



World Health Organization

Coronavirus Disease (COVID-19) Press Conference 20 February 2020

Speaker key:

TJ	Tarik Jasarevic
TAG	Tedros Adhanom Ghebreyesus
UM	Unidentified male speaker
JM	Jaouad Mahjour
JD	Janet Diaz
OM	Oliver Morgan
JA	Jamey
AY	Aya
GU	Guy
KA	Kayoko
SH	Shane
JO	John
SA	Sara

TJ Good afternoon, everyone watching us on the WHO Twitter account, dialling in by phone and watching us online for our regular press conference regarding coronavirus disease, COVID-19. With us we have Dr Tedros, WHO Director-General. We have today Dr Janet Diaz, who is the Head of Clinical Care within the WHO Emergencies Programme. We have also Dr Jaouad Mahjour who is Assistant Director-General for Emergency Preparedness, and Dr Oliver Morgan, who you had the opportunity to speak with, who is the Director of Health Emergency Information and Risk Assessment.

Journalists online, those who are dialling in, as most previous days, it's * 9 and you will be put in line for questions. Those watching online through Zoom, you click raise hand on the right-hand side of your screen and you will be able to ask questions. We will have an audio file and transcript, as always. I hope by now you know where to find those transcripts and audio files for your reference. I'll give the floor to Dr Tedros.

TAG Thank you, Tarik, and good afternoon, everyone. Let me begin as always with the latest numbers. As of 6:00am Geneva time this morning China has reported 74,675 cases of COVID-19 to WHO including 2,121 deaths. The data from China continue to show a decline

in new confirmed cases. Once again we're encouraged by this trend but this is no time for complacency.

Outside China there are now 1,076 cases in 26 countries with a total of seven deaths. In the past 24 hours the Islamic Republic of Iran has reported five cases, two of which have died. This is the first report from Iran. Of all cases outside China more than half are among passengers on the Diamond Princess cruise ship. The first passengers have now disembarked providing they have a negative test, no symptoms and no contact with a confirmed case in the past 14 days.

Japan has also advised passengers to stay at home for a further 14 days and monitor their temperature and also Japan has set up a hotline for passengers to call if they have concerns. Japan is in regular contact with other countries through a mechanism set up under the International Health Regulations, so those countries can follow up with their nationals who are passengers on the ship.

In addition to monitoring the evolution of the outbreak WHO's main role is to work with countries and partners to co-ordinate the global response. We're doing that in several ways, both internally and externally. As you know, a WHO-led international team of experts is now on the ground in China working with their Chinese counterparts to find answers to some of the things we don't know including the transmissibility of the virus and the impact of the measures that China has taken.

The team has been brought together through the global outbreak alert and response network and includes experts in epidemiology, virology, clinical management, outbreak control and public health from the following institutions; the National University of Singapore, the St Petersburg Pasteur Institute, the National Institute of Infectious Diseases Japan, the Seoul National University College of Medicine Korea, the Nigerian Centre for Disease Control, the US Centers for Disease Control and Prevention, the US National Institutes of Health, the Russian National Medical Research Centre of Phthisiopulmonology and Infectious Diseases and the Roberts Koch Institute of Germany.

Let me describe some of the many other ways WHO is co-ordinating the response. As you know, global co-ordination is key in fighting a dangerous enemy like this coronavirus. We have convened the WHO Health Security Council, a daily meeting of myself, our Chief of Emergencies, Dr Mike Ryan, the regional directors and other senior staff to review the evolution of the outbreak and co-ordinate the response.

Yesterday we held the first of what will be weekly briefings with diplomatic missions here in Geneva to keep our member states informed and we're holding these daily news briefings to keep the media informed. Yesterday we couldn't have the press conference because we had dedicated it to a briefing to these member states.

I also hold a weekly call with a range of independent experts from around the world representing all regions, very senior experts, as a complement to the advice provided by the Emergency Committee. Two weeks ago I briefed the UN Secretary-General, Antonio Guterres, and we agreed to activate the United Nations crisis management team led by Dr Mike Ryan.

Today we're holding a second call with UN country representatives to brief them on the measures they can take at country level to co-ordinate the UN response because what matters is the intervention or the actions we take at the country level and that's why we involve all UN resident co-ordinators and WHO representatives at country level.

Twice a week we have a call with clinical experts who are treating patients with COVID-19 including front-line workers in China to share information about the progression of disease and what works and what doesn't in treatment. We have also set up an online platform where clinicians can share anonymised patient data so we can build a clearer picture of the disease.

