WHO press conference, COVID-19

05 March 2020

Speaker key:

TAG Dr Tedros Adhanom Ghebreyesus

MR Dr Michael Ryan

MVK Dr Maria van Kerkhove

TJ Tarik Jasarevic

CA Catherine

GA Gabrielle

SH Shoko

JA Jamie

SH Shane

KA Karen

UM Unidentified Male

TJ Good afternoon, everyone. Thank you very much for joining us for this press conference from WHO headquarters in Geneva. Those journalists who are watching us on Zoom, to ask a question you have to click raise hand on your screen. Journalists who are dialling in, please type star nine on your phone. And welcome to everyone watching us on our Twitter account.

We had a little bit of technical issues while preparing for this briefing. Hopefully it's all sorted, so everyone will be able to hear us well, and to ask questions. If that's not the case, then please switch on to watch on Twitter account. We have Dr Tedros with us, Dr Mike

Ryan, and Dr Maria van Kerkhove for the regular press briefing regarding COVID-19. Dr Tedros, please.

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TAG Yes, thank you, Tarik. And good afternoon, and thank your highness again for joining us in person, and online. Today I want to start by saying thank you to all our colleagues in the media. As providers of information you play a vital role in the response to COVID-19. The fight against rumours and misinformation is vital part of the battle against this virus. We rely on you to make sure people have accurate information about the threat they face. And how to protect themselves and others.

Now to the numbers. There is now a total of 95,265 reported cases of COVID-19 globally. And 3,281 deaths. In the past 24 hours, China reported 143 cases. Most cases continue to be reported from Hubei province, and eight provinces have not reported any case in the last 14 days. Outside China, 2,055 cases were reported in 33 countries. Around 80% of those cases continue to come from just three countries.

We see encouraging signs from the Republic of Korea. The number of newly reported cases appears to be declining, and the cases that are being reported are being identified primarily from known clusters. Although a few countries are reporting large numbers of cases, 115 countries have not reported any cases. 21 countries have reported only one case, and five countries that had reported cases have not reported new cases in the past 14 days.

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The experience of these countries, and of China, continues to demonstrate that this is not a one-way street. This epidemic can be pushed back, but only with a collective coordinated and comprehensive approach that engages the entire machinery of government. We're calling on every country to act with speed, scale, and clear-minded determination. Although we continue to see the majority of cases in handful of countries, we're deeply concerned about the increasing number of countries reporting cases, especially those with weaker health systems.

However, this epidemic is a threat for every country, rich and poor, and as we have said before, even the high income countries should expect surprises. The solution is aggressive preparedness. We're concerned that some countries have either not taken this seriously enough, or have decided there is nothing they can do. We're concerned that in some countries the level of political commitment and the actions that demonstrate that commitment do not match the level of the threat we all face.

This is not a drill. This is not the time to give up. This is not a time for excuses. This is a time for pulling out all the stops. Countries have been planning for scenarios like this for decades. Now is the time to act on those plans. These are plans that start with leadership from the top. Coordinating every part of government, not just the health ministry. Security, diplomacy, finance, commerce, transport, trade, information, and more. The whole government should be involved. We need a whole government approach.

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So activate your emergency plans through that whole government approach, educate your public so that people know what the symptoms are, and know how to protect themselves and others. Increase your testing capacity. Get your hospitals ready. Ensure essential supplies are available. Train your health workers to identify cases. Provide careful and compassionate treatment, and protect themselves from infection.

If countries act aggressively to find, isolate, and treat cases, and to trace every contact, they can change the trajectory of this epidemic. If we take the approach that there is nothing we can do, that will quickly become a self-fulfilling prophesy. It's in our hands. WHO has published step-by-step guidelines for countries to develop their national action plans according to eight key areas, which are supported by detailed, technical guidance.

We call on all countries to accelerate those plans, and we stand ready to work with them to do that. More funding is being made available to support countries that need it, and that have plans in place. As you know, The World Bank, The International Monetary Fund, have both made funds available to stabilise health systems and mitigate the economic consequences of the epidemic,with a special focus on enabling access to critical supplies and equipment. I had also very fruitful discussion with the president of the African Development Bank. This is funding that's available now to countries who need it, in line with WHO's strategic preparedness and response plan. These funds are essential for supporting the response now, but also for long-term preparedness.

