



World Health Organization

Coronavirus Disease (COVID-19) Press Conference 18 February 2020

Speaker key:

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TAG	Tedros Adhanem Ghebreyesus
JA	Jamey
MR	Michael J Ryan
JE	Jeremy
SB	Sylvie Briand
XI	Shane
NI	Nina
AN	Anne
AD	Adam

TJ Good afternoon, everyone, and sorry for this short delay. We are here for our regular press conference regarding coronavirus disease COVID-19 and, as most days, we have WHO Director-General, Dr Tedros, Dr Mike Ryan, Executive Director of WHO Emergencies, and Dr Sylvie Briand, Director for Global Infectious Hazard Preparedness.

Just one little note; we have changed the system through which we are sending our notifications to journalists round the world so if there are any issues with that please let us know but hopefully all those who have not been receiving are receiving now our notes. We will have an audio file and transcript as always at the end of this press briefing and I will give the floor immediately to Dr Tedros.

TAG Thank you, Tarik, and good afternoon, everyone. I would like to start today by talking not about COVID-19 but about Syria. Since 1st December dozens of health facilities have suspended services in the Idlib and Aleppo areas. Out of nearly 550 health facilities in north-west Syria only about half are operational. Two attacks on health facilities took place yesterday afternoon on two separate hospitals in Aleppo. Luckily there were no casualties.

We repeat, health facilities and health workers are not a legitimate target in conflict and attacks on health are a breach of international law. Nearly 900,000 people have been displaced including half a million children. Children are particularly prone to hypothermia

and respiratory tract infections and due to lack of shelter many of them are sleeping in the open with their families exposed to the elements.

In the coming days WHO is sending essential medicine and supplies across the border from Turkey to Syria. We're sending supplies for trauma, intensive and surgical care to Idlib and Aleppo governorates in addition to drugs for non-communicable diseases and primary healthcare.

So although we're now devoting a lot of attention to COVID-19, WHO is still responding to many other emergencies around the world. Let me now turn to the latest on COVID-19. As of 6:00am Geneva time this morning China has reported 72,528 cases to WHO including 1,850 deaths. In the past 24 hours China has reported 1,800 new cases including both clinically and lab-confirmed cases. Outside China there are now 804 cases in 24 countries with three deaths.

In the past 24 hours there have been 110 new cases outside China including 99 on the Diamond Princess cruise ship. We have now had cases of COVID-19 outside China for more than a month. We're supporting national authorities in every country that has cases to track the virus and understand how people were infected.

So far there are 92 cases in 12 countries outside China of human-to-human transmission. At the moment we don't have enough data on cases outside China to make a meaningful comparison on the severity of disease or the case fatality rate. We're following up with countries to get more information about what happens about each case and the outcome.

However, we have not yet seen the sustained local transmission except in specific circumstances like the Diamond Princess cruise ship. Yesterday I spoke to Singapore's Minister of Health and we're very impressed with the efforts they are making to find every case, follow up with contacts and stop transmission. Singapore is leaving no stone unturned, testing every case of influenza-like illness and pneumonia and so far they have not found evidence of community transmission.

I also spoke to the Minister of Health of Malaysia to discuss the Westerdam case and other aspects of their preparations. These signals show the importance of all countries being ready for the arrival of the virus to treat patients with dignity and compassion, to protect health workers and to prevent onward transmission.

Many countries are taking steps to prepare themselves with WHO's support. We have shipped supplies of personal protective equipment to 21 countries and will ship to another 106 countries in the coming weeks. By the end of this week 40 countries in Africa and 29 in the Americas are due to have the ability to detect COVID-19. Many of these countries have been sending samples to other countries for testing, waiting several days for results. Now they can do it themselves within 24 to 48 hours.

Some countries in Africa including DRC are now leveraging the capacity they have built up to test for Ebola to test for COVID-19. This is a great example of how investing in health systems can pay dividends for health security. Other countries like Namibia, Nigeria and Timor-Leste are running workshops with the media to ensure accurate and reliable reporting.

