Coronavirus
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Speaker key:

TJ Tarik Jasarevic
MR Dr Michael J Ryan
MA Mark
OM Dr Oliver Morgan
YA Yang
RI Richard Engel
KA Kai Kupferschmidt
AG Ann Gulland
MI Michael
JO John
UM Unidentified male speaker

TJ Hello again from Geneva and apologies for the delay. We have our guests today, Dr Mike Ryan, executive director of WHO health emergencies programme, and for the first time on the panel we have Dr Oliver Morgan, director of health emergency information and risk assessment here at WHO. As always we will have an audio file immediately available after the briefing and a transcript will be available tomorrow in the morning.

We will keep this press briefing short so I will remind journalists again to ask only one question so we can get as many as possible. For journalists online please click "raise hand" to be put in queue for questions and those who are dialling in press * 9 and then we will try to get your question. I'll give the floor immediately to Dr Mike Ryan.

MR Good afternoon, everyone, and apologies for being late and apologies too from Dr Tedros. I think he's just about to land in the Democratic Republic of Congo where he's following up on important Ebola matters and meeting with President Tshisekedi and many others to look at the future post-Ebola of the health system in Congo. I'm sure you'll understand how important a task and a mission that is given the last year-and-a-half in Congo and the ongoing struggles in that country to deliver effective healthcare, reduce suffering and mortality from infectious diseases.

Let me start by updating you on the latest numbers. In the last 24 hours China has reported 1,820 laboratory-confirmed cases, bringing the total cases to 46,550. In addition China reported 13,332 clinically confirmed cases in Hubei province and crucially we understand that most of these cases relate to a period going back over days and weeks, retrospectively reported as cases sometimes back to the beginning of the outbreak itself.

So this increase that you've all seen in the last 24 hours is in large part down to a change in how cases are being diagnosed and reported. In other words in Hubei province only a trained medical professional can now classify a suspected case of COVID-19 as a clinically confirmed case on the basis of chest imaging rather than having to have a laboratory confirmation.

This allows clinicians to move and report cases more quickly, not having to wait for lab confirmation, ensuring that people get to clinical care more quickly and also allows public health responses in terms of contact-tracing and other important public health measures to be initiated.

As you've noticed with suspect cases, there have been some backlogs in testing and this is also going to help in ensuring that people get adequate care and that adequate public health measures can be taken. So we're not dealing, from what we understand, with a spike in cases of 14,000 on one day. To an extent this is an artifact of the reporting and we're working with our colleagues in China and our team there are working very hard to see exactly how many days and weeks and how those numbers are spread out across those days and weeks.

In the rest of China and the rest of the world laboratory confirmation for reporting is still required and WHO will continue to track both laboratory and clinically-confirmed cases in Hubei province. We've seen this spike in the number of cases reported in China but this does not represent a significant change in the trajectory of the outbreak. Outside China there are 447 cases from 24 other countries and now two deaths; in addition to the death in the Philippines there is now one more death in Japan.

We have said consistently that we need to be cautious when drawing conclusions from daily reported numbers. I think we were having that discussion yesterday and I think the numbers today speak to that. We need to be very careful when interpreting any extremes, be it an incubation period, be it in the daily numbers. We must take all numbers into account, we must look at all the numbers seriously but we also must try and interpret what those numbers mean and not react directly to the number itself.

The number of countries reporting cases has still not changed and outside the cases on the Diamond Princess cruise ship we're not seeing a dramatic increase in transmission outside China. That is the current picture. We're still saying to governments around the world that we still have an opportunity to prepare for the potential spread of the virus.

Regarding the Diamond Princess cruise ship which is currently quarantined in Yokohama, 218 passengers have tested positive for the virus, which does represent the largest cluster of COVID-19 cases outside China. This morning I briefed health ministers from the European Union convened by Croatia, the presidency, about COVID-19 and our teams are working with government and other partners of the European Union to ensure that the latest information is disseminated, that preparations are made and there's good co-ordination between ourselves and the European Union and our WHO regional office for Europe.

We very much welcome the strong support from the European Union in supporting countries with weaker health systems and ensuring that other countries have the investments and support needed to prepare for the arrival of the virus.

In terms of the international mission, the advance team and their Chinese counterparts have now finalised the scope of work and design of the mission and we expect the rest of the international team to start arriving in China over the weekend. Thank you. Back to you, Tarik.