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Although COVID-19 presents an acute threat now, it's absolutely essential that countries do not lose this opportunity to strengthen their preparedness system. We know people are afraid, and that's normal, and appropriate. That fear can be managed and moderated with accurate information. Today, WHO has launched a new social media campaign called Be Ready for COVID-19, which urges people to be safe, smart, and informed.

If you feel overwhelmed by fear, reach out to those around you. Find out what your community's emergency response plans are. How you fit in, and how you can help. There is still a lot we don't know. But every day we're learning more. And we're working around the clock to fill in the gaps in our knowledge. Ultimately, how deadly this virus will depend not only on the virus itself, but on how to respond to it.

This is a serious disease. It's not deadly to most people, but it can still kill. We're all responsible for reducing our own risk of infection, and if we're infected, for reducing our risk of infecting others. There is something all of us can do to protect vulnerable people in our communities. That's why we keep talking about solidarity. This is not just a threat for individual people, or individual countries. We're all in this together. And we can only save lives together. I thank you.

TJ Thank you very much, Dr Tedros, and apologies for issues we have with the sound. I hope that those watching us on Twitter and online and dialling in can hear us very well, and hopefully they will be able to ask questions. I will remind everyone before we start, the questions to ask, only one we will start with Catherine, and then Gabrielle. Catherine, please.

00:11:20

CA Thank you.

TJ If you can just press the little button.

CA Oh yes.

TJ Thank you.

CA Can you hear me? Yes, okay, of course. Catherine [inaudible]. This is a question especially for Dr Maria van Kerkhove, related to pets. We hear and read a lot about transmission from humans to pets, or from pets to humans. We don't know exactly. So could you please give us more details about that? Thank you so much.

MVK So yes, the question about pets. So we are, as we mentioned it earlier, we're aware of a dog in Hong Kong that has tested positive for coronavirus. Initially these are weekly positive samples that came from the dog. The dog is doing well, we understand, he doesn't have symptoms. It's an older dog that we know of. But it's only one dog so far.

So we're working with authorities in Hong Kong. We're working with our colleagues at FIO and OIE. We're working with the partners in Hong Kong who are looking at these pets, who have been in homes of people who've been infected with COVID-19. We're only aware of this one animal that's tested positive. And he's doing well.

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So in terms of what this means for transmission, um, we don't believe that this is a major driver of transmission. Uh, we don't have evidence of transmission from the human to the dog, or the dog to the human. But again, it's only one example of this, and so of course it deserves much more study. But we're working with the partners who can help us to address this question.

MR Just that it's not unusual in emerging diseases outbreaks to find that animals can be transient host. In SARS and MERS we had similar issues. So it's always a question with an emerging disease, and we're back to the core question. Are animals intimately associated with the spread of this disease? And the answer to that is no. In this case, this dog is a victim more than others, and we need to establish quite clearly what part animals might play in further transmission.

But that is unknown. But this is not an unusual or unprecedented finding, it happens regularly with emerging disease.

TJ Thank you very much. Gabrielle, please.

GA Thank you very much for giving me the opportunity to ask. Dr Tedros, you mentioned that there are countries that are not taking this very seriously, or other countries that they said there is nothing to do. Could you mention those countries, and just very quick, if you can clarify if you have any evidence that coronavirus is seasonal. Thank you.

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MVK I'll take the seasonal question. So the question is, is this virus seasonal. So we've only known about this virus for eight weeks or so. Starting in late December, and now we're into March. So anything, we don't know much about what this virus will do over the course of a season. And so we've had some questions previously about what this virus will do in different climates, in different temperatures.

We have no reason to believe that this virus would behave differently in different temperatures. We have no reason to believe that this virus would behave differently in different temperatures, which is why we want aggressive action in all countries to make sure that we prevent onward transmission, and that it's taken seriously in every country.

But this is something that will be of interest. We have the... In the northern hemisphere we have the flu season, which was ending fairly soon, and in the southern hemisphere we'll have the flu season starting. And so it will be interesting to see what will happen in the northern hemisphere and the southern hemisphere. But to look at seasonality you need to look at patterns over time, and we do need some of that time to be able to see what happens.

So it's important that we aggressively look for cases, and so that we can understand the extent of infection and how the virus behaves in different populations.