Several countries are prioritising surveillance and monitoring at ports of entry including Bangladesh, Cambodia, Ethiopia, Pakistan, Serbia and South Sudan. We're also working with

partners in some of the most fragile contexts from Syria to the Central African Republic to prepare countries for the arrival of the virus. There are many other examples. We still have a chance of preventing a broader global crisis. WHO will continue working night and day with all countries to prepare them. I thank you.

TJ Thank you very much, Dr Tedros. For journalists who are dialling in via phone it's * 9 and you will be put in the queue. Those who are watching us through Zoom online, click raise hand on the right-hand side of your screen. We will start by taking questions from the floor; Jamey, Jeremy, then Shane.

JA Hi, Jamey, Associated Press. You mentioned the Diamond Princess and you mentioned that there are some specific instances where there has been some transmission outside of China. How is it possible that this ship which was meant to be quarantined has turned out to be a vector or has actually turned out to spread the COVID-19 more than it's done anything to stop it? Thanks.

MR Was there a question in there, Jamey?

JA Yes.

MR Could you repeat it? Because...

JA You heard me well enough.

MR Yes, the situation on the ship obviously has evolved and the authorities in Japan obviously initially made a decision to quarantine all the passengers on that ship, which allowed passengers to be kept together in an environment where they could be observed and where they could have separate accommodation and everything else.

This was much more preferable obviously at the time than necessarily having everyone disperse around the world but obviously the situation on the ground has changed and clearly there's been more transmission than expected on the ship and I think the authorities in Japan are adjusting to that reality now and taking the necessary public health measures with other countries to evacuate people and deal with their follow-up in a different way.

But it's very easy in retrospect to make judgments on public health decisions made at a certain point.

JA How do you explain it?

MR I think it's clear that - and I've said it here in previous press conferences - there are sometimes environments in which viruses can spread and cruise ships and other - Hotel Metropole I've mentioned before and others. There are particular environments in which disease can spread in a more efficient way but again in terms of the overall number of people who are on the ship, the vast majority of people on the ship do not have COVID-19.

A good number do and a good number have very, very mild symptoms so then we need to again keep our heads here and put this in perspective. It's an unfortunate event occurring on the ship and we trust that the authorities in Japan and the governments who are taking back people will be able to follow up those individuals in the appropriate way to ensure that they

get the appropriate care if they are cases and if not that they are reintegrated into their communities.

But yes, it'll be very important to study this particular event and see what the issues have been that have led to transmission to the people who've been on that ship.

TJ Thank you. Jeremy, then Shane, then Nina.

JE I would like to have your comment on the recent measures taken in Beijing, basically everyone leaving, the city is placed under quarantine. I don't think you had a comment on that yesterday so I'd like to have a comment on that. Do you think it's effective, do you think it's too much?

Remember that at the beginning of the crisis you hoped that the confinement measures wouldn't take too long in Hubei. Apparently it's completely the opposite now so just a word about those recent measures and maybe from Dr Briand in French if I may.

SB Do you want me to start in French? Okay. [Foreign language].

TJ A very short English version for others.

SB Okay. Currently the measures are evaluated based on the modelling and so we use the data we have to imagine what could be the scenario if nothing is done and what is the current situation with the data we have. So modelisation has shown that those measures on movement restriction have delayed the dissemination of the outbreak for two or three days within China and a few weeks outside China, two, three weeks.

So based on this then it shows that those measures, if well implemented, could have an impact on the propagation of the outbreak and that's why measures are now taken in Beijing to strengthen the control of the outbreak and postpone the peak effect, give more time to treat the problem.

But in fact we will know only after some time when those measures are really effective because it takes more or less, from some studies we have now, around 19 days between the onset of symptoms and the days when people are completely cleared of the virus.

TJ Thank you, Dr Briand. Shane then Lisa.