TJ Thank you very much, Dr Ryan. Just to repeat, for journalists dialling in it's * 9; for those online click raise hand. Now we will open the floor for questions; one question per person, please. I go first to Mark.

MA Could I ask you first, given the spike in the number of fatalities, is there any sign that the profile of those who are dying is in any way changing? Is it predominantly still the elderly and those with underlying health conditions or are you seeing any signs that the younger and the healthier are being hit?

MR No, we're not seeing a significant shift in the pattern of mortality or severity for that matter. This disease is still predominantly severe in those who are over 40 with the higher severity profile that increases actually with each decade after that and predominantly too that severity is amongst men rather than women and we haven't seen a significant shift.

That profile is very much repeated in other areas outside Hubei, certainly in other provinces and administrative regions. Hong Kong has a very similar pattern of severity and age; Singapore has a very similar pattern. In fact we're seeing quite a similar pattern around the world. Oliver may wish to add; he's more in tune with the daily data.

OM As Dr Ryan said, we haven't seen any major changes yet. We're still obviously following up that closely. As we have a larger number of deaths we might see a few more deaths in the younger age groups but it's still predominantly in the older age groups, 60, 70, 80 years old.

TJ [Unclear] please and sorry for yesterday.

YA Thank you. Yang with Xinhua news agency. There were nine thematic areas at yesterday's forum so which are the most pressing ones and which research institutions are now doing what jobs exactly in this regard?

MR We could have a whole press conference on that one. I think the thematic areas obviously range across... You've seen the areas but the group really tried to focus in on what were the most urgent things and on truly listening first of all and foremost to our front-line colleagues in China; what do you need most, what do you need on the front line; and front-line clinicians, front-line public health workers.

Clearly the demands that are coming from them are better diagnostics, diagnostics that can be used in the front line, in emergency rooms so we can make quicker decisions. Certainly that's an immediate need. There's an immediate need to get the clinical trials that are currently started in China - to expand those trials and to use similar trial protocols in other countries

like Japan, like Singapore, so we can pool data around the drugs that are being tried and tested.

We've got some standard antivirals that have been used in the past in MERS and SARS that are being tried. We've also got some anti-HIV drugs that are being used and tried so the quicker we find out whether those drugs are having an impact - and that could be in weeks in the way the trials are set up; we could have good information in weeks and accelerating and expanding and standardising those trials across many sites will give us a larger number of observations and a much stronger indication as to whether those drugs are working.

You can imagine being a front-line clinician at the moment; knowing which drug works would be a magical gift at this point not only for families but for those doctors and nurses treating them so that's what they're saying to us; tell us what's working in treatment, give us better diagnostics on the front line.

We on the public health side - and we've said this before - really need to understand to what extent - and director-general Tedros has said this many times; how big is the iceberg? We do know and we all accept that there is transmission occurring at some level in communities. We've seen those clusters, we've seen those super-spreading events.

The question mark is how much is happening outside what we see and the ability to do household and community studies, to develop a serology test that will allow us to test populations to determine how many people in a population have been infected over time. That will allow us to have a much better sense of how big this epidemic would eventually get.

We need serology testing in order to do that as well so better population-based testing through serology, better point-of-care diagnostics to allow clinicians to make better choices, better data on what's working in therapeutics and then obviously work on identifying the animal source.

While identifying the source is not necessarily going to improve how we deal with this event per se if there is a source out there in the animal kingdom we'd better identify it because if we end this epidemic with all of the hard work we don't want to be exposed to another one with the same virus so understanding where the source is has become very important. It's operationally very important and for the future it's very important.

Then there are the bigger questions that need to be answered; vaccines and new drugs and they're going to take a lot longer to come on stream but it doesn't mean we can wait. We have to make big decisions now around the best candidate vaccines and they're going to require huge investment.

Making a decision to advance a vaccine to phase one, phase two, phase three trials requires hundreds of millions of dollars to be invested and we may have to invest in multiple candidates without any certainty that one of them will work. They're big decisions and they're not just made by the private sector. The state sector is going to have to get involved to stimulate and take some of the risk with the private sector to advance those potential candidates.

