



World Health Organization

Coronavirus press conference

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Speaker key:

TJ	Tarik Jasarevic
TAG	Tedros Adhanom Ghebreyesus
LI	Liu
SB	Sylvie Briand
MR	Michael J Ryan
MW	Mark Webster
GS	Gabriela Sotomayor
DK	Dawn Kopecki
JB	Jean-Benoit
JA	Jamie
KE	Ken
SH	Shane
UF	Unidentified female speaker
HM	Hugo Miller
KA	Kai

TJ Thank you very much for joining us for another regular daily press conference regarding novel coronavirus from WHO headquarters here in Geneva. Welcome to all journalists present here in the room. I see some new faces; welcome to WHO. Welcome to journalists who are joining us either online or via phone line and welcome to everyone watching us on WHO's Twitter account.

Today with us we have Dr Tedros, WHO Director General, Dr Mike Ryan, executive director of WHO health emergency programme, and Dr Sylvie Briand, director for global infectious hazard preparedness here at WHO. Before I give the floor to Dr Tedros, we are using the same system as we used on Saturday, which means those who are watching us online, journalists online through Zoom; if you want to ask questions please click on the “raise hand” on the right-hand side of your screen.

Those who dialled in via phone line please type * 9 on your keypad and you will be put in the queue for questions. As always we will have an audio file and transcript from this press briefing. Dr Tedros, please.

TAG Thank you, Tarik. Good afternoon. As usual I will start with the latest numbers of coronavirus. As of 6:00am Geneva time today there were 40,235 confirmed cases in China and 909 deaths. Outside China there are 319 cases in 24 countries and one death. The overall pattern has not changed. 99% of the reported cases are in China and most cases are mild. About 2% of cases are fatal, which of course is still too many.

A lot of people are asking, where is the outbreak going, is it getting better, is it getting worse? We're doing several things to answer those questions. First, the meeting on research and innovation starting tomorrow will identify some of those questions and chart a path forward.

Second, an advanced team of WHO experts has just arrived in China, led by Dr Bruce Aylward, to lay the groundwork for the larger international team. Bruce and his colleagues will be working with their Chinese counterparts to make sure we have the right expertise on the team to answer the right questions. We're grateful for the many people who have volunteered their expertise from all over the world.

In recent days we have seen some concerning instances of onward transmission from people with no travel history to China, like the cases reported in France yesterday and the United Kingdom today. The detection of this small number of cases could be the spark that becomes a bigger fire but for now it's only a spark. Our objective remains containment. We call on all countries to use the window of opportunity we have to prevent a bigger fire.

As part of those preparations WHO is working to equip laboratories with the capacity to rapidly diagnose cases. Without vital diagnostic capacity countries are in the dark as to how far and why the virus has spread and who has coronavirus or another disease with similar symptoms. We have now identified 168 labs around the world with the right technology to diagnose coronavirus.

We have sent kits to Cameroon, Cote d'Ivoire, DRC, Egypt, Ethiopia, Gabon, Ghana, Iran, Kenya, Morocco, Nigeria, Tunisia, Uganda and Zambia. Many of those countries have already started using them. Another shipment of 150,000 tests is being assembled in Berlin today and is destined for more than 80 labs in all regions globally.

Last week the African CDC conducted training in Senegal with 12 countries using tests sent by WHO and further training will take place in South Africa next week. WHO will continue working with all countries to prevent and detect rapidly new cases of coronavirus and to save lives. I thank you.

TJ Thank you very much, Dr Tedros. We will start immediately with questions. As always we will start here in the room and then we will go to our colleagues online. Please, one question per journalist so we can try to take as many as possible. Liu, Mark and Gabriela, please.

LI Hi, it's Liu from Chinese Xinhua News Agency. Two questions, sorry.

TJ One question.

LI Okay, one question. Does WHO have any comments on the latest reports that there is a breakthrough in research about the virus, that researchers in Australia, in New South Wales

have successfully managed to obtain a live virus from the patients instead of synthesise the samples? Does that help in any way to quickly detect the virus and diagnose it, judging from the WHO's point of view? Thank you.

SB They have synthesised the virus? I didn't understand the question. Could you repeat the question, please?

LI Yes. The latest reports from Australia; the Australian health authorities from New South Wales; the researchers have successfully managed to obtain a live coronavirus from infected patients instead of synthesising the samples in the laboratory. Does WHO know that or have any comments on that?

