



World Health Organization

Coronavirus Disease (COVID-19) Press Conference 21 February 2020

Speaker key:

TJ	Tarik Jasarevic
TAG	Tedros Adhanom Ghebreyesus
JM	Jaouad Mahjour
SB	Sylvie Briand
MU	Musa
YA	Yang
UM	Unidentified male speakers
BA	Banjot
HE	Helen
WA	Walter
GR	Grace
SH	Shane
HU	Hugo
JA	Jamey
KA	Kai

TJ Good afternoon, everyone. Thank you very much for joining us on WHO's Twitter account. Thanks to all journalists who are here in the room, those who are dialling in by phone and those who are watching us online through Zoom. For those who are online it's clicking raise hand to ask questions. For those who are dialling in it's * 9.

Today we have Dr Tedros, WHO Director-General, we have Dr Jaouad Mahjour, who is Assistant Director-General for Emergency Preparedness, and Dr Sylvie Briand, Director of Global Infectious Hazard Preparedness here at WHO. As always we will have an audio file available immediately after the press briefing and a transcript hopefully will be posted tomorrow morning. I hope you all know where to find those briefing materials. I'll give the floor immediately to Dr Tedros for opening remarks.

TAG Thank you, Tarik, and good afternoon, everyone. Let me start as always with the latest numbers. As of 6:00am Geneva time this morning China has reported a total of 75,567 cases of COVID-19 to WHO including 2,239 deaths. In the past 24 hours China has reported 892 new confirmed cases and 118 deaths.

The significant decline in new confirmed cases is partly due to another change in the way China reports numbers. As you know, last week China started reporting clinically diagnosed cases in addition to laboratory-confirmed cases. They have now switched back to reporting only suspected and lab-confirmed cases. This may indicate - because the health system in Wuhan has regained the ability to test all suspected cases. As a result some cases that had been clinically confirmed have now been subtracted from the total because they have tested negative.

Although the number of cases in Hubei province continues to decline we're concerned about an increase in the number of cases in Shandong province and we're seeking more information about that.

Outside China there are now 1,152 cases in 26 countries and eight deaths. Although the total number of cases outside China remains relatively small we're concerned about the number of cases with no clear epidemiological link such as travel history to China or contact with a confirmed case. Apart from the Diamond Princess cruise ship the Republic of Korea now has the most cases outside China and we're working closely with the Government to fully understand the transmission dynamics that led to this increase.

We're also concerned about the increase in cases in the Islamic Republic of Iran, where there are now 18 cases and four deaths in just the past two days. WHO has supplied testing kits and will continue to provide further support. Our concern continues to be the potential for COVID-19 to spread in countries with weaker health systems.

Tomorrow I will address an emergency meeting of African health ministers held jointly by the African Union and the African Centres for Disease Control and Prevention. Meanwhile the WHO-led joint mission in China has been working in Beijing, Sichuan and Guangdong and will travel to Wuhan tomorrow to continue to work at the epicentre of the outbreak.

We're working with all of our partners under GOARN to safeguard the health of the members of the team and to take appropriate measures when they return to their countries of origin. I'm also pleased to announce today that we're appointing six special envoys on COVID-19 to provide strategic advice and high-level political advocacy and engagement in different parts of the world.

I'm pleased that the following eminent individuals have accepted my invitation to act in this role; Professor Dr Maha El-Rabbat, former Minister of Health of Egypt, Dr David Nabarro, former Special Advisor to the UN Secretary-General on the 2030 Agenda for Sustainable Development and Climate Change, Dr John Nkengasong, Director of the African Centres for Disease Control and Prevention, Dr Mirta Roses, former Director of the WHO region of the Americas, Dr Shin Young-soo, former Regional Director of the WHO region of the Western Pacific and Professor Samba Sow, Director-General of the Centre for Vaccine Development in Mali.

As I said yesterday, WHO's key role is co-ordinating the global response to the epidemic and our new special envoys will help us to do that. This is another step we're taking to take advantage of the window of opportunity we have to contain this outbreak. Once again the measures China and other countries have taken have given us a fighting chance of containing the spread of the virus.

