



# World Health Organization

## Coronavirus Disease (COVID-19) Press Conference 28 February 2020

### Speaker key:

CL	Christian Lindmeier
TAG	Dr Tedros Adhanom Ghebreyesus
GA	Gabriela
MVK	Dr Maria Van Kerkhove
MR	Dr Michael Ryan
SH	Shane
PH	Philip
UM	Unidentified male speakers
UF	Unidentified female speakers
MA	Marian
HE	Helen

CL Good day, good afternoon, good evening from Geneva. This is the virtual update on the situation of the coronavirus, COVID-19. My name is Christian Lindmeier. I'm glad to be joined by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for the WHO's Health Emergencies Programme and Dr Maria Van Kerkhove who's the Technical Lead in the Emergencies Programme for COVID-19.

Let me remind everyone today especially that we will take one question per journalist and if you're really good we will go into a second round but we'll start with one question per person. Also a quick reminder for next month which starts very soon; those in the room here and who are not accredited at the UN will need a new registration; please do so. We'll send the audio files after the press briefing and the transcript will be available soon, tomorrow. With this we'll open with Dr Tedros.

TAG Thank you, Christian, and good afternoon to everyone online and in the room. First, as usual, the numbers. In the past 24 hours China reported 329 cases, the lowest in more than a month. As of 6:00am Geneva time this morning China has reported a total of 78,959 cases of COVID-19 to WHO including 2,791 deaths. Outside China there are now 4,351 cases in 49 countries and 67 deaths.

Since yesterday, Denmark, Estonia, Lithuania, Netherlands and Nigeria have all reported their first cases. All these cases have links to Italy. 24 cases have been exported from Italy to 14 countries and 97 cases have been exported from Iran to 11 countries. The continued increase in the number of cases and the number of affected countries over the last few days are clearly of concern.

Our epidemiologists have been monitoring these developments continuously and we have now increased our assessment of the risk of spread and the risk of impact of COVID-19 to very high at global level. What we see at the moment are linked epidemics of COVID-19 in several countries but most cases can still be traced to known contacts or clusters of cases.

We do not see evidence as yet that the virus is spreading freely in communities. As long as that's the case we still have a chance of containing this virus if robust action is taken to detect cases early, isolate and care for patients and trace contacts.

As I said yesterday, there are different scenarios in different countries and different scenarios within the same country. The key to containing this virus is to break the chain of transmission. Yesterday I spoke about the things countries must do to prepare for cases and prevent onward transmission. The WHO/China joint mission has now published its report, which is available in English on the WHO website and will also be posted in Chinese on the National Health Commission website.

The report includes a wealth of information and 22 recommendations for China, for affected and unaffected countries, for the international community and the general public. It calls for all countries to educate their populations, to expand surveillance, to find, isolate and care for every case, to trace every contact and to take an all-of-government and all-of-society approach. This is not a job for the health ministry alone.

At the same time, work is also progressing on vaccines and therapeutics. More than 20 vaccines are in development globally and several therapeutics are in clinical trials. We expect the first results in a few weeks but we don't need to wait for vaccines and the therapeutics. There are things every individual can do to protect themselves and others today.

Your risk depends on where you live, your age and general health. WHO can provide general guidance. You should also follow your national guidance and consult local health professionals but there are ten basic things that you should know. First, as we keep saying, clean your hands regularly with an alcohol-based hand rub or wash them with soap and water. Touching your face after touching contaminated surfaces or sick people is one of the ways that virus can be transmitted. By cleaning your hands you can reduce your risk.

Second, clean surfaces regularly with disinfectant; for example kitchen benches and work desks. Third, educate yourself about COVID-19. Make sure your information comes from reliable sources; your local or national public health agency, the WHO website or your local health professional.

Everyone should know the symptoms. For most people it starts with a fever and a dry cough, not a runny nose. Most people will have mild disease and get better without needing any special care. Fourth, avoiding travelling if you have a fever or cough and if you become sick while on a flight inform the crew immediately. Once you get home make contact with a health professional and tell them about where you have been.

Fifth, if you cough or sneeze do it in your sleeve or use a tissue. Dispose of the tissue immediately into a closed rubbish bin and then clean your hands. Sixth, if you're over 60 years old or if you have an underlying condition like cardiovascular disease, a respiratory condition or diabetes you have a higher risk of developing severe disease. You may wish to take extra precaution to avoid crowded areas or places where you might interact with people who are sick.