MR I think a number of labs have isolated the virus around the world and are actively sharing the virus as well so it's really important that we have multiple isolations. The sequencing of the virus is very important and allows us to track the sequence but being able to isolate the virus itself provides the basis for both therapeutic and vaccine development as well as the development of diagnostic assays, particularly serology, which we need right now.

Having live virus is very important for developing the neutralising tests and other things we need to test for the presence of the antibodies to the virus, which will allow us to look at population attack rates, not just look at who's been infected and who's been sick but to potentially look at a broader proportion of the population to see if there are milder cases out there that we're not detecting.

Live isolation of the virus allows a huge advance in diagnostics and potential advances in therapeutics and vaccine development but the vaccine has been isolated for a good while now and many labs have done that.

SB The viral culture of the virus in laboratories is indeed a next step to the normal diagnostic which is based on PCR and it's indeed very important because when you have for example the genetic sequence it's like having the ID card of the virus but not the virus itself. Here having the virus in hand is indeed much better to make testing and to make probes against therapeutics or vaccines.

TJ Thank you. Mark, please.

MW Yes, Mark Webster, CDTN (unclear). Could you give us an idea of what the priorities are for your team on the ground now in China and are you satisfied that they will get full co-operation from the authorities there?

MR The team is there first and foremost to learn and to understand not only the investigations that have been carried out so far in China but also to understand the nature of what has been one of the largest public health responses in history in China so we both learn more about the virus, to learn more about the investigations that have been carried out by Chinese scientists and epidemiologists, to understand the nature of the public health response which reaches right from the lowest level of the community right the way through the system to the top.

So there are huge lessons to be learned from that experience but immediately obviously understanding better issues around the origin, source of the virus, issues around severity of

the disease; answering all of those questions. We believe that many of the ongoing investigations which are being implemented by Chinese scientists are getting those answers.

We will be able to, by sending very senior, eminent people, create a collaboration and exchange of ideas that will allow those investigations to be even better but I think primarily and first and foremost it must be seen that this is an investigation to learn and support China.

But also many of those scientists have been collaborating externally and internally. Many of these people actually know each other already. This is not a voyage into the dark. This is going to reconnect with scientists that we're already working with on a day-to-day basis over many, many years so this is about increasing the levels of co-operation, not establishing co-operation.

TJ Thank you very much. Gabriela, you had a question.

GS Yes. Thank you. Thank you very much. Gabriela Sotomayor, Mexico. I have a question on the forum that will begin here at WHO tomorrow, the experts. Are you inviting experts from Taiwan to be here in Geneva? Because you know that China said that they invited experts to Wuhan, to the epicentre of the outbreak but they had limited access.

They weren't allowed to go to the market for example so I'm wondering; considering Taiwan's geographical proximity and frequent people-to-people exchange with China - they have so far 17 cases. They have different health systems and my question is, maybe they have something to share with the international community so are they going to be physically here in Geneva, are you inviting them? Thank you.

MR We will have a number of Taiwanese colleagues online as the conference is greatly oversubscribed. In fact there's a huge number of people dialling in and mainly a lot of those people dialling in are people who are in the front line themselves so we have to be very careful in bringing scientists together that we don't disrupt the response itself.

So a lot of colleagues from around the world are coming in by WebEx, by telephone and will be online for the deliberations. In addition to that, as I've said in previous teleconferences, we have been engaging with technical colleagues on the Taiwanese side over the whole course of this event, including following up on probable cases in Europe, multiple teleconferences and we continue to engage Taiwanese colleagues and colleagues on the Chinese mainland in all aspects of technical co-operation in order to better understand this disease.

TJ Thank you very much. Let's move online for a few colleagues who are dialling in. CNBC, can we hear you, can you introduce yourself, please?

DK Hi, yes. Thank you for taking my question. This is Dawn Kopecki. My question is regarding the mortality rate and the time frame it takes this virus to be lethal enough for someone to die from it. It's two weeks from transmission to symptoms in many cases. Then how long does it take? Some doctors here are saying that the disease kills people at a slower rate or a slower pace than SARS but they're not sure that the mortality rate that we're seeing now is the mortality rate we'll be dealing with in three, four, five months.

So can you talk about how long it takes for someone to get sick enough to die from this and then what that says about the mortality rates that we're seeing now and what we might see in three or four months?

TJ Thank you very much for that question. Let's see who can take it.

SB I think what we have now is a better view of how many people have mild disease; it's around 80% - how many people have severe disease with pneumonia that requires hospitalisation - from the latest data it's around 15% - and also 3-5% of people who will need intensive care.