We call on all countries to continue their commitment for containment measures while preparing for community transmission if it occurs. We must not look back and regret that we failed to take advantage of the window of opportunity that we have now. I thank you.

TJ Thank you very much, Dr Tedros. Before taking questions first from the floor and then online, just to remind everyone dialling in, it's * 9 and those watching us online, it's clicking raise hand on the computer. We'll start with questions from the room. Musa first, please. If you can just introduce the outlet you're working for.

MU [Inaudible]. My question concerns [French language]

TJ Thank you very much, Musa. The question was about Iran and Lebanon which have announced cases. Do these countries have health systems strong enough to deal with this and how can WHO help them?

JM [French language].

TJ Can you do a shorter English version please?

JM I think the two countries have the basic capacity to detect this kind of viruses and the case in Lebanon was detected in the airport because they were screening the symptomatic cases coming from Iran and this is how this was detected. Our regional office in Cairo is now in contact with the two countries to assess the situation first and to try to evaluate what is the kind of technical assistance that these two countries may need and where we need to provide this technical assistance.

TJ Thank you very much, Dr Mahjour. Yes, please, and then our Japanese colleague and then we will move online.

YA It's Yang with Xinhua News Agency. You mentioned that the international expert group will go to Wuhan tomorrow but are there any specific steps they're going to conduct in Wuhan?

TAG As I said a couple of times ago, the expert group is fully empowered to suggest and also operate based on the situation on the ground so it's up to them on what to focus and also the next steps they want in Wuhan. Thank you.

TJ Thank you, Dr Tedros. Yes, please.

UM Good afternoon. I am [unclear] from Nikkei Japanese media. You pointed out in South Korea and in Japan and Singapore it is indeed a fact that COVID-19 has spread rapidly in recent days although the fatality rate is still low. Even in this situation do you say that you have not yet observed clear community transmission outside China? Thank you.

SB Yes, thank you for your question. Indeed we are looking at the numbers and also working very closely with those countries to try and understand and to give meaning to these numbers. As you know, we have seen in previous outbreaks of SARS- and MERS-CoV what we call a super-spreading event so in those kind of events or situations we may have a rapid increase in numbers but as long as we can understand how the transmission has occurred and

how the new cases are linked to this event then we can also make sure that we can stop the transmission.

So this is the kind of investigation that all countries are doing currently, trying to differentiate, is this a low-level community transmission that was undetected or do we face this kind of super-spreading event where more cases are infected than we see usually with just person-to-person transmission so we are monitoring the situation very closely.

In South Korea they are still very committed to stop transmission but at the same time taking the right measures to contain if we have a super-spreading event.

TJ Thank you very much. We will now go to some journalists online. We will start with Mr Banjot Kaur from India calling from Down To Earth. Mr Kaur, can you hear us?

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

TJ Yes.

BA Okay, so my question is to Dr Tedros. Hi, sir. You said in your opening remarks that China changed its strategy again because their investigative or their surveillance methods have improved but they started with lab-confirmed cases, then they went to clinically diagnosed cases too and the numbers spiked by about 15,000 in a day. Now they have gone back to lab-confirmed cases so don't you think that this see-saw has created some epidemiological confusion not just among researchers but also among journalists and people at large?

My second question is regarding the Diamond cruise ship. Passengers have started disembarking now but do you think in hindsight that quarantine of so many people on a ship was the right strategy and it did not go wrong, especially for those people who were on board? Thank you.

TJ Thank you very much, Ms Kaur. My apologies for not recognising that it's a female name. So two questions.

TJ Okay. You first.

SB I think on the epidemiological situation in Wuhan, as we said earlier and we observed in other epidemics, it's not unusual to count things in different ways as the epidemic evolves because, as Dr Tedros said, it's also related to the capacity to have laboratory diagnostics. What is really important in epidemiology when you observe an epidemic is to remember that surveillance or monitoring of the disease aims at taking the best possible decision.

So it's really numbers for action and not numbers for numbers and so as long as we understand how things are counted and what the numbers include then it helps us to make the best possible decision to protect the health of the people. This is why we are in constant discussion with Chinese authorities to understand how things are counted, on which basis and beyond the number what is really important is the trends but also the interventions that can be taken to really curve down the epidemiologic curve.