So there are big policy decisions to come and they need to be made early in order to drive the innovation so there is an urgency. We could go on with the list and we also need - and it may

not seem like research in the scientific sense but we also need to have better understanding on how communities are responding to this virus, what's working in terms of risk communication, what's scaring people in terms of misinformation.

We need a vaccine against misinformation as well and in that sense we need a communications vaccine; we need to be able to communicate in a much more effective way and there are lots of ideas within the plan for how we can advance social science and other research and that's just as important as well.

I hope I've done some justice to this huge breadth of research that needs to be carried out but it was a very exciting meeting. There was a huge commitment on behalf of global scientists to work together and in collaboration with our Chinese colleagues. We trust now, we know what to do, we need to get on and do it.

TJ Thank you very much. Let's take one more question from the room. Then we will go to journalists online. Our colleague from NBC please, if you can just introduce yourself.

RI Richard Engel from NBC News. You mentioned the iceberg analogy. An iceberg is 90% below water. The question is, do we have any sense of how big this iceberg is? You mentioned earlier you need to look at what the numbers are but also what the numbers mean so help us interpret these numbers. Now that China has just relaxed its classification system, made it easier for people on the ground to diagnose this disease, are we going to get a better sense of how big this epidemic is, how big the iceberg is?

MR I'll pass to Oliver. He'll have more details but in the absence of serology testing a lot of countries, including Singapore, have done this - in China it's been done as well and in the special administrative region in Hong Kong, where in emergency rooms and as part of normal winter respiratory disease surveillance they've been actively testing thousands of samples that are not suspect cases of COVID.

At the moment we're just not seeing COVID activity amongst those samples so that would give an indication that the iceberg might not be that great but it's not a guarantee. But this idea that this iceberg is absolutely massive and in some way we're only detecting one or two or 5%; this is all based on modelling. This is based on certain assumptions around what's happening and those assumptions and those speculations are as valid as speculations in the other direction.

What I sometimes find difficult to understand is why the assumption to the awful is the one that's accepted while the assumption of what might be a higher-proportional detection of cases is always seen as invalid. I think we have work to do to see just how big that iceberg is but if we look at the cases outside China, if we take way that issue, we've had well over 400 cases outside China. We've had four to five weeks now of cases being outside China.

Only 22% of all the cases outside China are involved with local transmission in a second or on to a third country. 78% of cases still have a direct link to Wuhan or to China and of all of those cases - and we've been tracking each and every one of them - we can only find eight cases that are not linked in some way to one of the identified transmission chains.

That doesn't mean that there aren't other chains out there but that's what we're seeing and all of the other data being collected from other surveillance systems isn't suggesting that there's

widespread, efficient community transmission going on either outside Wuhan or outside China. But without a serology test that is very difficult to say with absolutely certainty. Maybe Oliver has something to add.

OM Thanks very much. Clearly we've seen quite a lot of severe cases reported from China, which is a little bit different from the picture we're seeing outside of China in the sense that we're picking up quite a lot more mild cases and that's in part because the surveillance and the search for cases is quite intensive when there are only a small number of cases in certain countries.

So we're seeing now a broader picture of some of the disease at the milder end of the spectrum. The question still does remain, how big is that spectrum and it's in fact one of the questions that was highlighted as a priority in the research and development meeting yesterday and the day before, to really determine that.

So until we have much better insight into how big is that spectrum and how many cases are on the milder end versus the severe end then we won't really be able to fully answer that but it's an area of focus that I think in the next two or three months we'll be focusing on quite intensively.

RI I had another one too on the question of [inaudible]. Overnight China increased its count by 13,000-plus after this new counting system. Do you expect that to continue, do you expect tomorrow we're going to have 13,000 more and after that or do you think they've [unclear]?

OM To our understanding these are not 13,000 new cases being added. They are a reclassification of suspect cases waiting for testing which now have been defined as confirmed on their clinical basis alone so we don't anticipate that there'll be other similar rises day in, day out but we do anticipate that we'll have now both laboratory-confirmed and clinically-confirmed cases reported from Hubei.

Just to reiterate, this is specifically for Hubei province, not for all of China. For the rest of China the surveillance case definitions continue as they have been previously.

MR Just to say, China's the only country systematically reporting suspect and confirmed cases to the World Health Organization.