So what will make a difference in terms of mortality is really the underlying condition of the patient and if this patient has very critical illness or not. This is why people who are transferred to intensive care units may stay in the hospital much longer because they can receive very sophisticated care and therefore it takes some time longer for them not only to recover from this very severe disease but after ICU when they are transferred to a normal ward then they need more time to recover as well.

So the range of hospitalisation may vary a lot depending on the status of the patient and their age and their underlying conditions. When you compare with SARS - and we have also to recognise that since SARS the medicine has progressed a lot. We have now new technologies such as EKMO that allow us to save more severe patients and so these technologies are really important as well to explain why people may stay longer in hospital because they are benefiting from much better care than maybe what we could afford two decades ago.

MR I think it's important, on reflecting on that, that the health system in China is sophisticated and is capable of delivering high levels of intensive care. When you consider that 90 to 100% of patients in hospital require supplemental oxygen, 20 to 25% of those patients require intensive care and five to 10% of patients may require some form of mechanical ventilation that's a huge demand on a system, that much.

So it's a tremendous achievement that so many patients can be kept alive but there is a lag and some of those patients will die and that's a very unfortunate thing but again, reflecting on what the Director General has said many times before, imagine this disease establishing itself within a weaker health system without those capacities, without those capabilities and that's what we've been calling for.

This disease may appear relatively mild in the context of a sophisticated health system. That may not be the case should this disease reach a system that is not as capable as that of China.

TJ Thank you very much. Let's take one more from online. We had someone from Montreal in Canada. Can you hear us, can you introduce yourself?

JB Yes, good morning. My name is Jean-Benoit [Unclear]. I am with the Canadian press in Montreal, Canada. If possible I would like to ask Dr Briand a question in French.

[Foreign language]

TJ I'll just translate this for everyone; it's a question about quarantine rules for people on board a cruise ship; are we always starting a new quarantine period every time a new infection is detected? Dr Briand.

SB [Foreign language].

MR [Foreign language].

TJ A very quick one in English for the rest of the journalists.

SB Currently what happens is that the people who were found positive have been hospitalised so they are not any more on the ship and the people who have been in contact, the rest of the travellers are checked regularly. When a new case is found on the ship then only the close contacts of this person are considered for additional quarantine but otherwise the quarantine for the rest of the travellers is supposed to end on 19th February.

TJ Thank you very much for this translation. We will go back to the room and start with Jamie; then we have Shane and one more here. Jamie.

JA Good afternoon, thank you. Jamie, Associated Press. Dr Tedros, I'd like to go back to the case that happened in France, the recent cases. How concerned are you that we may be seeing a super-spreader emerge? What exactly is that and how could that be defeated?

Just on a similar note - sorry, it's the same thought, Tarik - there are conferences that are happening all over the world including one that's going to happen here tomorrow. How concerned are you that conferences may be a place where super-spreaders could emerge from? Thank you.

TJ Thank you, Jamie.

MR On the event in Singapore, no, I think it's way too early and much more of an exaggeration to consider the Singapore conference event a super-spreading event. Singapore at the moment, I think, has about 40 confirmed cases, 21 associated with the import from China and 19 locally acquired with no history of transport.

The Singapore conference cluster has 12 cases associated with it; those five you mentioned, Jamie, in France, three in Singapore itself and then Korea, Malaysia and the United Kingdom but those numbers are ones so we're not dealing here with a super-spreading event; people comparing it to the Amoy Gardens or to the Metropole Hotel or any of that.

But certainly it is always a concern when people come together and then move apart and we have to have risk management procedures associated with that but you can't shut down the world either and normal activity must go on. So what we need to see is reasonable, well-managed meetings and gatherings in which the risks are managed appropriately.

We're not going to be in a position to say on the slightest possibility that there may be possibly an infection associated with nCoV that we're going to cancel every event, otherwise we'd cancel these press conferences and we wouldn't be able to speak to you. So where is the limit to this?

I think we need to remain calm, we need to remain measured, we need to be driven by risks. First we need to identify those risks and look at those events one-by-one and say, okay, what are the risks, how can those risks be minimised? There is no zero risk in anything in life. You may trip on the stairs going out of here; it's a risk so I think we need to take a risk management approach, accept there's no zero risk and do our best to ensure the safety of people attending all gatherings around the world.

SB I think also what is very important is to talk about super-spreading events and not people because it's not the person; it's really the circumstances and the situation that makes the transmission increase and not the people themselves, so that we avoid also some stigmatisation that is really unnecessary. Thank you.

TJ Thank you very much. We had one question here. If you have short, single questions we will be able to get to everyone. Thank you.

