing the rooms. This is because of the Executive Board. Hopefully, as of next week, we will have a permanent place for us.

TA We will see them tomorrow.

MO We will see them tomorrow, for sure. For those who didn't have time to ask questions today, you will have an opportunity tomorrow. Thanks to everyone who was watching us on our Twitter and Facebook accounts, to all journalists online, see you again tomorrow. Thank you very much, everyone.

TA See you tomorrow. All the best and thank you so much for joining.