This is why we are focusing on more understanding their definition rather than really looking at the numbers because at the end of the day a small difference in numbers if there is a good decision behind it is probably what matters most.

JM For the action taken in the Diamond Princess cruise ship, I think usually when health authorities take any decision they take it based on the local context first; based on crew risk assessment and crew risk management and take the decision. It is very difficult in the middle of the action to look at to what extent these measures were or were not helpful.

But what we recommend to all countries is after the event to do an after-action review exercise where all the people who were involved in this including WHO and others will assess the measures taken, to take the lessons learned and come up with solutions for the future event.

TAG Maybe I'll add to that; to the first one, I fully agree with what Sylvie said but in addition to that a better approach would be to have the confirmed lab cases and suspected cases. We do that for Ebola too, by the way; until they're confirmed with lab testing we keep them as suspected and once they're lab-confirmed then they're taken as confirmed cases.

China has moved into this kind of method, which is in our analysis or in our case, better actually because if you call the clinically confirmed cases confirmed when you test it in a lab the clinically confirmed cases could turn out to be negative. That's why in a place where we have laboratory capacity the recommended approach is to have the lab-confirmed cases from the suspected cases so you have the lab-confirmed and then those who are not confirmed yet, the suspected cases.

That really brings clarity to the approach and we're glad that China has come back to that kind of counting and this will bring clarity actually and I hope, as you have asked - namaste, by the way - this approach will bring clarity.

Then on disembarking, I agree with what Jaouad said and one thing I'd like to add is our advice to Japan and other Member States was any action they take should be proportional to the public health risk they see. They have already deployed their experts and they told us that the measures they have taken are proportional to the public health risk they have seen.

So we take that but, as Jaouad said, there could be something that we can learn from especially when we do the after-action review for the future. Thank you.

TJ Thank you. Thank you, Ms Kaur. We will go to the next question from Helen Branswell. Helen, can you hear us?

HE Hi, yes, thank you very much for taking my question. Dr Tedros, I think it was yesterday you were talking about the window may be closing. Today we've heard that Tehran has 18 cases and four deaths; likely to have a lot more cases if they've already got four deaths. A Canadian who was in Iran has tested positive in Canada. Someone in Lebanon who's been in Iran has tested positive. Is this outbreak at a tipping point now?

TAG Helen, that's why I said many times, the window of opportunity may be closing and you have rightly said that the cases we see in the rest of the world, although the numbers are small but not linked to Wuhan or China; it's very worrisome.

Then Iran in the past two days has reported 18 cases and five deaths, I think - four deaths. This is very concerning but not only that; there is a case which is linked to Iran now in Lebanon. This is a 45-year-old woman and these dots are actually very concerning; take them as dots or trends.

So what I believe is the window of opportunity is still there but our window of opportunity is narrowing; I would put it that way, narrowing. That's why we called on the international community to act and that's why I explained yesterday, although we're asking for the international community to act quickly, including the financing, that's not what we see.

So again I fully agree with what you said but my analysis of the situation is the window of opportunity is narrowing so we need to act quickly before it closes completely. That's what I would suggest and thank you so much; it's a very, very important question and that's what we have been saying since the declaration of PHEIC at the end of January. Now we're already at 21st February so it is really narrowing; that's how I put it. Thank you.

TJ Thank you very much. Can we take now, if we have online, Walter?

WA Hello. I am here. Can you hear me?

TJ Yes, please go ahead.

WA I would like to ask Dr Tedros about something he said yesterday concerning the misinformation spreading on social media. Is there something that you would suggest we journalists do to help prevent that and combat the certain misinformation that is being spread? Thank you.

TAG I think the misinformation - call it infodemics - is actually causing panic and fear in many places. From the start of our daily press briefing we have said a lot about it and we will continue to really talk about it but not only talk about it and ask for the international community to act but we're taking practical measure too, working with Google, working with Facebook and working with Amazon, Tencent and so on to help in addressing this misinformation.