Seventh, for everyone, if you feel unwell stay at home and call your doctor or local health professional. He or she will ask some questions about your symptoms, where you have been and who you have had contact with. This will help to make sure you get the right advice, are directed to the right health facility and will prevent you from infecting others.

Eighth, if you're sick stay at home and eat and sleep separately from your family, use different utensils and cutlery to eat. Ninth, if you develop shortness of breath call your doctor and seek care immediately. And tenth, it's normal and understandable to feel anxious especially if you live in a country or a community that has been affected. Find out what you can do in your community. Discuss how to stay safe with your workplace, school or place of worship. Together we're powerful. Containment starts with you.

Our greatest enemy right now is not the virus itself. It's fear, rumours and stigma and our greatest assets are facts, reason and solidarity. I thank you.

CL Thank you very much, Dr Tedros. With this we will start in the room with three questions and we'll then go online. For those online if you're coming from Zoom click raise your hand on the display or if you're dialling in by phone \* 9 to flag your interest. In the room we'll start with Gabriela from Mexico. Please introduce yourself.

GA Thank you. Gabriela Sotomayor, Mexico Proceso. Dr Tedros, Mexico just confirmed two cases of coronavirus related to Italy. My question is, what is your advice and is there less risk in Mexico because of the weather, because it's hot in Mexico right now and is the end of the influenza season?

And if you can clarify to the Mexican population the importance or the difference between mitigation and containment. Thank you very much.

MVK Thank you for the question. We were talking a little bit about this yesterday, about the weather and if there're differences there. We need to think of this virus that it can transmit the same as it does in China as it does in Mexico and be ready for that and the recommendations that we have for all countries are the same. Those recommendations are to expect cases, to identify them very quickly, to isolate them and care for them, identify their contacts and follow those contacts over 14 days, to ensure that we take care of them and that we stop that onwards transmission.

We're still only seven, eight weeks in to this COVID-19 outbreak and we're still learning a lot about the virus. Right now there's no reason to think that this virus would act differently in different climate settings. We will have to see what happens as this progresses but we need to be as vigilant as possible in all countries of the world.

MR On the issue of containment versus mitigation, in public health terms containment are the activities that are aimed at interrupting transmission, in other words identifying cases, isolating cases, following contacts. You're trying to prevent the virus transmitting from one person to the other so the measures that are taken are trying to break the chain of transmission; you're trying to contain the virus in that sense.

Mitigation is when you accept that you cannot prevent the virus spreading but what you do is mitigate the impact the virus has by treating patients, by offering a vaccine, by doing everything possible to reduce the impact on society, on the health system. But both of these strategies are necessary in many epidemics.

What we've been saying clearly is that containing the virus and interrupting transmission gives us an opportunity to stop the virus but what it's clearly doing, as you've seen in China and Singapore; it's slowing the virus down and allowing us to get ready, to prepare.

To accept that mitigation is the only option is to accept that the virus cannot be stopped and we've seen evidence from China that this virus can be significantly curbed in its spread if robust measures are taken.

CL Thank you. We have our colleagues from the Chinese agency. Please.

SH Shane from China Central Television. My question is about the virus origin. Right now there have been some opinions published by scientists saying they are not sure about the virus, whether it is really from China or from some other parts. Also there has been no clear evidence that this virus comes from China so my question is, are there any updates about the virus origin?

Because there are some cases not related to travel history in China, and also the first cases reported in China does it necessarily mean that the virus itself came from China or it could be from somewhere else? Thank you.

MVK This is an area of active investigation right now, of looking at the zoonotic source of this outbreak, that is what is the animal source for the initial human cases and there's a lot of activity in this area of work. As you know, some of the initial cases identified in December from this cluster of pneumonia had mentioned this exposure at the seafood market but some early cases didn't have exposure at that market.

So what's really important is to go back and look at those first cases, the first 50 cases or so and say, what are the exposure of those individuals and how did they differ. There were some investigations that took place at the market. There was some environmental sampling that was done at the market in Wuhan and in other area markets in Wuhan where they found evidence of virus in the market, in environmental samples so swabs of surfaces.

There's a lot of area of work of looking at the virus in animals, in wildlife in the markets themselves but also in source farms where the animals came from into those markets. As far as we're aware from the mission itself and from beyond that we haven't seen any evidence of the virus in animals in Wuhan.