KE Hi, my name is Ken. I'm from the Japanese newspaper, Yomiuri. I'd like to come back to the international expert team. Can you elaborate a little bit more on the time frame of their work and how many people are there for the advance team? Where are they working? I assume it's Beijing but you haven't mentioned it. How many people are you expecting for the team altogether?

TAG The advance team is already there and they will prepare everything for the rest of the team and we hope the rest of the team will join them as soon as possible. The team could range between ten and 15 but we're aiming for ten actually to make it as manageable as possible. If need be we can increase but it will be around ten. That means an additional seven.

KE And where are they working?

TAG Of course they will have a plan.

KE No. Where?

TAG They will have a plan. They will organise a plan based on the discussion with their counterparts; what to visit, when to visit and where to visit and where to focus, what kind of issues, which unanswered questions to answer and so on. We have fully empowered them. We don't want to tell them to do this or that and that's what we told the advance team because these are experienced people and they know what to do so we want them to be really free, empowered and see things for themselves and then tell us answers to the questions that we still have.

We wouldn't say anything now because they're not told to say this or to do that because they have to have free thinking and they have to operate with full responsibility and empowerment and we have fully empowered them. Thank you.

TJ Thank you very much, DG.

SH Shane from China Central Television. My question is also about the advance team and the international experts. Can you share more about their backgrounds, what is their priority, is vaccines the priority, are the transmitters a priority? How long will they stay in China? Will they go to Wuhan? More background about this team would be better. Thank you.

TAG I will give you exactly the same answer; they will decide that as soon as they have explored everything and where to focus and how long it will take them and so on. They're fully empowered and we don't want to treat them as messengers but experts who're fully empowered to operate based on their expertise. Thank you.

MR Could I possibly add, because I think it's important, this mission is a joint WHO/China [Unclear] mission. This mission brings together the best of Chinese science, Chinese public health with the best of the world's science and public health and we need to let those experts interact, we need to give them the space, the time to interact, to share information, to check the hypotheses of what's been happening, where this is going.

This is a moment for us to step back and let the scientists do their work and then wait for them to give us the answers they come up with and we have full faith in our leadership in the ground doing that.

TAG We saw them off last night and that was what we told them; you are fully empowered, you're the experts and we want you to tell us what the challenges are and working very well, of course, with their counterparts in China. That's what we told them; our only message was to just work as experts and see what they can see and recommend what they want to recommend based on the situation they see. I think that's what you would expect.

TJ Thank you. We will take two more questions from here; [unclear] is here; we have Bloomberg; and then we will go back online. Yes, please.

UF [Unclear] from China Radio International. Good afternoon, Dr Tedros. About the global research and innovation forum, it's a good opportunity to have the experts together so what's your expectation for this two-day meeting and could you mention a little bit more about the programme and about the research roadmap? Thank you.

TAG Would you like to say?

MR The DG may follow up. He will be addressing the conference and giving the conference its marching orders tomorrow morning but what we really need to focus on tomorrow - and this is a big gathering and obviously again we recognise the tremendous work done both within the secretariat but with a whole series of external partners - both funding partners and scientific partners - to bring this meeting together.

This is an amazing initiative to centralise our knowledge and we need to be able to identify not only what we know but clearly identify the gaps; more importantly what are the specific research priorities and then how do we accelerate and generate the scientific information for the most needed interventions and diagnostics, medical therapeutics, vaccines and understanding of the origin of the disease.

So the outcome will be a research roadmap which clearly identifies those priorities and identifies a framework for governing that in terms of how those priorities are going to be turned into product profiles, how those product profiles are going to be turned into products, how that's going to be financed, who is going to have access to the products that come from that process, how we're going to ensure equitable access on the basis of need to those products.

This isn't just simply a scientific discourse. There are big issues to do with how that whole process is governed and the DG has been very clear that we need to have a broader process that defines those outcomes as well so that the results of this process are available to all. As you can imagine, the journey doesn't start tomorrow, it's already begun but bringing everybody together, I think, will give us a leapfrog moment in terms of coherence, priority-setting and then setting that roadmap so we all travel that road together in the coming months. DG.

TAG Yes, thank you. At tomorrow's meeting one thing we would expect is again they should be free to say whatever they think based on the unknowns we have but we want them to focus on science. There are some people from some corners who'd like to politicise it. I think we have to avoid that. We want scientists who would really focus on the problems and tell us their solutions so this is science based on evidence and we're expecting experts especially in this area to join and help us in finding solutions to the unknowns or answers to the unknowns.