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MR It's important to explain that seasonality is driven by factors in the virus, its ability to survive in the environment, but it's also driven by human factors, which are the coming together of humans. And influenza and other respiratory diseases can spread efficiently in winter, not necessarily because of the temperature, but because human beings come together in closed environments, and therefore transmission is more facilitated.

So in this particular case we've seen this disease now in a number of different climates. Singapore is a very hot, humid climate, and the disease there has spread, it's coming under control. So we will need to wait and see. Wait and see. Do you want to...?

TAG Yes, thank you. There are a good number of countries who have left the epidemics up to the ministry of health. The minister of health, and the health emergency institutions. We're saying that's wrong. It needs whole government approach. And I don't have the list now, but it's a long list. And that's why my statement today was focused on advising all countries on Earth to trigger the whole government approach.

So all sectors in the government are involved, and this should be led by the principle, head of state or head of government, or the second person who has the mandate to coordinate all sectors. But governments alone cannot beat this virus. In addition to the whole government approach, the focus should be in mobilising everybody, all citizens, to take care of themselves, and to also take care of others, and to make a significant progress in the fight.

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And we're saying it's everybody's business, and that's how it should be. But it's a significant number of countries who're not mobilising the whole government. I can give you the list next time, but I don't have the list now. Thank you.

TJ Thank you very much. So we have a little bit of audio issues here, so I hope we'll have a clean audio version available after the press briefing for those, and I can see on social media that some people are not able, or were not able to hear clearly from the beginning, so there will be an audio file, and we apologise one more time. Shoko [?] please.

SH I thank you for taking my question. [Inaudible] North Korea, as I understood, they have not yet reported any confirmed cases of COVID-19. Is WHO in touch with the authority of North Korea, and how concerned are you regarding this case?

MR Yes, we are, and we've had multiple contacts with our colleagues for office in the Democratic People's Republic of Korea. And obviously the country is right in the heart of the epidemic zone, and in the region. So there are risks there. But we have no reports so far of issues. We are supplying, making available supplies, as I think colleagues in China are as well, and are ready to provide technical assistance, like to any country.

So it's very, very important that countries like DPRK are well prepare, their systems are well prepared, and we're ready to go in at any moment should there be report of a case from the country.

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TAG And we had a very good discussion with the foreign minister of the Republic of Korea, and she expressed her willingness and readiness to help in any way possible if there is a need or a support that North Korea asks for.

TJ Thank you very much. Jamie, then Shane, please. And then we will try to get a few questions from online. We are trying to sort out the technical issues. Jamie, please go ahead.

JA Thank you. Good afternoon, Jamie, Associated Press. Dr Mark Lipsitch, an epidemiologist at Harvard, was quoted in The New Yorker yesterday saying that as many as 40 to 70 percent of the world's five billion adults could at some point contract coronavirus. I guess I just wanted to know, is it really that dire, in your perspective, and just with that in mind, could you also tell us what you know more about, both asymptomatic transmission, and whether or not surfaces could be a source [unclear]. Thank you.

MR I'll take a stab at the first part, Jamie. Yes, we've had these numbers almost every week now for the last eight weeks. And we need to, as I've always said, take each prediction into account. We need to know what data that's based on. This is usually based on modelling data, based on certain assumptions about transmission, and about [unclear]. And some assumptions about control measures or not.

And certainly you can model with control measures, or model without control measures. So I'd like to see the data and see what that prediction is based on. We will listen to all good science. Having said that, there are obvious real things happening in the real world that contradict that. If we look at China, today, 20 provinces in China have today downgraded their public health emergency risk level. That's 20 of 31 have actually gone in the reverse.

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They've gone from red to yellow, or from yellow to green. Now that's flying in the face of that prediction. I'm not saying which one is correct. What I'm telling you, in the real world today, China is moving back towards the green. In their... 11 provinces in China today moved to green, which is their lowest level of risk. They've five levels of risk. On the 29th January, all provinces in China were at level one risk, the highest possible risk. Red, red, the whole of China was red.

So there's hope in that. Today there were only four cases of... Or yesterday, the last 24 hours, only four cases of confirmed COVID-19 infection outside Hubei, were actually from China. Most cases outside Hubei, in China yesterday, came from other countries. So when I look at that, which is happening in the real world, and then I look at predictions, I need to look, and we need to look at both of those.