There's one paper that mentions the pangolin and that there's some close association with the COVID-19 virus and that could be the intermediary host but that's not the full story so there's

a lot of area of work that needs to be conducted to really identify the intermediate hosts so what are those animals that may have resulted in exposure to people who were infected there. We don't have a clear answer on that yet but it's an area of active investigation.

MR I think it's also important in terms of looking at the emergence of any disease; disease can emerge anywhere. Coronaviruses are a global phenomenon; they exist on a global basis. It's an unlucky accident of history or nature that they emerge in a certain place and it's really important that we don't start to ascribe blame to geographic origin and that we look at this in terms of how we respond, how we contain and how we stop this virus.

Congo is not responsible for the emergence of Ebola; Nigeria's not responsible for the emergence of Lassa fever and no-one is responsible for influenza pandemic.

So it's really important that our narrative and our rhetoric is balanced. The discussion we need to have is, yes, we need to understand the origin of the virus so we can prevent it re-emerging, not in a way of trying to find out who's at fault and what poor animal is at fault for the virus. The animals aren't at fault for this so I think we need to be careful in the language we use because the language of stigma and origin and who's to blame is something that's become an unfortunate part of the global narrative which is not helpful.

CL Thank you. We'll go to our colleague right there.

PH Philip [inaudible]. Across Europe, the Middle East and North Africa there are huge populations of refugees and migrants travelling. These are in the camps and they have very little access to [inaudible].

MR A number of weeks ago the Director-General spoke with and wrote to the Secretary-General to trigger the UN crisis management policy which resulted in the Secretary-General creating a UN crisis management team which I lead. We have brought together all of the key agencies across the United Nations systems; the humanitarian, the scientific, the World Bank on the finance side, UNICEF on the social side.

We have a core group of 12 agencies who constantly work and interact together and we've created subgroups. The World Bank are leading on economic impact analysis; UNICEF are leading on social impact analysis; ICAO and others are leading on travel impacts and our colleagues at OCHA under the leadership of Mark Lowcock have been leading on looking at potential humanitarian impacts or impacts on our humanitarian operations at country level.

We've also worked very closely with resident co-ordinators of the UN system. They're leading at country level in support of governments with the technical support of WHO. So yes, equally there's a supply chain subgroup as part of the CMT which is WFP working with UNICEF and WHO looking at supply chains not only for medical equipment but for food supplies, for food programmes so that global supply chains for many things are being managed.

We've also integrated a lot of our risk communication work across the UN system with UNICEF, so I would say that the UN has really come together very significantly for a one-UN response and certainly vulnerable populations, particularly those people living in conflict, refugees and migrants in particular, are at the centre of our concerns.

Dr Tedros has said this consistently; we are concerned for populations that are in zones of fragility and conflict, particularly those people who don't have access to essential health services. They lie very exposed but they're also very exposed to cholera, they're very exposed to measles, they're very exposed to many of the pathogens and we have a huge responsibility not only to prevent COVID-19 affecting those populations but to also serve them with the basic life-saving interventions that they need. So I would argue the UN has come together quite well on this.

TAG Yes. Maybe just to add one - Mike had already said everything - we also expect each and every country to take care of refugees and migrants in their borders and they should not leave anyone behind because any one case can trigger a fire, spark a fire. That's why each country should also be responsible and take care of refugees and migrants within its borders.

CL Thank you very much for these comments. Before we go on the line we'll take one more question from the room from our colleague from Iran.

UM [Unclear] from Iran International TV. Doctors, we understood that as early as next week you're going to send a delegation to Iran. I was wondering what would be the mission of this delegation and who would be participating in the mission.

MR Yes, we are sending a team. In fact the team would be there by now but there are severe issues with getting flights and access to Iran right now and we thank the governments of UAE and other governments who are facilitating the process of not only getting teams but getting medical supplies and other important items.

So yes, the team will be multidisciplinary, it will contain epidemiologists, clinicians and prevention and control professionals. We are sending teams to many countries. At the moment WHO has small teams in 18 priority countries in the African region. We're sending teams to many countries in the Eastern Mediterranean region including Afghanistan and Iraq and our regional office for the Americas continues to support preparedness across the Americas and support our colleagues in Brazil and obviously now in Mexico.

Our job is to be ready to provide technical advice and operational support to any of our Member States who request it or require it but that is placing a lot of pressure on our systems too as this epidemic involves more and more countries.