XI Okay, thank you. I have original questions about Dr Tedros - Shane from China Central television; sorry about that. Dr Tedros, you mentioned that you are not getting enough data from the other countries outside of China so what's the problem with the data, are those countries not willing to provide the data or what's the reason behind that problem?

Also for Dr Briand, you've just mentioned there's some modelling that the transmission was delayed by two days for China and two or three weeks for the world - two days for China. Is that the WHO modelling or is that the China side that you are quoting from?

MR With regard to the data from all countries, we fully recognise that all the affected countries are under extreme duress and their primary responsibility is to their own citizens and to dealing with the public health challenge that they face but we continually ask that they

share with us the core data that we need and I would say that it hasn't been absolutely smooth sailing with any country so far because we've had to request a number of countries to speed up their data sharing but we don't believe... This has not been through a lack of transparency.

Quite frankly this has been through the urgency and the difficulties of gathering data in these situations, collating that data and then sharing it outside a country and in some cases there are data protection issues, there are citizen protection issues, there are issues around sharing any kind of line-listed or individualised data on individual patients and then there are obviously some logistics issues.

We're very pleased in general overall with the co-operation we've received on data sharing and we hope that that continues. We do want to be able to see more and more data on things like community studies, hospital transmission investigations - Jamey- the investigations aboard the Diamond Princess to establish exactly what the conditions were that led to transmission.

We would obviously like to be seeing those investigations early so we can use them to learn lessons in other circumstances that we may face in the coming days and weeks. So again we encourage all of our partners, both government and academic, to share with us that information which they can, which will help us as a global agency to provide the best possible advice and evidence to countries.

Just while I have the floor, reflecting on our colleague's question about the control measures from Beijing, I think if you look at what's happening in Wuhan now the government authorities in China have spent a number of weeks pressuring the virus and you saw the numbers have dropped away.

Now they've engaged in door-to-door surveillance and they're going around doing active surveillance. This is a very good public health practice. Your first... I think we've got gremlins in the system everywhere today. The screens are going crazy, the lights are going crazy.

But we like to see progressive implementation of public health measures so the first objective in Wuhan was to contain the virus at the epicentre and - you've heard the Director-General speak - fight the virus at the epicentre. Suppressing that virus now allows space to really do much more active surveillance.

While the authorities there are doing that active surveillance they don't want the virus to return to other places. Beijing is a central point in the country where many, many workers return to so what China are trying to do is while they're getting success in putting out one fire they don't want the fire to start somewhere else so they're taking very directed measures to ensure that people returning to the city are observed and monitored.

You can argue whether those measures are excessive or whether they're restrictive on people but there's a lot at stake here, there's an awful lot at stake here in terms of public health and in terms of not only the public health of China but of all people in the world. So what we like to see is well-thought-out evidence-based public health measures that pay due respect for people's individual liberty and individual human rights and finding that balance is sometimes difficult but right now the strategic and tactical approach in China is the correct one.

Also the DG mentioned the strategic and tactical approach in places like Singapore and we're seeing countries more and more having very directed, well-planned operations to detect this virus, contain it, stop it and slow down its spread and we want all countries to take that sort of public health, evidence-driven approach in the coming days and weeks.

SB Yes, on the modelling, these are not WHO data. These are data coming from the expert network we have and we conduct a teleconference on a weekly basis with a number of modelling groups across the world. Those groups usually are publishing their data in the scientific literature but we have the luck to have some pre-print articles and this is where it comes from.

Just a note of caution; you know modelling is based on assumptions so the modelling gets better when you have better data to put into the models. Currently they are still using assumptions on those public health measures and I hope that soon we will have much better results, more robust results when we have also better data on the speed of spread of infection.

TJ Thank you very much. We'll just try to have one question per journalist so we can give a chance to others. Nina and then we will go online.

NI Nina Larson, AFP. On the data, I was wondering for the international mission that's in China now, are they going into Wuhan and also are they going to go to Sichuan? Because I'm wondering if you are confident of the numbers that are coming out of Sichuan due to the fears that it could spread pretty quickly within the camp system there.