What we are seeing is that the earlier patients are tested and treated the better they do. We're also looking forward to results from two clinical trials of therapeutics prioritised by the WHO R&D, the research and development blueprint. One combines two drugs for HIV, lopinavir and ritonavir, and the other is testing an antiviral called remdesivir. We expect preliminary results in three weeks on these therapeutic drugs.

My colleague, Janet Diaz, is here to answer questions about the clinical management of patients because even if people are infected having a better outcome, saving their lives is really key and that's what we are also investing, on the therapeutics and patient management.

And I have written to 12 chief executives of manufacturers of personal protective equipment to seek their co-operation to ensure supply to protect health workers and there is a good, positive signal from the manufacturers. This is, as I always say, a time for solidarity. Governments, private sector, civil society and the whole world should stand in unison.

Today we had a call with faith-based organisations, another way of reaching communities with messages to prevent infection. We're partnering with Africa CDC to co-ordinate our efforts to prepare African countries for the potential arrival of the virus. That's where we believe - in Africa and other continents where we have weaker health systems - that the virus could be a serious health danger and that's why we are focusing on continents and countries where the health system is weaker.

You will get sick of me saying that the window of opportunity remains open for us to contain this outbreak. WHO is doing everything we can to seize that window of opportunity and we urge the international community to do the same. As I said before, let's not squander the window of opportunity we have.

The number of cases in the rest of the world is very small compared to what we have in China but that may not stay the same for long. The window of opportunity we have now may close so we need to use the window of opportunity we have now by hammering the outbreak in any country. Thank you so much.

TJ Thank you so much, Dr Tedros. Before we start taking questions, to remind those dialling in, press * 9 to ask a question. Those who are joining through Zoom online, click raise hand. We will start with the questions here in the room. We'll start with [unclear], please.

UM [Unclear] for IFP TV. Could you say a word about the decision of the Russian authorities to stop the entry of Chinese citizens and maybe a word also on the cured people; how many are they?

TAG How many, which one?

UM The cured people, the people who are recovering from the virus. Thanks.

TAG Would you like to say?

JM Yes, about the travel restriction, as you know we are monitoring the travel restriction through several channels. The first one is what is reported in the media and we verified with the Member States, and the IHR, the Member States report to us the travel measures they're taking and we also look at the justification and come back to them.

We are also in contact with ICAO, IATA, IMO who are providing us with information and with all this information our role as WHO under IHR is to verify any information with the countries and to report. So far 30 countries reported to us officially that they have taken some kind of travel measures. We ask them for justification and we publish the justification through the IHR network to all state parties to take note of them and to also look to the justification.

This information is available and in this context we are dealing with any information we have, including the one that you spoke about.

TJ I think there was another question about recovered, discharged patients.

JD Good afternoon, thank you. I actually don't have the exact number of the discharged patients. I'm looking at Oliver to see; do you have that exact number?

OM We'll get back to them.

JD But I could say, we do know patients are being discharged from the information we have, the largest study from the Chinese CDC published; that about 81% had mild disease. We know that about 15% have been reported to have severe disease in that largest cohort and about 5% critically ill. So we do know that the patients are being discharged, including those patients outside of China as well being discharged in good condition.

TJ Thank you. Jamey and then we may go online. Jamey, please.

JA Yes, hi, Jamey, Associated Press. There has been a request from South Korean authorities to limit a number of people in the city of Daegu, I believe, recommending that they all stay home and wear masks after reports of new cases there. I'm just wondering how concerned you might be that signals an escalation of the risk to countries outside of China and beyond the epicentre. Thank you.

OM Yes, thank you very much for the question. The number of cases in South Korea reported today are actually from several distinct clusters which the Korean authorities are following very closely so although the number seems quite high they are mostly linked to known, existing outbreaks.

So that hasn't changed and it doesn't signal a particular change in the globe epidemiology but it does signal that the Korean authorities are following up very closely, very vigorously on all the new cases and those outbreaks that they've identified.

TAG And maybe adding to that, the total number of cases Korea has so far reported is 104 and Korea reported 22 cases today. With measures they can take which are proportional to the public health risk they have I think the number of cases is really manageable and I hope South Korea will do everything to contain this outbreak at this early stage. Thank you.

TJ Thank you very much. Let's go online for those who are following us either via phone or watching us. Do we have someone from Africa Check? Can you please introduce yourself?

AY Yes, hi. My name's Aya. I work with Africa Check. I want to find out if chloroquine, which is an antimalaria drug, is effective in the treatment of coronavirus. Thank you.

TJ Thank you very much.