We need to see what's happening in Singapore. And the DG has said in his speech, this is not a drill. We need to fight. We need to fight now. Because our predictions will come true if we do nothing. So we have choices today. Some countries are stepping forward and turning to face the fire. And we need all countries to do that right now.

MVK And the second part of that question. So the question around asymptomatic transmission, and the role of surfaces. So we know that this is a respiratory pathogen, and it spreads through droplets. And so these droplets that come out of our mouths and our noses, if we cough, we sneeze, will move some distance, and they'll settle on surfaces. And there are some experimental studies that are currently underway that are looking at how long these viruses will survive on different types of surfaces.

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In some preliminary results from that, looked like this virus acts... Behaves similar to the SARS coronavirus. But those viruses can be inactivated with disinfectants. So cleaning of surfaces can clear those viruses away, and that's important. The role of asymptomatic transmission, this is... I understand why this is a very important question. It is a very important question to us as well.

We know that this infection with COVID-19 causes a wide range of symptoms, including people who don't develop symptoms. What we understand is that because contact tracing is so strong, in some countries, cases that have not yet developed symptoms are being identified by being PCR positive. And so these are people who are pre-symptomatic. So it's a few days before they develop symptoms.

Now the question is whether or not those individuals can transmit to other people. We know that that is possible, but we do not believe that that's a major driver of transmission. And the reason we know that is because if we look at the actual epidemics and how these epidemics are unfolding, if they were a major driver of transmission it would have caused much larger numbers of cases.

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The big question that we have right now is whether... Serology, and looking at how many people have been infected overall, and how many people are truly asymptomatic. That is, how many people have been infected, but don't develop symptoms. And those studies are

starting now. There are serologic assays that are in use right now. We are advocating for population-based sero-surveys to be conducted so that we can have a better understanding of which proportion of the population has evidence of infection, as detected through antibodies.

But we do not believe that asymptomatic transmission is a major driver of transmission. It's still early days. It's still a few weeks into this outbreak. We're learning every day something new about this virus. That can change. As every statistic, everything that we say here. But based on the evidence, we're an evidence-based organisation, we're taking the evidence we receive from countries, we're looking at all of the scientific papers that are coming out, and we're looking at the evidence.

So right now, and what we know based on the evidence, that asymptomatic transmission is not a major driver of transmission.

TJ Thank you very much, Shane, and then we'll go online. Shane, please.

SH Shane from China Central Television, CCTV. My question is, you just mentioned some countries are not ready for the drivers [?]. While you have also called may times before that China's experience can be shared with the world, that the world can learn from China, and why would China have been degrading most of its provinces of the risk of COVID-19, do you think any approaches on [inaudible] that can be shared specifically with the world, or can be adopted by other countries? Thank you.

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MR I think the DG has spoken to this many times. That was the whole purpose of having the joint WHO GOARN[?] international team join our Chinese colleagues, was to do exactly that lessons learnt. And let me be clear. And I've been at this a long time. Nobody has ever responded to an epidemic perfectly. No one has ever responded in perfect time with the perfect response. This is the real world we live in.

Every emergency response is dotted with missed opportunities, and unfortunate delays, and sometimes decisions that have to be made on limited data that subsequently turn out. You look back and you think, you know what, if we knew that now, then what we know now, we might have done something differently. So we need to be really careful on the one hand to learn the lessons, and on the other hand not to say that exactly what happens in China needs to now happen exactly the same everywhere else.

The issue is part of the lessons. And the lessons, I think, we've learnt from China and Singapore, is to break down your problem. Understand where you have just sporadic cases. Understand where you have clusters. Understand where you have community transmission. Adapt your response to those needs. Distribute your resources according to priority. Be persistent, be consistent, be coordinated, be joined up. These are the things we need to see.

Command, control, coordination, coherence. And that, the DG has been speaking to, an all of government approach. Community, society, public sector, private sector, and government coming together to work together. And in weeks. And it's been shown. It can be turned around in weeks if that is what people are prepared to do.