TJ Thank you very much. We will try to take a few questions from journalists online. If we are ready I will start with Kai Kupferschmidt from Science. Kai, can you hear us?

KA Yes, thanks for letting me have a question. Mike, I'm curious; you talked about information that could scare people and I'm just curious; if you could tell me… the name of the virus, whether you feel that that's something that strikes the wrong note and whether you will be using it as you communicate from WHO.

MR Excuse me. I didn't hear the first part. Were you referring to the name COVID-19?

TJ Kai, can you repeat the question, please?

KA Sorry. I was asking about the virus named SARS-CoV-2.

TJ Thank you.

MR Yes, the naming process for the virus is not done by WHO. The virus is named according to its phylogenetic links with other viruses and it's a technical name that I suppose people in labs are very comfortable with because they can associate one virus with another virus with another. It's a cataloguing system of relating viruses to one another. It's not about relating the virus to the world.

We're trying to relate the virus to the world, the experience that people have with the virus; coronavirus disease and I think that's clear and it's happening in 2019 so I don't think there's any inconsistency. The taxonomy is there to name a virus for virologists and the name we have is to name a virus for us and people who are dealing with this in communities around the world.

TJ Thank you very much. Let's try Ann Gulland. Ann, can you hear us?

AG Hi, thanks so much for taking my question. Today you're saying it's not a spike in numbers but I was wondering; the big increase in the number of deaths; how do you explain that? Because I'm assuming they're not deaths going back to the beginning of the outbreak. I presume they are new deaths in the last 24 hours so can you explain that in any way? Thank you.

MR We're not 100% sure about those deaths. We believe that some of those deaths are actually deaths that refer to the clinically confirmed cases and again remember here, if we look at the population attack rates in places like Hubei in China we're talking about four to five per 100,000 people or less being infected with this virus in Hubei, even in this intense period of the epidemic.

There are many, many other causes of lower respiratory infection, of pneumonia and other things so mixed amongst this may be other causes of pneumonia. Remember, these are clinicians confirming the case in the absence of a laboratory diagnosis in someone who has clinical symptoms and changes in their x-ray consistent with pneumonia. These are effectively pneumonia cases and there may have been deaths amongst them.

Again those deaths may be distributed across many days and weeks and we will come back to you because we just didn't get the disaggregated number for the deaths amongst the lab-confirmed cases today so we will come back to you on that.

TJ Thank you very much. Let's take one more question from journalists online. We have Michael from CNN. Michael, can you hear us?

MI Yes, I can hear you. Can you hear me?

TJ Yes, please go ahead.

MI Okay, thank you for taking my question. Dr Ryan, director-general Tedros mentioned his concern about weaker health systems in different countries. I think he mentioned the number of about 30 to 45 countries that you're concerned about. I happen to be in Ukraine at

the moment and it so happens that vaccination rates here are quite low as well as preparedness.

I'm wondering; in that number of 35 to 45 countries are you also concerned about some of the middle-income or emerging economies? I don't mean to put you on the spot and mention Ukraine but normally when we talk about weaker health systems we're thinking of the lower-income countries so if you could comment on that I'd be grateful. Thank you.

MR Yes, we've based our selection of countries on a matrix between the risk of the disease arriving against the vulnerabilities identified by the country itself as part of its own SPAR [?] analysis but also joint external evaluations and many other parameters that have measured specific weaknesses or vulnerabilities in the public health and healthcare system.

We've also shared those analyses with the countries themselves, with our regional offices and have come up with the number so it's a number that compares risk with vulnerability and then further information directly from those countries. In fact we've been working very closely with Ukraine on the massive measles outbreak in Ukraine over the last year and we've provided lots and lots of technical assistance and have a very strong country office there working with Ukrainian authorities and we would expect to provide them...

WHO provides policy advice and technical assistance to all countries. This is not about us supporting countries and we'll support some and not the others. Our job is to support all countries. What we're trying to identify here are specific countries that have gaps, serious gaps in their laboratory capacity, their capacity to isolate patients, their supplies of PPE, their ability to manage the first 100 and the first 1,000 cases.

We've actually looked at the costs and the investment needed for the first case, the first 100 cases, the first 1,000 cases and we've modelled those costs for the countries and then seen, what is it going to actually cost for this particular load of cases in this country in this context. In doing that we'll be rolling out national planning based on the global strategic plan and each country will build a national action plan and those costs will roll up again and those costs may exceed the estimates we made of over $600 million.