JD Thank you for that question. At this moment in time there is no proven effective treatment for COVID-19 so that is clear at this moment in time. However there are ongoing clinical trials being done in China at this moment as well. The two that we've already discussed are testing the priority therapeutics that were prioritised by the WHO R&D blueprints and that includes lopinavir and ritonavir as well as remdesivir.

For chloroquine there is no proof that that is an effective treatment at this time. We recommend that therapeutics be tested under ethically approved clinical trials to show efficacy and safety. Thank you.

TJ Let's go to CGTN first and then one question here. Please go ahead and introduce yourself because you are new to us.

GU Guy from CGTN. Hello. I just wondered, having observed the actions taken on board the Diamond Princess, from observing them is it your observation that those actions were always primarily designed to keep the infection rate as low as possible on board or was it equally, possibly even more, about ensuring that the infection rate was kept down off the ship on the mainland?

JM Could you repeat the question, please? I didn't catch the question. Sorry.

GU I was asking about the actions taken on board the cruise ship in Japan and whether, from observing the approach taken, whether that was primarily designed to keep the infection rate as low as possible on board or whether it was as much designed to keep it as low as possible on the mainland, to keep it on the ship without it spreading to the mainland.

JM Our understanding is the action taken by the Japanese health authority is to prevent or to contain the outbreak on the ship first because they were heavily detected cases and taking the positive cases to the mainland to be treated in adequate hospitals, I think their objective is to contain it within the ship, not to prevent introduction into the mainland.

I don't know if this is your question. This is why they were heavily following the contacts, proceeding with analysis and checking symptoms to detect any case and when they tested

positive they were taking them to the hospitals to be properly treated. The main objective of their operation, at least from our understanding, is to contain the disease or the virus within the ship.

TAG Then if you follow the next steps they're taking, as I have indicated earlier, their objective is to do both; in the ship you minimise and then once they disembark also the same so I think it's both. Thank you.

TJ Thank you very much. Please introduce yourself and then Shane.

KA Thank you. My name is Kayoko Geji from Asahi Shimbun, Japanese daily newspaper. My question is related to this question. Two passengers of the Diamond Princess have died and several experts have questioned the effectiveness of the quarantine measures on that cruise ship. Last time Dr Ryan pointed out it would be very important to study to see what led to transmission on the ship. What do we know so far in terms of...?

TAG Can you speak louder?

KA What do we know so far in terms of the infection control?

JM Sorry?

KA So far what do we know about infection control? Some experts pointed out it's not taken appropriately so would you...?

JM Do you want to speak about the deaths? Anyway, I think, as I said, the main objective was to contain the disease and they were practising drastic measures of infection prevention and control and also isolation of the cases to avoid close contact and to avoid opportunity of transmission.

Now they move on to the second phase where they are now allowing people who respond to three criteria; the first one is having no symptoms; the second one is having a PCR or laboratory test negative; and third that this person was not in contact with the positive cases for the last 14 days. They will allow them to go and to be self-isolated at home and to continue follow-up and do [unclear]. This is what they are doing now.

TAG On the people who have died we have the report that they are two and more than 80 years old with some underlying disease conditions. Considering the number of cases, which is more than 600, and elsewhere so far the observation is there are fatalities of 2%, this is what we would really expect, which is very unfortunate though.

So having deaths from the number of people who have been on the ship, considering the fatality rate, I think, has to be understood that way and the underlying conditions of the people who were positive too.

TJ Thank you. Shane, do you have a question? Yes, please, and then John.

SH Shane from China Central Television, CCTV. A question for Dr Tedros; you already released the background of the experts of the international expert team to China. Have they

communicated with you what they have found, especially the origin of the virus and something like that, can you share more information?

And there have been some rumours saying the origin of the virus was animal or man-made. Can you give some clarification here on the misinformation around the world and in China? Thank you.

Also many workers are going back to their work right now in China so can you also give some comment on that measure and what people should be taken care of and what is the good side of that, going back to work? Thank you.

TAG Maybe I will start with the first one. On the experts we have on the ground, what we expect is to have a set of recommendations based on the issues they covered there as soon as they have finished their fieldwork. They are working day and night and as soon as they have assessed the situation and put together their recommendations we will expect to have them.

On the source of the virus, there are many speculations but WHO really avoids that and we believe in sticking to science and evidence. If there is anything we need to know, since we're involving many scientists from throughout the world, senior experts, we will know, we will know the truth.

But I think one thing I would like to say, which I have said before, is there is a lot of misinformation and conspiracy theory and we have to be very, very careful. We shouldn't trust anything until it's proven with science and evidence and until we get it from the right experts.