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Now, the DG has said it many times. There are no guarantees with that approach. There are no guarantees that that can be achieved. But at the very least that will significantly slow down the spread of this virus, allowing our health systems to catch up. And I think all of you have seen that health systems, even some health systems with a very small number of cases, have already struggled. They've already struggled to deal with the small caseload. So we need to get our health systems stronger. And one of the ways of doing that is to slow down the spread of this disease.

So containment and control measures, slow down the disease. But it's really important that we don't turn this into China was right about everything and someone else was wrong about everything, or everyone else was right. Because there's been too much of this on both sides. We need to learn the lessons that have been offered, move on. Because each new context is different. What we do in country X will not be the same, exactly, as what you do in country Y, because the context is different, the evolution is different. But there are wonderful lessons we can learn from China.

MVK Yes. I just wanted to say that one of the things we've learnt is that the fundamentals work. The fundamentals of public health work. The fundamentals of identifying your cases, identifying your contacts. I'm an epidemiologist. This is epidemiology at its core. You need to look for your cases aggressively. You need to find all of those contacts, and find those contacts. You need to mobilise your population.

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One of the things I was most touched at, if I can say, in China, was the absolute drive of every single person we met. Every person of the population knew what their role was in this outbreak. They knew what they needed to do. They knew how they had to protect themselves, how they could protect their families, and what they needed to do collectively to bring this under control.

We've said before, it doesn't... Just because you have cases, doesn't mean you're going to have clusters. It doesn't mean you're going to have large outbreaks. It doesn't mean that it's going to go out of control. We've seen not only in China, we've seen these fundamentals being used in Singapore, being used in Vietnam, being used in many countries, and they're bringing that back down. And it comes back down to these fundamental public health measures. And that is something every country can do.

TAG Thank you, Maria, and thank you, Mike. Just wanted to add, there is a common factor for all countries. Common. Which we call political commitment or political intervention. As you know, political intervention is like surgical intervention. It brings a paradigm. And meaning if the highest level of the government, the head of state or head of government, starts to lead and coordinates all sectors that brings qualitative change in the way that we respond to the epidemic.

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And that can be done by any country on Earth. That can bring a new paradigm in each and every country. That's why in my statement today we focused on whole government approach. No government, no country has an excuse, because each and every country has a government.

And that's what we're asking for. Take it to a higher level. This is not up to the ministers of health only. This is the responsibility of the head of state, the head of government, and it should be coordinated from the top, and all sectors should be involved.

This virus is touching everything in the country. It will. In those countries that are not there. So that's why it's going to touch everything, if it's going to touch the politics, if it's going to touch the social fabric of the country, if it's going to touch the economy, then no sector is immune or untouched. That's why we're saying we have to raise it up, and then the political commitment is at the centre. The political intervention is at the centre, because that's the surgical intervention. That brings paradigm.

And I was so encouraged to get a call from President Sebastián Piñera of Chile. His own initiative, calling, and discussing about what the situation is. Globally. And in his own corner also. And exchanging ideas on how we can really beat this virus. And not only that, we had a very good discussion, this was the day before yesterday, with President Sebastián Piñera, but today with the prime minister of Sweden. Another excellent discussion on the global situation, on the importance of whole government approach.

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By the way, he was just coming out of a meeting with his cabinet, discussing about this issue, mobilising all sectors, and I said, there is nothing I can comment on that you're taking the right approach. And I told you before, after our visit to Beijing and seeing China's approach, and President Xi leading that, and also in the US, President Trump himself, and also for regular coordination, designating the vice president.

These are the approaches we're saying are the right ones, and these are the approaches we're saying are going to mobilise the whole government. But not only the whole government, but that whole government should mobilise the whole society. And making the response every citizen's business. If we do that, we can push back on this virus. We can be successful in the containment strategy.

Some people, you're following the media, are saying it's already the pandemic, there is nothing we can do now, we should move into mitigation. And containment may not work. We don't think that containment should be abandoned. Because I have already said many countries are succeeding in that strategy, in containment strategy, and containing the virus. But we're not saying just follow containment strategy. What we're saying is, in addition to aggressive containment strategy, please also prepare for any eventualities.

There could be crises in our hands, so let's prepare for any eventualities. But we should not give up on containment strategy. The worst thing that can happen to any country, or even any individual, is giving up. So WHO is saying, don't give up. Don't surrender. Use comprehensive approach. Don't use dichotomy. Let's use a comprehensive approach. Everything that we can do to contain it. If not, we will see it. Then we will have the other strategies at hand, because we are saying, let's prepare for the rest too.