TAG Yes. One more to add to what Mike said; United Arab Emirates is helping on this and we have discussed with United Arab Emirates and hope on Sunday at the earliest and if not, by Monday we should have the people on the ground. I would like to appreciate the solidarity coming from UAE; thank you.

CL Thank you. With this we go online. I would like to first call on the colleague from Forbes magazine. Can you hear us? One more time, calling out to the colleague...

UF Hello.

CL Oh, here you go.

UF Hi, this is [Unclear] from Forbes magazine. My question is in terms of the continued spread and growth of the virus, how much closer, or are we any closer to declaring a pandemic as opposed to epidemic?

MR A pandemic is a unique situation in which we believe that all citizens on the planet will likely be exposed to a virus within a defined period of time. We can say that - and I've said in previous press conferences - if this was influenza we would probably have called this as a pandemic by now.

But what we've seen with this virus is that with containment measures, with robust public health response the course of this epidemic or these multiple epidemics can be significantly altered. To declare a pandemic; it's unhelpful to do that when you're still trying to contain a disease.

Pandemic is also a word that may be attractive at a global level to describe an event but it's not necessarily so if you're one of the two billion people living in countries with weaker health systems because what in that sense you're accepting, as I said to my colleague from Mexico, is that you now are entering a phase of mitigation and that you're giving up on the possibility of containing and slowing down the virus.

So pandemic as a colloquial term; we've seen the pandemic of obesity or the pandemic of HIV or all of these words that are used. We want to move beyond colloquial terms. If we say there's a pandemic of coronavirus we're essentially accepting that every human on the planet will be exposed to that virus. The data does not support that as yet and China have clearly shown that that's not necessarily the natural outcome of this event if we take action, if we move quickly.

If we do the things we need to do that does not need to be the history of this event but if we don't take action, if we don't move, if we don't prepare, if we don't get ready that may be a future that we have to experience and we have to endure. So much of the future of this epidemic is not in the hands of the virus. A lot of the future of this epidemic is in the hands of ourselves and those countries who've taken control, who've taken responsibility have clearly shown that a lot can be done to stop this virus.

CL Thank you. With this we move to Marian [Unclear] from Hong Kong. Please introduce your station.

MA Hi, thank you. I'd like to ask Dr Tedros or Dr Ryan please; Hong Kong's move to quarantine dogs, pet dogs because some dog has been found to have [unclear] coronavirus and they're making sure that these pets would be taken care of by the AFC (unclear), being treated or whatever if they show symptoms. There's also a possibility that it's environmental contamination.

The other thing is the masks again; Japan, Korea are all running out of stock so what is WHO doing about it? Thank you.

MR I will leave the question on man's best friend to Maria but on the issue of masks and other protective equipment, yes, there are severe strains on protective equipment around the world. What we're most concerned about - and again Dr Tedros has said this again and again;

our primary concern here is to ensure that our front-line health workers are protected and that they have the equipment they need to do their jobs.

So when we talk about protective equipment and masks we're talking about that very specific, specialised material that's needed and that is under significant pressure. It is inappropriate for that type of material to be used in a general public circumstance. Those countries where many people are wearing the normal surgical masks; that is something that WHO has been clear on in the past; wearing a mask can prevent you, from giving the disease to someone else.

There are limits to how a mask can protect you from being infected and we've said the most important thing everyone can do is wash your hands, keep your hands away from your face, observe very precise hygiene. Tedros, I think, has just been through the list of things that you absolutely need to do.

Having said that, we do not criticise people who wear masks. People do what they feel is necessary to protect themselves but - again it's important - not having a mask does not necessarily put you at any increase of contracting this disease. Keep your hands clean, observe hygiene. That is the most effective thing to do.

We are disappointed that we're not able to guarantee proper protective equipment for all healthcare workers and we're working with many countries and providers to ensure that we prioritise healthcare workers for the most important protective equipment. Maria, on dogs.

MVK Yes, thanks, Mike. With regard to the results from Hong Kong, we are aware that there was a dog in Hong Kong that tested weakly positive for COVID-19 so we're working with authorities in Hong Kong and scientists in Hong Kong who are testing these animals - the dog - to understand these results and to understand if the dog was actually infected or if the dog picked this up from a contaminated surface for example.

