



# World Health Organization

Novel coronavirus press conference at United Nations of Geneva

**29 January 2020**

**Speaker Key:**

TA Tarik Jasarevic

MR Dr Michael Ryan

QU Questioners

MK Dr Maria van Kerkhove

TG Dr Tedros Adhanom Ghebreyesus

TA Good afternoon, everyone. Thank you very much for coming today for the press conference regarding the situation with the novel coronavirus. We know many of you here in the room. We are at the UN building in Geneva. I wish to welcome everyone who is watching us live on the WHO Twitter account and would like to say to journalists who are watching us that they can ask their questions using the hashtag #askWHO. We will also have an audio file from this press briefing later in the day and transcript as well. You have all received the media advisory that we sent 20 minutes ago. The WHO Director-General has decided to reconvene emergency committee tomorrow. We will have a virtual press conference, aiming for 7:30 Geneva time, but you will bear with us if we are a little bit late.

So we will be again with you tomorrow evening after the meeting of the emergency committee, but today we are here with Dr Mike Ryan, WHO executive director for health emergencies, and Dr Maria Van Kerkhove, who you already met on a couple of occasions, who is the head a.i. of emerging diseases and zoonosis. Dr Ryan has just come back from his visit to China where he accompanied Dr Tedros and other WHO officials where they met with health authorities and national authorities in China. You have received the press release on that last evening.

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So I'll give the floor to Dr Ryan to tell us more about this visit.

MR Good afternoon, everyone, and thank you, Tarik. Yes. Dr Tedros and myself and the chef de cabinet returned to Geneva today at 1:30 PM, so this is our first opportunity to brief you on this. As you will have seen, the Director-General Dr

Tedros has just announced that he will reconvene the International Health Regulations Emergency Committee on the new novel coronavirus, 2019-nCoV, tomorrow, to advise them on whether the current outbreak constitutes a public health emergency of international concern.

His decision to reconvene the committee is based mainly on the evidence of increasing numbers of cases, evidence for human-to-human transmission that has occurred outside of China. These developments in terms of the evolution of the outbreak and the further development of transmission is of great concern and has spurred countries into action and we're very grateful for that action, especially in China.

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What we know at this stage: this is still obviously a very active outbreak and information is being updated and changing by the hour. It is clearly still centred in China with the overwhelming majority of cases still being reported from China. However, there are 71 cases reported in 15 other countries. Of note within those cases is that the majority of those cases apart from six are associated with travel to China and, of those, the vast majority of those cases are associated still with travel to Wuhan. We're continuing to learn more about the virus, but in doing that learning, as I said, we know that the intense epidemic is centred in Wuhan and Hubei.

We know that many people are experiencing a minor form of illness, but still 20% of reported cases are reported as severe and 2% of confirmed cases are reported to have died. The disease is obviously mainly respiratory disease passing via droplets from one person to the other and mostly still through close contact. The source, as we've said before, is still unclear and the investigations continue in that regard. Prevention of this disease is based very much on what we recommend for respiratory illnesses in general in terms of keeping distance from people who are sick and the use of respiratory and hand hygiene. Much information is available on that on our website and has been disseminated to member states and the public and Maria Van Kerkhove, who's with me here, can give more detail on that. Clearly we want people who are sick, especially those with coughs and difficulty breathing, to seek healthcare as soon as possible.

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During our trip to China we were very impressed with the level of engagement of the Chinese government at all levels. Personally I think myself and the Director-General have never seen the scale and commitment of an epidemic response at this level in terms of all of government involvement across all of the different arms of government with tremendous support being poured into Wuhan and Hubei from the central government with a highly organised emergency management structure. The challenge is great, but the response has been massive and the Chinese government deserve huge credit for that response and for the transparency in which they have dealt with this.

Case in point: in terms of one of the clusters of infection that we're currently working with Germany to investigate, it was the lab in China who contacted

Germany to tell them that they had a return case who was positive. So China is not only helping to manage the cases in its own country but is actively reaching out on an individual basis, not only to WHO but to other partners in the world to help them respond in a more effective way. As I said, they are taking extraordinary measures in the face of what is an extraordinary challenge.

They have in addition have agreed to a mission of international experts to go to China and work with Chinese experts to better understand disease transmission and to better understand clinical severity, but I might add that Chinese experts are involved in almost, I think, all of our expert networks and on a daily basis dialling into calls on the clinical, laboratory, and other aspects of this. So Chinese expertise and scientific knowledge and understanding of this disease is contributing to the overall global expertise, but we're very grateful that China will invite a team to help work with them side by side to learn more about this disease and learn more about how China is taking action.