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So that's what we are saying. And this is linked with the political commitment, we say. This kind of approach, comprehensive approach, cannot be sustained without sustainable political

commitment. Political commitment at the highest level. Coordination at the highest level. Political intervention. I repeat again, political intervention is surgical intervention. It brings paradigm. That's what we believe.

And then of course there should be technical competence too. You add both technical competence and political commitment, you can get the highest and the biggest impact you can. Many countries are showing that now. So it's not time to give up. Let's go for a comprehensive approach. And that's our advice as WHO.

TJ Thank you very much, Director-General. So we will try to take a few questions from journalists being online. Just to remind everyone that audio file will be available immediately for those who may have not had a good reception, but I understand that on our Twitter account and on YouTube the audio is clean. Let's try, if we can, get South China Morning Post, Karen. Karen, can you hear us?

UM [Inaudible]. I have a question for have [unclear] genetic transition has become two different versions, Is and L types?

KA Hello?

TAG Tarik will get back to you after this question. Please stay on the line.

00:38:54

UM Thank you. Another question for Dr Tedros. You just mentioned pandemic, the word again. You said we were not decorated [?] any word for this disease, but it has a different type of insurance in different countries. If you're concerned that it can be pandemic, it will be covered or not covered in any countries for health insurance. Could you just mention that?

TAG The first question was about two different types of the virus.

MVK Yes. So as you're aware, many full genome sequences have become publicly available thanks to authorities and scientists posting those on publicly available sites. So these genetic sequences have been analysed by a large number of virologists and scientists across the globe, and WHO is working with a network or scientists on this. And when you do the phylogenetic analyses of these we know that there are some early clades that have been visible on the trees.

And the paper that came out that you're referring to, these divisions were seen on this tree very early on. It's an analysis based on 103 full genome sequences, and they have no known association with severity in terms of these differences. So looking at the phylogenetics, as more sequences become available, and we encourage countries to please make your full genome sequences available so that these analyses can continue. But this virus is very stable, based on all of the sequences that we've seen so far.

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MR Can I just add that this kind of genetic analysis is very important for two reasons. Obviously, one, it can help us in looking at disease spread, because you can compare virus spreads and try and link chains of transmission, and we're using that right now in Congo.

We've been using that... Well, hopefully we won't have to use it again, as we've no more cases. But it's also useful for tracking the development of vaccines and others, because you eventually have to pick a strain that you want to base a vaccine on, and that's to be the closest possible to what you have circulating.

The data that's been published most recently has actually been publicly available for weeks, and what's happening is researchers are going back into those wonderful resources that are now available, and asking questions, and looking at these two clades. But I'd liken it more to license plates. It's as if they've found two cars, exactly the same make of car, but the license plates are a little bit different. Is it a different car? No, it's not a different car. It's got a slightly different signature, but it's not fundamentally a different virus, and that's the most important thing here.

But this is very important that these enquiries still go on, and that's the wonderful thing about having publicly accessible databases, is that researchers and others have access to that data, can question that data, can generate hypotheses, can publish those hypotheses. We can discuss them in the open. But it's also very important that we don't over-interpret the results of the conclusions of any single study. And I think that's the balance we need to strike.

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TAG The second question. I would start by saying I said it earlier. I'm very concerned, especially the past few days, because more and more cases are being reported from countries with weaker health systems. And that adds to the concern that many are already saying that this could evolve into a pandemic. Or some people say we are almost close. And that could be true.

I'm saying the situation, I also agree that the situation could be worse than what we are now, and it could be a pandemic level. But what at the same time we're saying is there are countries within this situation who have shown that it can be contained. So we should not give up. So we need to use a comprehensive approach. And we have also said many times, there is no one-size-fits-all. And if you see from country to country there is variation.

And even within one country there is variation. So unless we're convinced that that is uncontrollable, why do we call that it's pandemic? But, I mean, with flu we know it's uncontrollable, and it affects a big part of the population, probably 1%. Two billion, for instance, with H1N1. If we reach into that conclusion, then it's uncontrollable, we may be in a position to say that.