So we're working with them to understand the results, understand what further testing they're doing and how they're going to care for these animals so we'll have to get back to you with some actual answers on that. Thanks.

CL Thank you both. Now I'd like to call on Helen Branswell from Stat News, please.

HE Hi. Thank you very much for taking my question. I was hoping you could explain when you think WHO would... What would it take for WHO to say, okay, containment isn't working, focus your attention on mitigation? Because it's a huge risk to ask countries to try to find [unclear] every chain of transmission and there are opportunity costs of trying to do that.

MR Hi, Helen. No, there is always a trade-off in these two approaches and we had exactly the same issues when it came to Ebola. Many people said, well, this disease is endemic now, there's no point trying to put the effort into containing or contact tracing, we should just accept and try and save lives and develop a vaccine and use the vaccine.

There's always this question and it's a rational question to ask and that's a decision we need to make collectively as a global community. What is clear is that countries that have focused in on containment and have done that; they have managed to achieve much. What containment is also doing is slowing down the virus and we've already seen countries - and quite



sophisticated countries who've had a rapid rise in cases in the last week are having trouble coping with the clinical caseloads.

We need to keep this virus slowed down because health systems around the world - and I mean North and South - are just not ready. So containment isn't just a concept of interrupting transmission and hoping to put the virus back in nature. Containment is a way of slowing down this virus so health systems can cope around the world if they receive this virus and our determination right now is that health systems around the world are not ready and need to be better prepared to absorb the impact of the virus.

That's why our risk assessment today is looking at the risk of spread has clearly increased but the risk of impact has also increased because of what we observe in health systems around the world. As Dr Tedros has said, it's time to prepare, it's time to get ready, it is time to act and people need to take a reality check now and really understand that an all-of-government, all-of-society approach to this - and maybe we need to stop asking ourselves the questions about, is it a pandemic, is it not, is it containment, is it mitigation. We're having very good discussions around that. What it is, is time to act.

MVK Just to add to that to say that, yes, it is a lot to ask people to identify all of the cases and to contain but we have examples in several countries where this has worked and that is important to remember. We are seeing very positive results, very positive trends in China, which has been incredibly aggressive in its management of this outbreak but we have seen successes in other countries as well.

You look at Singapore, you look at what's happened in terms of the cases that they've had. They're now seeing a rapid decline in cases. You see what happened in Nepal; there wasn't onward transmission there. You're seeing what's happened in Vietnam, where there were some cases and there's no more further cases.

These are all examples of where countries have been successful in containing this but the point is that the earlier we act - and it's been repeatedly said - and how robustly we act especially in those initial cases will determine if you're dealing with a number of cases, one case or a small cluster, or you're dealing with hundreds or thousands. So it is about being ready, it is about a robust and aggressive response very, very quickly.

TAG Yes, thank you. By the way, it has been said but I would just like to add one thing; there are now 46 countries who have reported cases. As I said yesterday, eight of them have not reported for the last two weeks so you can exclude those. In addition to that, out of the 46 countries 23 countries have reported only one case - half of them.

Then a good number of them from the half, from the 23 actually have reported less than ten cases. How can you tell these countries to abandon containment and move into mitigation when they can contain it? So it varies from one contrary to the other. We don't need a one-size-fits-all solution and when you abandon containment and move into mitigation you're actually undermining something that you can do when containment is possible.

So what we're saying is we don't need this dichotomy of either/or. We need to have all the strategies triggered. We need to start from aggressive containment while preparing for any eventualities and using those strategies to also be triggered when we want them. So we don't

need to have either/or. Whatever we have now, it doesn't dictate that we move into mitigation or not.

It will be a mistake, a big mistake. Then I will give you the other angle; 46 countries but 4,500 cases spread over 46 countries. We're talking about the population size of this - the rest of the world other than China is how many? Six billion. 4,500 cases. Why are we suggesting to surrender when we have 4,500 cases in the rest of the world and when these are scattered over 46 countries?

But please don't mistake me; I'm not saying this disease is not serious. It's serious, it's dangerous but at the same time there is still a window of opportunity although it's narrowing more and more by the day where all the strategies we use, starting from containment, can actually work.

So let's not focus on dichotomy; let's use a comprehensive approach. My good friend Tony Fauci said, what we are saying, the comprehensive approach, if anyone can remind me. It's a very blended... That's it. We should not surrender into containment. We should do a comprehensive approach and countries have already shown that it can be contained and I told you already; 23 cases have reported only one case each. How can you convince these countries to really go into containment? That's my question.