TJ Thank you. John, I'm really sorry. Before I give you the floor I would really like to take a question from Katrin from Swiss national radio, who was trying to send me a message because she can't get online and click raise hand. The question is about funding; does WHO get enough funds at the moment for this emergency? That's Katrin Zofel from Swiss national radio.

TAG Yes. As you know, we have put together a response plan and announced the need for financing in the amount of US\$675 million. There are some pledges but considering the urgency and considering that we're fighting with a very dangerous enemy we're surprised that the response is not really something we would expect.

So I would actually like to use this opportunity to call upon the international community to take this call very, very seriously. I said it many times; because of the serious measures that China is taking the number of cases in the rest of the world is small but it doesn't mean that this small number of cases in the rest of the world will stay the same for long.

It's only a window of opportunity and that's why we say, this is the time to attack the virus while it is actually manageable, small number of cases in the rest of the world. If we don't hit hard now using the window of opportunity we might be faced with a serious problem and it wasn't without reason some couple of weeks ago I said, this virus is very dangerous and it's public enemy number one.

But it's not being treated as such and one important indicator is the response, especially to financing the response so I call upon the international community to take this message

seriously and use the window of opportunity to respond while we have time to respond. But the finance is still low, as I said.

TJ The follow-up question is, does the vaccine development divert funds from what is needed now?

TAG Again I don't want to say it should be either/or. We need to do things that we should do today, simple public health solutions to contain the outbreak because our objective still is containment and we believe as WHO that there is a chance to contain this outbreak if we use the window of opportunity that we have so this is one.

Then the other part is, while hammering the outbreak now using the simple public health solutions we have to also prepare for any eventualities, for worse scenarios. That's why we need the vaccines so we have to invest in vaccines too. So the message from WHO, the advice from WHO is we need to strike a balance, we need to finance the simple public health solutions that can help us to contain the outbreak now but at the same time prepare for the future, for any eventualities by investing in the vaccine. So it's a matter of striking a balance.

JM I would like to add to what the Director-General said about the plan. The plan is also to help the countries with a weak level of preparedness to be prepared and this is the most important part of the plan, to get the countries who are not already prepared to detect and contain this kind of virus to be prepared.

This is part of a whole preparedness plan that these countries have and the assessment was done, the prioritisation was done and then the only part that's needed is the resources to implement the part of the plan that can help these countries to detect and contain any importation of COVID-19.

TJ Thank you very much. John.

JO Yes, good afternoon. John Zarocostas for the Lancet and France 24. Dr Tedros, you just highlighted the dangers of infodemic and misinformation but there seems to be also concern in the health diplomatic community about WHO not being fast enough and secondly some of the scientific meetings being held without them being invited, like the research and innovation forum last week. What can you say to that, sir?

TAG I think on misinformation I would leave it up to you, the level of misinformation there is. What I would ask is, we have to take it seriously and do something. In our engagement and discussions with major social media like Google, Facebook, Tencent and so on they have admitted the problem and they have signed to help us.

Then on WHO's involvement of some scientists, it was an open call and we invited - it was an open invitation - and we have accepted anyone who'd like to really sign in. If there are some interested people who would like to be involved they are still welcome because the engagement of scientists and experts was not a one-time meeting last week.

It's a platform that we would like to continue so if there are people you know please encourage them to contact us and we would be happy to have them. We will continue to repeat the call to have people join us so it's open. They shouldn't think they have missed

anything. Maybe they missed the first meeting but this virus will be around for some time so they can join in any time so please inform them. Thank you.

TJ Thank you very much. We have time for maybe one more question. Chris, if we can get Devex online, Sara Jerving.

SA Thank you so much. Can you talk about which countries in South and South-East Asia are at highest risk of a widespread outbreak of COVID-19 and which countries in the region have the weakest health systems which would cause the most concern in that region if there were a widespread outbreak?

TJ The question is what countries in the Asian region are most at risk, if I understood well the question from Sara from Devex.

JM I think, without mentioning names, all the countries who don't have a system and implemented capacity under IHR properly to give the capacity to detect any kind of virus and respond are at risk now because with the airline traffic viruses can travel very easily. This is again why this plan is important; to bring to these countries the technical expertise and the required funding to build the capacity; I think this is most important.

These countries are known and we're working with regional offices and country offices to support these countries but still more support is needed in this area.

TJ Thank you very much. We will conclude with this. We will send the audio file and we will have a transcript and we will obviously inform you about the next press conference regarding COVID-19. Thanks for watching us on the WHO Twitter account, to those online and those watching us through Zoom and have a wonderful afternoon.

TAG Thank you.