But what we're saying is that's not the time. That may happen, but we don't give up without fighting hard. That's what we're saying. Those who fought hard have already contained it. So there is already a positive signal and experience within this virus itself. So let's really use the comprehensive approach. And you remember, some countries have already said, we don't mind whether WHO says this is pandemic or not. We would like to continue with a comprehensive approach. Including aggressive containment. And we said, you're right, that's exactly what we're saying. That's exactly what we're saying.

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So if we agree on the approach, which is a comprehensive approach, then the name may not matter. But even the name may matter, and if we get there, we will say it. No problem at all. Based on science and evidence. So that's what we're saying. But for now we're not yet there. Although there are very concerning signs, and this virus making it into more and more countries with weaker health systems. But that doesn't mean that we should give up. We're saying we shouldn't, until the last attempt. And that's what we're advising.

And the political commitment and political intervention should be triggered in all countries, and try our best to contain it. That's what we're saying.

MR Can I just add, the DG has used two very important words there, in terms of the difference between uncontrollable and uncontrolled. And I think it's an important and very precise distinction that he's used. In an influenza situation, pandemic situation, the usual assumption is that the disease is uncontrolled. The spread is uncontrollable. Regardless of what we do. So we focus on saving lives. We focus on saving lives by treating cases or developing a vaccine to protect the most vulnerable in our population. That's the approach.

In this case, what some countries are demonstrating, that it is possible to control the spread. It's possible to slow it down. And in that calculation you now have two chances to save lives. If you contain and suppress the virus you save lives by making sure that vulnerable people in your society are not exposed. And then if they are exposed, you have more time to get your system ready to save their lives. You get another shot at lifesaving interventions.

00:47:07

So when the Director-General speaks about uncontrollable spread, in which we focus on saving lives, versus uncontrolled spread of what we do have at the moment in some countries, is a situation where the disease has spread, and in some countries not under control yet. So it's not controlled, or uncontrolled. But what he's saying is we have a chance to control that. And I think it's a very, very important distinction of words, and I really want to second what he's saying. And I think it does explain a lot of the underlying logic that we're using here around the pandemic word.

TJ Thank you very much. We have time for one question, and we will try to get that question from online, because we were not really able to do that, and we apologise for all those. Let's try, Chris, one more time with Karen from South China Morning Post. Karen, can you hear us this time?

KA Hello, yes I can. Can you hear me?

TJ Yes, please go ahead.

KA Hi. My question is about the pets. As you know, and also you mentioned, that the dog has been tested with positive, and yesterday the Hong Kong authorities announced that the dog has low level infection with the coronavirus. So my question is do you think that governments need to quarantine the pets and monitor them, like the pets belong to the [inaudible] patients [inaudible] other places [inaudible].

00:48:48

TJ Thank you, Karen, that question already came at the very beginning of the briefing, and I apologise if you were not able to listen, so maybe Maria can just in two words repeat.

MVK Yes, so we are aware of the dog in Hong Kong that tested positive. And as I mentioned previously, we're working with our partners in Hong Kong, at FAO and OIE to really understand what this means. We do not believe that having pets infected, or one pet infected, is a driver of transmission in this outbreak. But as Mike had said also, that this is not unprecedented, to have this example. But again, this is something that we're working with our partners to better understand.

MR And we've also had follow-ups with FAO and OIE, and interestly enough, the authorities in Hong Kong officially reported that under the Organisation International des Epizooties, OIE. So that's OIE and FAO are actively tracking that situation, and we've had teleconferences with them. At this point there is no need for any special measures, but follow-up studies are underway. But certainly the care of the animals is important, and obviously any potential impact on disease spread.

As we keep saying, outliers and unusual observations are very important in epidemic response, but we also need to be careful to be sure that we don't allow that to drive our thinking at its core. They need to influence what we do, and at the moment we don't believe there's any need for a change in policy based on the evidence we have, but we will continue to work with OIE to see if there's a need for change in our public health advice.

TJ So our first and last question was about pets, and we will conclude here. Tomorrow is another day, John, and we will be here. I thank everyone for watching us, and apologies one more time for those who have wanted to ask question and they were not able. So hopefully we will be able to take more questions tomorrow. A clean audio file will be available immediately after. Thank you very much, everyone.

00:51:01