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On our side we have brought together some of the best minds in the world – scientists, clinicians, disease trackers, modellers, logisticians, supply chain experts, and many others from the public and the private sector around the world – to examine what we know, the questions we need to answer, and who is best placed to deliver on those answers and those responses. As I said, these networks of experts include experts from China working directly on the response and that frontline experience, understanding what a frontline clinician in Wuhan is seeing today, is influencing the way in which we can manage potential coronavirus cases tomorrow elsewhere. We're helping other countries to activate their preparedness plans.

We clearly have four levels in this response. We have an intense response going on in Wuhan and Hubei Province. We have responses going on in other provinces in China where transmission is less intense and the numbers are less, but nonetheless a major response is underway to track cases and contacts and try to interrupt chains of transmission. We have the 15 countries who have imported cases. They have to stop transmission. Some of them are doing that extremely well. All of them are actually taking good action, but some need some help and assistance with lab and another expertise and we're doing that from WHO, but the whole world needs to be on alert. The whole world needs to take action and be ready for any cases that come either from the original epicentre or from other epicentres that become established.

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We're sharing information, guidelines, and tools in real time on our website and through our partner networks on how to manage the disease, how to manage community investigations, how to manage transmission studies, how to manage clinical trials, and are very grateful for our partners who work with us on the research and development blueprint, for our partners who work from the Global Outbreak Alert & Response Network, from the Emergency Medical Teams network, and many other networks around the world who are supporting us in

this. We're also working to ensure that countries know what supplies to get and what supplies to use through a disease commodity package which details to countries the right supplies in the right quantities for certain levels of cases that they might expect.

So those countries who have imported cases are clearly at full alert. Those countries who have not imported cases will obviously need to look at their readiness and preparedness. For some countries this is a very straightforward task. For other countries who are fragile and potentially vulnerable, who already have weaknesses in their public health system, this is a challenge. So WHO is working with those countries to ensure that they have the basic capacity to do diagnostics, case detection, isolation, quarantine, and follow-up. I believe that the world is pulling together to respond to this outbreak. We are at an important juncture in this event. We as WHO believe that these chains of transmission can still be interrupted. This disease is still spreading from person to person through personal contact between individuals.

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Through proper management of hygiene, proper management of case identification, isolation and social distancing, like in previous outbreaks of coronavirus, we may be able to – working with the government in China and other governments – stop those transmission chains. We must make that... we must commit to doing that together and I believe the Emergency Committee tomorrow will consider the merits of declaring a global public health emergency and the merits of any temporary recommendations that could be made so that all member states behave and act in a coordinated and measured fashion in response to this evolving event. Thank you.

TA Thank you very much, Dr Ryan. So we will start with questions. We will take a few questions from the room and then we will also take a few questions from journalists who are watching us on our Twitter account. Let me start here and please introduce yourself. Yes.

QU [Unclear] two questions for Dr Ryan. WHO is going to send a group of international experts to China. So could you tell us who they are and what are the major tasks they're going to perform in China? Secondly, yesterday WHO said it's going to set up a novel coronavirus data-sharing platform. Can you elaborate more on what kind of data-sharing platform it's going to establish? Thank you.

00:12:32

MR I'll pass to Maria on the data-sharing platform. There's much data that we need member states to share with us and we would like to have that data in the most organised and standardised format that we can. So I'll ask Maria to speak to that.

With regards to the expert team that will go, that team is still being pulled together, but let me stress, China is doing the right things and China is responding in a massive way. This team is... in that sense, if you would imagine, this team is not going to help China or assist China. It's to work in collaboration with Chinese

experts to come to a better common understanding of these issues and ensure that the lessons being learned, the science that's being applied, and the evidence that's being gathered is shared with the world. So I think it's very important to understand this mission as not an initiation of a response. The response is fully underway in China. This team is to go and learn lessons, to observe, and to work with Chinese experts to learn as much as we can about this disease in order that other countries may benefit from that.

Maria?

00:13:46

MK Thank you. So we mentioned yesterday in our sitrep that we will be launching this global novel coronavirus clinical characterisation case reporting form and this is our attempt to work with countries that are treating patients to have a standardised way to collect information about the clinical presentation, the signs and symptoms that they may have, laboratory testing, and how these patients are cared for. It's very important that we collect this in a standardised way so that we can better characterise what infection looks like, what disease looks like by being infected with this virus.

MR Just in addition, we've asked all member states who import cases to share with us on a daily basis a standardised data format for cases, for contacts, both aggregate and disaggregated data, which will allow us to build a comprehensive global database and track the spread and the evolution of this epidemic. So we are asking our member states not only to collect data for their own purposes but to share that surveillance data with us so we can build a proper global picture of the epidemic.