The same for DPRK; they're saying they have no cases. Are you confident that that's correct? Thank you.

TAG On the expert team, they're travelling to the two provinces and based on the need they may also travel to Wuhan so all options are open.

Specifically on the Wuhan situation, although this team can also travel we had our WHO experts already in Wuhan starting from January so we had presence on the ground actually and the presence of the experts could also help but we were there before.

MR On the issue of Sichuan and others, we've picked at the moment the two provinces Guangdong and Sichuan because they're the places where we have differential impacts and they're accessible to us, as well as Beijing itself. Then there will be another decision move out beyond that again in another wave but that will again be risk-based and certainly anywhere where there are higher proportions of vulnerable people would be prioritised in that.

With regard to DPRK, in fact we have prioritised supplies for DPRK and the supplies of protective equipment should have left, I think, for there last night or this morning. I'll just need to confirm that for you. We're in very close contact and we have a one-on-one meeting with the mission of DPRK here in Geneva tomorrow and our representatives and others there.

We have no reason to believe that there are any specific issues ongoing in DPRK and we will be providing them again with the lab reagents to be able to make the diagnosis but at the moment there's no signal or indication that we're dealing with any COVID-19 there but the

government are very anxious, as you can imagine, as all governments, to make preparations and are seeking our technical and operational assistance to help them get ready.

TJ Thank you very much. We will take one or two questions online before we conclude for today. Anne Gulland, can you hear us?

AN Hello, there, hi, thanks very much for taking my question. I was going to ask about the data that came out yesterday, the 44,000 cases. That data shows that the death rates are going down as the outbreak progresses and there're a few questions about that because not all the people that would have died would be counted in that. I just wondered if that fits with what you have seen generally as a general trend, that the death rate was higher at the beginning of the outbreak and is getting smaller. Thank you.

MR It's very difficult to make that judgment purely from the data that's been presented in the paper yesterday. Clearly there's been at least an apparent drop in fatality through the outbreak but remember at the beginning of the outbreak what people were finding were the severe cases. So you have a huge bias at the beginning of an outbreak because what you find are the really sick people coming forward and now we're going out looking for the less sick people so you can have an artefactual and false sense of mortality at the beginning and we saw that, if I remember, in the pandemic of H1N1.

We saw fatality rates of 10 and 20% in the beginning because only the severe cases were presenting. A few weeks later the pattern was entirely different so that's an important factor. There is also the fact that the case fatality is different inside Hubei and Wuhan to the other provinces and that may also reflect the fact that the pressure on the system in Wuhan and Hubei has been so severe and the lessons that have been learnt in Hubei and Wuhan are being applied elsewhere and people are getting into earlier critical care.

One of the issues has been predicting the patients who have the comorbidities and the underlying conditions and ensuring that they're transitioned into the critical care or the severe care pathway early and that we're not blocking up the system with the mild cases. I think the system in China for example has got much better at prioritising those more likely to be severely ill into the system.

It's also very difficult in critical care to ventilate so many patients and do ECMO with so many patients. It takes quite a lot of technical skill. It's not just the machinery, it's the technicians who use that and again bringing them up to speed, bringing in the emergency medical teams. Remember, 127 emergency medical teams and nearly 10,000 specialist medical workers were sent into Hubei from outside, pre-trained, pre-certified medical teams who were used to mass casualty management.

They would have helped to reduce case fatality so what we're seeing is both a mixture of the fatality reducing probably because of better and better interventions over time but also because we're finding more mild cases so we need to be careful. But what is very clear, I think, and we need to remember in this; sometimes this is projected as a mild disease and most people just get a very mild disease and everything is over in a couple of days. That's true and for those who have that and for the younger people and adults who get that form of disease that's great.

But there's a significant number of people - remember, 20% of people who get this disease are either severe or critically ill so we really do have to focus on how we can engage in providing them with life-saving interventions. We are graced with the fact that China has an advanced healthcare system and can provide such intensive care to so many.