So we should not really abandon the comprehensive or the blended approach and we should do aggressive containment in each country and we can stop it; that's what we believe. It's in our hands, as Mike said, but this thing can go whichever direction. We're not undermining the risk. It's there.

That's why today we say the global risk is very high. We increased it from high to very high and we will continue to work 24/7 and our colleagues internally and also externally are working day and night, global experts and we will come up with any recommendations based on the situation we see as we see fit. Thank you.

CL Thank you, Dr Tedros. We have a couple of minutes left so let me ask one more time on the line. I have Financial Times, FT, please, and a short question if possible. Thank you. Our colleague from Financial Times, do you hear us?

CC Yes, I lost you for a moment, thanks. Clive Cookson from the Financial Times in London. I wanted to ask, Dr Tedros, what practical implication, if any, raising the level from high to very high globally has. You've mentioned it a couple of times but you didn't say whether it makes any practical difference. Is it just a symbolic statement or should people do anything practical with it? Thank you.

MR It doesn't make a legal difference to the way in which states, parties have to act. It doesn't change that but what we hope it does, consistent with what Tedros said yesterday and over the last number of days, that the risks are rising and as we see more and more countries becoming involved in this and we see a number of countries struggling with containment - and remember risk assessment within our house is done independently within our house.

It's done by a specialist epidemiologic team. It is not determined in that sense at a senior management level. It's an internal three-level process in which we determine the

epidemiologic risks of spread, the epidemiologic risk of impact and then it's presented to us in the same way it's presented to you externally.

It always ensures that internally there's an epidemiologic brain that is constantly looking at risk and constantly presenting that to us in a way that we have to digest, in the same way that you have to digest that. It's one of the internal checks and balances that we've built into our system; the external process of IHR, the external process of the emergency committee, internal independent processes that drive independent risk assessment

Then that ensures that our system is constantly being alerted, pushed and made aware of risks and that we don't ourselves become complacent in that. That is the process and raising the risk to very high is essentially reflecting what's actually happening at a global level; more countries, some countries struggling with containment and therefore heightening that level of alert and, as the director-general has said, closing that window of opportunity slowly by slowly while still giving us a chance to fight this.

CL Thank you very much. With this we go back to the room and I have Stephanie Nebehay from Reuters, please.

ST [Inaudible] Nigeria. There's been one imported case in Ogun state. I wondered if you could say a little bit about what your assessment is of preparedness there and lab capacity to detect and isolate and so forth and contact-tracing. I imagine you're working with its authorities.

MR Yes. First of all, yes, there has been a confirmed case in Nigeria and we were very lucky to have the services of Dr Chikwe, who joined the international team from Nigeria as the director of Nigeria CDC and is now back in Nigeria and, I'm sure, hugely empowered by all of what he has seen in China and all that has been done there.

Dr Tedros has spoken many times about the power of preparedness. The establishment of Nigeria CDC, the fact that Nigeria has been fighting measles, cholera, has been fighting polio, it's been fighting lassa fever; in fact it has an ongoing lassa fever outbreak which is a haemorrhagic fever outbreak which requires case identification, contact tracing and isolation.

So Nigeria has well-tested mechanisms for dealing with these dangerous pathogens and we have great confidence in our colleague, Dr Chikwe, and his staff to be able to do that containment exercise as we explained previously but that is built on an investment in that surveillance and preparedness in Nigeria over a number of years; the fact that the laboratory there is able to make the diagnosis, that we've expanded the laboratory network in Nigeria for dangerous pathogens because of lassa fever and monkey pox.

That laboratory network is now available to do COVID-19 diagnostics. The fact that we've invested in influenza diagnostics in Nigeria means the same labs who can do influenza diagnostics can now transfer and do COVID-19 diagnostics. There is nothing new in the world. You base everything you do on the investments you made in the past and investing in preparedness particularly in Nigeria has resulted in a stronger system.

That is not to say that there are not risks. Nigeria is a vast country with a huge population and it has many vulnerable people especially in the north and lot of refugees and many others so it is disappointing to see the disease arrive but it's also heartening to see that the disease was

picked up and a single importation was confirmed quickly and that isolation and other activities have already begun.

So Nigeria is doing as any other competent nation and is seeking to contain this virus and we wish Dr Chikwe and his staff the best of luck in that endeavour.