One of the practical actions is this major social media outlets are directing any questions towards the reliable sources like WHO and other institutions in other countries, reliable countries like CDC and so on. That's what we're trying to do and we will continue to work with them.

Scientists have also a role to play especially in addressing some of the misinformation. As you know, there was misinformation circulating on social media and elsewhere about the source of the virus. Especially some people believed that it was designed in the lab but we had - probably you have seen there was a publication online that refutes that hypothesis and shows that this virus is not actually designed in the lab.

Of course we have to take this study with caution. Until we get the source, where the source is we have to continue our research to really see where the source is but there is already a reliable article. I hope you will have a look at that - that refutes the claim that this is a virus that's designed in the lab but further studies will be necessary.

TJ Thank you very much. Let's take one more online. Grace Ren from Health Policy Watch. Grace, can you hear us?

GR Yes. Can you hear me okay?

TJ Yes, please go ahead.

GR Thank you so much for taking my question. It's a little bit of a follow-up to Helen's question. If the window of opportunity is narrowing as countries scale up preparedness efforts they also need to prepare to deal with patients with potentially severe respiratory diseases. So outside of screening and diagnostic capacities what are WHO's plans to help strengthen countries' hospital capacities to deal with these cases, particularly for the weaker hospital systems with weaker infection prevention and controls measures like that?

SB Yes, thanks. On this issue of strengthening hospital capacities we act on many fronts. Firstly is working with healthcare workers to give them the right training and you will see online we have some online courses that they can access but also provide them with advice on how to protect themselves.

We work closely with a number of countries to make sure that they have enough workforce to deal with a number of cases. This is part also of our preparedness activities in many countries, especially when we know that they have a healthcare system that will have difficulty coping with an increase in cases, in severe cases. We work with them to identify first where they can hospitalise those severe cases and make sure that those few facilities have the capacity to take care of those patients and provide the necessary logistics and supply if needed.

This is part of the preparedness activities that have been ongoing for the past two weeks and more, focusing on those countries where they are in the highest need. This is why we made a strategic preparedness and response plan to prioritise those countries and make sure they have this capacity in hospitals in particular.

GR Thank you. Can I ask a [unclear] question really quickly?

TJ Very quickly.

GR Yes, thank you. Specifically, for capacity to deal with severe respiratory cases you need a lot of specialised equipment in certain cases. Correct? So what about that aspect?

SB Yes, but what is very important with those cases is first before being severe they are usually mild and that's why we focus on early detection of cases because if we can treat them as early as possible we have also an opportunity to prevent them becoming severe cases so we really try to protect the at-risk population as early as possible so that we have less severe cases as well.

TJ Thank you very much. Shane please. We'll go back to the room.

SH Thank you. Shane from China Central Television, CCTV. My question is about China for Dr Tedros. Despite the change of accounting mechanism and also some of the Chinese

workers going back to their positions, in general what do you think about all these changes and also the measures and do you still have the confidence that China will defeat the virus?

TAG On the counting of cases, I have already said it; taking what we have been doing before with lab capacity the best is to have the suspected cases and then take them as confirmed when you do lab tests. That's very clean so going into that is good instead of clinically confirmed cases because clinically confirmed means it could be negative or it could be positive.

That's why we're saying what China chose now is clean and it's good that they have moved to that but we also understand they were using the clinically confirmed cases - it could be because their lab capacity was low because of the large number of cases. The most important thing is based on your situation to shift into taking the better approach so we have to be very flexible on that.

Then on containing the virus, we still believe that we can contain the virus and what China is doing - serious measures in Wuhan and Hubei province and others, hammering at the source - can help us to contain it. Other countries, since we have now a number of cases, 1,000 outside China, other countries should also be very, very serious. That's why I said, although the window of opportunity is narrowing to contain the outbreak we still have a chance to contain it but while doing that we have to prepare at the same time for any eventualities because this outbreak could go in any direction.

It could even be messy but what I'm saying is it's in our hands now. If we do well within the narrowing window of opportunity we can avert any serious crisis. If we don't, if we squander the opportunity then there will be a serious problem on our hands and that's what WHO is saying.

SH There's also my question about the workers of employers going back to their work. That may help the Chinese economy recover but...