That's what I would advise and I'll repeat it tomorrow. Science is science and we want them to really focus on that and politicisation will not really help us. This is a common enemy. I've said it many times. Let's focus on this common enemy against humanity. It attacks any human being and that's how we should see the threat; as one humanity against a virus which we don't know very well and we need to answer the questions in order to fight it better.

In my speech I said, there are cases now of onward transmission that are worrying us. The number of cases is very small of course but a small number of cases cannot be a guarantee. Even infection starts from one and that's why I said it could spark a bigger fire. We need to use the window of opportunity that we have now because if you compare the number of cases in China and the rest of the world, in the rest of the world - I said it earlier - we don't have more than 319 cases; let's say above 300 cases.

This is only a window of opportunity and we should really work hard as one human race to fight this virus before it gets out of control. That's my message.

The other part is, as you remember, we travelled to Beijing and we had high-level meetings and we agreed on three things. One is the strategy, especially focus on the source; taking serious measures at the epicentre, at the source; that's the Hubei province. Second is sending experts so that the Chinese and international experts can work together to address the unanswered questions.

Third is sharing information but this message is not just for China, it's for the rest of the world too. We have to do all three in all countries and that's how we can get better response. If there are cases reported - not only in the 24 but others - we have to make sure to attack at the source and we have to share experience and they have to co-operate with WHO. If we need to send experts to other countries they should be prepared too.

This is a message for the whole world and a message that this is a common enemy that we can only defeat if we do it in unison and in unity. Thank you.

TJ Thank you. We have time for only three more questions. We'll go to Bloomberg first and then we'll go with two questions online. Thank you.

HM Thanks for squeezing in my question. It's Hugo Miller, Bloomberg News. There was a study out that concluded January 29th that was published today in China from a pulmonary disease specialist; I think his name is [Unclear]; forgive my pronunciation. He concluded that the incubation period, which I think we've typically understood to be up to 14 days, could easily be as long as 24 days.

So the question I have for you is, having absorbed that, whether you're considering changing your recommendations on quarantine periods, be it on a cruise ship, be it wherever around the world, by up to a further ten days.

MR At this point we take all observations obviously very seriously but there are many different observations of length of incubation and incubation periods at either end of the spectrum we need to look at very carefully. A very long incubation period can reflect a double exposure. We take exposure as a proxy for infection so we assume this exposure led to the infection.

We've seen this in Ebola when we've seen very long incubation periods and then when we investigate we find, oh, no, there was a second exposure a week later or two weeks later and that's when the actual infection occurred. So there very often can be outliers and they can be because of the recording of the exposure so we need to be really, really careful when we look at outlier figures.

The median incubation period in that study is actually five days and the 24 days is an outlying observation so the study doesn't conclude that the incubation period is 24 days. The study concludes that the median is five but that the outlying observation is 24 and that needs to be taken seriously but that needs to be taken in the context of all of the other studies so at this point WHO is not considering changing anything but we will consult further and more widely, as we always do. Sylvie, I don't know...

TJ We will have two questions from our colleagues online. We start with Sarah Boseley from the Guardian. Sarah, can you hear us? Hello, do we have Sarah?

SB Hello.

TJ Yes. Hello, can you hear us? Maybe we can go to...

SB Hello.

TJ Yes. Sarah, can you hear us? We can hear you?

SB Hello.

TJ Yes.

MR I don't think she can hear you, Tarik.

TJ Chris, maybe we can try to get another journalist online from DPA, the German agency. Do we have anyone online? Kai is online? Okay, we'll take Kai first. Kai, can you hear us?

KA Yes, I can. Thanks for squeezing in my question, Tarik. I wanted to ask a question about the case definition. There are reports that the Chinese national health commission has changed those and that basically people who test positive for the virus but have no symptoms will no longer be counted as confirmed cases. Is that partly what's behind the lower numbers we've seen? Do you know anything about this?

MR Kai, truthfully, no. We're not aware of that change. We will check it out obviously but no, we're not aware of any significant change to the case definition, certainly not one that discounts lab-confirmed cases if there are not... No, we'll have to check that out and come back to you. It sounds strange.

TJ Okay, thanks for that. We will conclude with this. Sorry for all those whose questions have not been answered but, as you know, we have these daily press briefings so hopefully we will take those questions too. Again to remind you, an audio file will be available immediately after and a transcript hopefully will be posted early in the morning. Thank you, Dr Tedros, thank you, Dr Ryan, thank you, Dr Briand and thanks, everyone, for watching us. Have a nice day.

TAG Okay, thank you and see you tomorrow.