MK If I can just add to that to say that, yes, Dr Chikwe was with us in China and we as the international team spent a lot of time talking about what are the lessons that we can learn from China that impact every country on the planet including countries across Africa, including Nigeria.

There are incredible lessons that can be learned from China as it dealt with - as it is dealing with COVID-19 in high-income areas, low-income areas, high-incidence areas, low-incidence areas, areas with migrant populations. A lot of what we learned there is applicable to Nigeria so having him as part of that team, having him bring back that experience, I think, is of great benefit to Nigeria along with all his colleagues there and across Africa.

As we've said previously, the fundamentals of response, the fundamentals of case identification, laboratory diagnosis; those apply everywhere on the planet and so it was really wonderful to have Chikwe with us in China in bringing back those experiences first-hand to deal with this.

CL Thank you very much. I hope we'll have time for two more from the room. Agence France Press, please.

NI Nina Larsson, AFP, hi. I want to go back to the declaration that the level is very high now in the world. I was wondering, do you consider that now, are we at the highest possible level of alert since you don't officially use the word pandemic?

Also on the cases that we're hearing about where people have been declared recovered and then it appears that they have the virus again, is there an indication that it doesn't actually give immunity to catching this virus again? Thank you.

MR I can confirm to you, yes, we are on the highest level of alert or the highest level of risk assessment in terms of spread and in terms of impact but that is not in order to alarm or scare people. That is to get countries to understand that your first imported case; it is in your control to contain the virus, to wait, to be complacent, to get caught unawares at this point.

It's really not much of an excuse at this point to get caught unawares. I think we've been dealing with this virus for two months now and I think this is a reality check for every government on the planet; wake up, get ready, this virus may be on its way and you need to be ready, you have a duty to your citizens, you have a duty to the world to be ready.

I think that's what this alert says; it says, we can avoid the worst of this about (unclear) our level of concern is at its highest.

MK To answer the second question that you had, we are aware of some case reports of individual patients who have recovered who have tested negative using PCR testing but then go on to test positive for PCR testing. This requires some further study so what we need to

understand is, by testing PCR-positive, does that actually mean there's a viable virus in those samples, are they actually shedding live virus?

That requires some study so one of the things that we are looking forward to hearing more about in countries that are looking specifically at this are prospective studies following people prospectively after they recover for a number of days if not weeks to see what that profile actually looks like.

Now we're seeing a large number of people who have recovered, which is very positive. There're more than 36,000 people who have recovered in China alone. I don't know the number offhand outside of China but this is also very positive but we need to follow these individuals to see how well they do.

With regard to immunity this is also actively under investigation. There are some serologic assays that are being developed. These are newly approved in China and elsewhere and what scientists are doing right now is looking at the antibody response in people who have had COVID-19 to see if they have neutralising antibodies.

The data is too preliminary right now. We only have a few patients where this is being followed so as we have more and more recoveries, as we have these actual scientific studies being conducted we will have more evidence to be able to give you an answer on that.

CL Thank you very much. For our last question we'll go to a colleague who we've never had online before asking a question; that's CBC Canada, please, for the last question of the day.

VI Hi, it's Vic [Unclear] here. Can you hear me?

CL Yes, please.

VI Okay. Yesterday the FDA put out a notice saying that the situation in China is now affecting APIs, the active pharmaceutical ingredients in drugs. What expectation does the WHO have for drug supply disruption because of the situation in China?

MR Our access to medicines essential health technology group under the leadership of Marie-Angela Simon (unclear) have been monitoring the impact on supply chains particularly for APIs, active pharmaceutical ingredients and we have similar concerns. We do believe though with the decreasing incidence in China that many of the companies who do produce these APIs are beginning to come back online so while there is a big slump in supply we believe that is being switched on again.

We continue to monitor that but we do share your concerns, especially for generic, essential medicines around the world. Many, many people in the world rely on those types of medicines for chronic diseases but we are monitoring it and we will continue to do so and we hope that those industries in China in particular who produce these intermediate products are coming back online and that we can end this slump in supply as quickly as possible.

CL All right. With this I thank you all very much. Thanks all for being there, for being on and I apologize for those questions we couldn't get to. We'll send the sound files and the statement by Dr Tedros very soon afterwards. Thank you all and goodbye.

TAG Thank you. See you on Monday. Have a nice weekend.