TAG Yes, that's what I said in China or other countries; our advice is to take measures very proportional to the public health problems they see. That's our advice and I hope China is doing that and other countries are doing that.

SH So you encourage the workers to go back to their positions.

TAG We don't go into specific recommendations because we have to see the details of what's happening if we're going to recommend and we need to sit together. But with the question you're asking and what we would recommend or put our general position, it's to encourage countries to take measures which are proportional for a public health response. Thank you.

TJ Jamey was raising his hand. Okay, please.

HU Hugo Miller from Bloomberg News. It sounds as if you're comfortable with the shift of methodology of clinical versus lab testing in China but just today 200 cases were reported from prisons that had previously been excluded. Are you comfortable that the methodology now is something you can understand and relate to and there will be no more surprises and is

there any concern that in a rush to reach a conclusion that net new cases in China are dropping that not every potential case is being considered in their methodology? Thanks.

TAG The international experts and Chinese counterparts, the joint mission is working together so if there are unanswered questions they will tell us. Thank you.

HU On Iran - you said you're particularly concerned about cases that don't have a direct link to China and Iran to Lebanon is now a worrying link. Are you getting information you need so far from Iranian authorities?

TAG We're getting information but we have to engage them even more because in two cases, having 18 cases and four deaths on our hands is serious.

TJ Thank you very much. Jamey please and then John and then we will see if we have time for one more online and then we will have to conclude. Jamey, one very short question.

JA Hi, Jamey, Associated Press. You've talked a little bit about these clusters but these clusters that are far from China; what does it say about this phase in the outbreak. Are we getting closer to a pandemic? And could you give us a quick update about the infection spread in healthcare settings both within China and outside of China? Thanks.

SB I think indeed what we see is a very different phase of this outbreak depending where you look. For instance there is a situation in Wuhan which is a special type of situation. We have also a situation in different provinces in China and then we have what is happening outside China where the number of cases is still very limited. This is why we are also able to see a different cluster of cases and investigation on this cluster.

Indeed we see that the situation is evolving; not only the number of cases is increasing but also we see different patterns of transmission in different places. This is why we are monitoring it and Dr Tedros is kindly organising this press conference, to just show that we are monitoring the situation, looking at what is happening everywhere, trying to have as much information as possible from each of these situations.

We are closely working with countries to have the most detail possible to try to understand really what is going on; is it the same type of transmission as we have seen at the early stage of this outbreak or are we moving to another phase of the epidemic? We try to also qualify as much as possible this situation but you understand that we have a lot of diversity, different outbreaks showing different faces and that's why we try to make sense of all those different experiences we see across the world.

But as Dr Tedros said, we still have this window of opportunity because we think that even if in some places we see a large cluster of cases still we can monitor where they are coming from and what is going on. So we need to continue to monitor the situation very closely until we can say that a situation is completely different.

JA [Inaudible].

TJ Okay, healthcare settings.

SB Similarly in healthcare settings we have seen different patterns, including in China because nosocomial transmission has happened at the early stage of the outbreak and was based probably on the lack of knowledge about the disease or the virus itself. But we have seen also that those nosocomial transmission when healthcare workers were aware of the disease and the virus; we have seen a decrease of those transmissions.

So it's a good sign; it means that with knowledge we can reduce the risk for those professionals. However we see as well that when healthcare workers are overworked or not in enough numbers then the infection prevention and control measures are less strict and then they have more risk of being infected.

So we are continuously trying to investigate those transmissions just to make sure that we know what is happening and we can propose the best countermeasures, especially in hospitals, and make sure that we are not missing any potential modes of transmission that could put healthcare workers at risk.

TAG Yes, I fully agree with what Sylvie said; overworked health professionals are at risk; in addition to that health professionals that are not properly protected and that's why in our presser last week we raised the alarm of having shortages in protective gear, basic equipment that health workers need. That's why I have already asked major companies, around 14 of them, if they could help us in providing the necessary equipment, PPE, so that we start from protecting our health workers.

When a health worker is infected, you know, it's serious and nosocomial transmission is one of the methods of transmission that can really spread anything at a very high rate. We have seen it in Ebola and it can happen also in corona.