But what we needed to do was get out to the world and show the risk, show the vulnerability, model the cost that will be associated with the first case, first 100, first 1,000 and then go down to the ground, working with UN partners and others, working with the country and bring those real costs back up into the system.

When we're doing that we may find that some of the capacities we thought didn't exist do exist and we may find that some of the capacities that we thought did exist don't exist and we will have to adjust the plans accordingly. But this allows us to move in a very systematic fashion and there are many countries in central Asia, in south Asia, the western Pacific and the small island nations that are very exposed in a situation like this.

We saw the impact that measles had on the health system in Samoa and the western Pacific. We saw the spectre of children, infants ventilated; every single ventilator in Western Samoa was occupied by a child suffering from measles at Christmas. Our teams were there, the emergency medical teams were there. In fact our last big outbreak response was in the western Pacific taking care of people at the other end of the age spectrum on ventilators and now we have the tragedy of people at the older end of the age spectrum on those ventilators.

So we have to get systems ready and we have to prepare countries for the arrival of this disease. That is the only prudent course of action and we will continue to raise this issue. As I said with the European Union today, we advocated very strongly and we were very, very pleased with the response we got in terms of the solidarity that countries in the European Union want to show amongst each other and want to show to countries who need investment now to prepare.

TJ Thank you very much. We have time for one or two questions; John first and then our colleague here. John.

JO Thank you. Yesterday we heard that the US delegation are still waiting to find out whether they're going to be admitted to China. Has WHO talked to China about this, is that part of the role? Will any of the public health officials from the US be admitted to China in relation to coronavirus? Thank you.

MR There is a multinational team from all over the world who will go to the field and that has been agreed. They should begin deploying over the weekend. I won't go into the details of their nationalities or their names because they have preparations to make and visas to be issued and they need to be briefed and they need to get to the field but as soon as we have confirmation - because once an offer is made then there's an acceptance.

Then the sending country has to finally accept to send and dispatch the person so I'm not going to pre-empt any final decisions on behalf of the sending countries by naming names of individuals but I can assure you the team is top-class scientists from all over the world and all of the relevant countries who can contribute to an endeavour such as this.

TJ Thank you. Yes, please.

UM [Inaudible] from Japanese Media. As you've pointed out, there has been first one death confirmed in Japan today and I think the situation seems to be a bit more serious and crucial as time is going on, including the cruise ship Diamond Princess. Could you comment on this? And I'm wondering how you're working with the Japanese authorities on this issue. Thank you.

MR Yes, I think at this stage almost all of the cruise ship-related issues have been resolved successfully. The other ship has docked - the Westerdam - in Cambodia and cruise doctors and others on the ship... There have been some people with very mild upper respiratory symptoms; they're currently being tested and while those tests are being completed all of the people remain on board but that's been a purely precautionary measure at the moment.

We thank the Government of Cambodia for hosting the Westerdam and our colleagues at the IMO who went through a very detailed process yesterday of looking at all cruise ships in the area and ensuring that every ship had a harbour to dock in. We thank all of those who've been involved in ensuring that that has happened.

The situation in Japan is a more active situation because we clearly have a large number of cases in a very closed environment on that ship. The Japanese authorities have been ensuring that any suspect cases are immediately tested and those cases that are tested positive are taken

immediately for adequate care within the Japanese system and we thank the Government of Japan for that.

There are also negotiations underway to allow more elderly patients to leave the ship and that's currently being negotiated and discussed. It's a difficult thing for anybody to live in a closed environment like that. It's particularly difficult for an elderly person to do so so again I won't go into the details but we are working with Japan to try and get the most needy passengers off the ship.

We will have to work with Japan in the coming days to see if better and more appropriate arrangements can be made for the life support to the other people on that ship. I'm sure we can come to a proper arrangement in order to take care of the welfare of people on the ship.

TJ Thank you very much. Dr Ryan is awaited on a call right now so we'll conclude with this. Thanks to everyone watching us online, dialling in or watching us on the WHO Twitter account. An audio file will be sent in the coming minutes and we will have a transcript. For the next media briefing we will inform you tomorrow morning. Thanks to everyone and have a nice day.