Our fear has always been that disease reaching a country with a weaker health system who will not be able to mount such a response and again if you look at the numbers many, many people have been admitted to hospital, many have been released but there are still lots and lots of people in hospital for a very long time. It takes a huge effort on behalf of a health system to have people in hospital on average for 20 days at the level of intensive care so the system becomes overdriven by so many people requiring such long-term care.

So we can see the stresses in the system and we need to be mindful of that but our hope is as we find more and more milder cases that the overall fatality of disease will be less because obviously that's less scary for people.

But we must remember that there are at-risk groups, vulnerable people generally between the ages of 40 and 79 or older, people with underlying medical conditions and they can have a very severe course of disease and we must be aware of that. If disease is imported into third countries we need to prioritise the protection of those individuals and prioritise their clinical care.

TJ Thank you very much. Maybe we will go to our last question for today and it's Adam Duckett. Can you hear us? From Chemical Engineer magazine.

AD Yes, can you hear me?

TJ Yes. Please, Adam, go ahead.

AD Excellent. I'm just wondering, do you have an update on how vaccine development is progressing and when you might expect first clinical trials in humans to begin?

TJ Thank you, Adam.

SB We don't have new data since the research meeting and at this meeting they were discussing having a candidate vaccine in around 16 weeks from now. But again this would be just to have the candidate and then depending on the safety test deciding if it will be used in humans so it's still a matter of weeks.

MR Months.

SB Months; many months.

MR While we're very supportive and we're working very, very closely with CEPI, with major donors and with the World Bank and others on the strategic investments that are going to be needed to develop vaccines - and that's going to be a lot of money - we're very conscious that those funds cannot and should not be pulled away from supporting weaker health systems to get ready. This isn't a trade-off between one and the other.

We can save many, many lives in the coming months with or without a vaccine. We all want to invest in the vaccine as a long-term solution but there are people sick now and there are health systems that are vulnerable now so we need to balance our investments and invest in the weaker health systems, on our own systems. We can save a lot of lives through supportive therapy, by testing the drugs we're currently testing and by getting everything in our systems working and then we do the other things and we develop the vaccine.

We do have to make decisions on vaccine investment now and the DG will be working with CEPI, with the World Bank and with other agencies at global level to ensure that we get the strategic investments that we need in vaccine development without disrupting the investments we need in national systems to get ready.

TAG Yes. Maybe I'd like to add to that related to first of all the case fatality; when you see the number of cases in the rest of the world we have 804 cases and three deaths but that doesn't mean that it will not increase. For us this is a window of opportunity that we shouldn't squander and we have to invest in preparedness and really using this window of opportunity to stay away from any serious crisis.

So in order to use the window of opportunity to the maximum we need to have a balance of the use of the public health interventions immediately and then the development of vaccine. We have to strike a balance. The vaccine could be the long term because it could take up to 12 to 18 months and this is like preparing for the worst situation but in order to avert any serious problem in the rest of the world and use the window of opportunity to the maximum it's the simple public health solutions that we should do that should really be our focus, while of course preparing for the vaccine.

So that balancing act is very, very important. We do what should be done today and then we invest also in the future, to prepare for the future. As Mike said, we're already discussing with partners on the vaccine development but the approach is striking a balance and giving the right focus especially to the things that we should do today.

But one thing I would like to underline is there is a window of opportunity. If you see the case fatality rate or the number of deaths in the rest of the world it's really low; it's three out of 804. Even the number of cases, 804, is low but it doesn't mean that it will stay the same. This is a window of opportunity that should not be missed.

That's what I would like to underline and in order not to miss this opportunity we should do everything to contain it and finish within that window of opportunity and that's why we're speeding up to help countries especially with weaker health systems in order to really minimise the impact. Thank you.

TJ Thank you very much, Dr Tedros. Thank you to Dr Ryan and Dr Briand. We will conclude with this.