Then are we closer to pandemic? I would like to assure you that we're following this virus 24/7, around the clock and I don't know if my colleagues actually are taking enough rest. We're involving the best experts globally and we're discussing regularly with the international experts we have, a good number of them representing all regions and excellent experts. We have a weekly consultation but we have also internal experts and we assess the epi we have regularly.

As you know, we have other platforms that we're always checking, what the situation looks like and where we're headed. So we will continue to follow up but as we speak our situation is that we're still in a phase where containment is possible with a narrowing window of opportunity.

If there is any move into another level then we will announce it as soon as possible, we will be the first to tell you that we're shifting to another level.

TJ Thank you very much. We've got time for two very short questions, first John and then we will go to someone on the line. John, please.

JO Good afternoon; John Zarocostas from the Lancet and France 24. Dr Tedros, could you elaborate a bit - or perhaps your colleagues on the podium here - the virus; the new cases in Iran; is the virus still stable? You said that it's a very worrisome situation.

Secondly you've got now an outbreak in a country that's subject to strict sanctions by the UN system. Could that be a hindrance or do you have assurances from the international community that that will not impede your ability to act in your own?

SB On the virus itself, I don't have yet the ID of this virus but what we have seen in previous sequencings that were done in different places; it was quite stable so I imagine that it's not different here. But the concern is more about the fact that we have seen an increase in cases, a very rapid increase in a matter of a few days and so we were just wondering what is the extent of this outbreak and the transmission in Iran.

Also because we have seen other cases picked up in Lebanon and Canada we are just wondering about also the potential of more exported cases in the coming days. That's why it's concerning because we would like all the countries in the world to be aware and to make sure that they will also put in place the right detection measures so that we can pick up those cases as early as possible and not allow this virus to spread further in the coming days. This is on the virus itself.

TAG On sanctions, as you know, in emergency situations, mainly during any outlying, the terms of sanctions emergency situations are excluded so we hope we will have all the opportunity we need to support.

TJ Thank you. Are there any questions here in the room? Yes. Sorry, I didn't see you. Please.

UM You mentioned your concern about these dots and what that might say about the potential to move into another phase of the virus. Linking that back to the post-action assessment on board the Princess cruise ship, do you see that post-action report as potentially useful to people potentially dealing with new clusters and if so how quickly will that post-assessment report be completed and when will we find out the results?

JM The after-action review is usually a process led by the country where the event is occurring and with the help or not of international agencies and we will definitely propose this action review to the Japanese authorities and to try to do it together.

But the major expected outcome of this exercise is first to study the situation, to see what we have done well and not well and also to come up with lessons learnt that help nationals to improve but also guide WHO and help WHO to improve their guidance and not only WHO in this case; other agencies who are dealing with ships and boats will also be inspired by the review.

It's a learning exercise where we come up with conclusions to improve the global community preparedness in the future.

TJ Thank you very much. We can take one last question if everyone agrees. That's from our friend, Kai Kupferschmidt, who is online. Kai, can you hear us?

KA Yes, thanks for taking my question, Tarik. Tedros, you have been very clear about the strategy on this; hammer the virus in China at the epicentre, try to keep it from spreading. You've also said that the window to do this is narrowing. We all know that we have to think in scenarios so what I really wanted to ask you is, at what point do you consider that window

closed, what has to happen for you to consider that window closed and what is the strategy that WHO shifts to at that point?

TAG No, thank you, Kai. I don't want to pre-empt the thinking of the scientists we're involving and as we speak they're actually engaged and they're really working on all the data we have and we will expect their analysis and also recommendations. We're involving as many experts and very known and respected scientists as possible from all over the world and I know when we finalise the analysis we will get a very good-quality analysis based on science and evidence and we will announce that as soon as we have it.

So we're working on it, we're following the situation 24-7 and we will tell you exactly what the outcome of that analysis is as soon as we're ready.

TJ Thank you very much, Dr Tedros. We will conclude with this. Thanks, everyone, for watching us. As we have announced to the Geneva-based core, we are not planning to have press conferences over the weekend but if that changes for whatever reason we will let you know. Thank you very much.