TA Thank you. [Unclear] from Bloomberg.

QU Hi. [Unclear] from the French public radio. Quick questions: did you learn anything major from your trip in China? Second question would be about the sharing of the genetic sequence of the virus. Australia announced that it shared today the entire virus in contrary with what China did, which was only the genetic sequence. I'd like to know the difference there and if it's something major, too. The last question would be something more personal: your personal feeling about the media frenzy about the coronavirus. We all know that there is a media frenzy here. What is it you think about this? Are we making too much headlines about the coronavirus right now or too little? It's really hard to understand. I'd like to have your personal thoughts on that. Thanks.

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MR I'll take the genetic sequencing one first on the virus and then the more existential ones after that. Remember in this that China and Chinese scientists... it probably was the most rapid characterisation of a novel pathogen in history and that was shared immediately. Multiple sequences were shared immediately on global platforms and that is what has allowed a lot of the diagnostics to be developed. The difference and the advance in sharing the virus is that the virus itself allows you to grow the virus. You're able to test in vitro drugs against the virus. You're able to do all kinds of other things when you have the virus.

China has isolated that virus and China is not against and China is now currently working with partners to see how it can share the virus. There's no obstacle to that from the Chinese perspective. We're already working with Chinese colleagues and I had direct discussions with the DG and ministers in China on that yesterday. There's no resistance to that happening. We do, though, commend our colleagues, particularly in Australia in the institute there, the Doherty Institute, who are a WHO collaborating centre by the way, one of our global partners, who have rapidly been able to do that, but other partners have done as well and Maria may wish to speak to that collaboration around virus isolation and sharing.

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With regard to what we learnt on the trip, it was obviously a very short mission, but what I took away from that mission was the absolute relentless and focused determination of the government of China to put the health of people in China ahead of anything else at this point and to take what are significant economic and other hits in order to put the health of people first. Certainly, the levels of meetings and the number of meetings and the attendance at those meetings was unprecedented in my memory in terms of a government's commitment to do that.

So I don't know if that's a good enough answer. We didn't see all sorts of new data and we didn't see all sorts of new evidence, but what we really got a sense of was that commitment and a laser focus on this being the absolute top priority. With that in mind, we have a chance because when a government is that committed, when a government is that willing to be transparent, then we do have a chance. So we have a job to do in China to support China in doing that. We have a job to do in supporting countries that already have imported cases and we still have an opportunity to stop this virus.

It may evolve and we had the same issues and my... unfortunately my memories go back to SARS and we had very many of the same questions during the early days of SARS. Can this be controlled? Which way is it spreading? At the time I said, we have to base our actions on imperfect evidence. There will never be enough information to make a perfect decision, but if we don't make decisions and act, therefore we don't take any opportunity. So this is really where science, public health, and policy meet. Can we gather enough evidence and make good, evidence-based decisions that are rational and can we use that evidence to drive a public health strategy that can stop the disease with the minimum impact on society and the minimum impact on economy? Can we balance those two things? Because we have to.

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This is coming to your question on the media issues around the world. Of course people are concerned. Why wouldn't people be concerned? A new virus has emerged. We don't have a therapy. We don't have a vaccine. That disease has emerged and crossed the species barrier. It has spread and caused a major epidemic in China. That's a concern and people shouldn't be criticised for having that concern, but I do think we need to also focus on what to do. In a crisis it's

very easy to... sometimes I've called it the Something Must Be Done Club where people say, something must be done. Well, unfortunately we don't have the opportunity to say, something should be done. We must decide what needs to be done and we must get on and do it. Can we find a way to make that happen?

We need partners in the media to work with us in that. Effective risk communication is the most powerful tool we have at our disposal right now in the absence of vaccines, in the absence of drugs, and our colleagues in the media are a channel to populations. You also are there to keep us accountable and that's a very important part of your job, but you also communicate with vulnerable people who can protect themselves. How you choose to communicate risk is very important. So it's a challenge to you as well as to us. How do we do that together? How do we share rational information on the risk, rational information on how to manage that risk, while also holding authorities and institutions to account for doing that properly? There's no answers to that and maybe I'm giving you a very philosophical answer, but I've been around this track so many times that that is essentially the balance we have to find between the communications and media community and ourselves.

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Maybe Maria can add on the sequencing because it is important to understand the extra advantages that virus-sharing gives you over sequence-sharing.

MK Yes. Just to complement what Mike has said, the rapid sharing... when we say rapid, we mean days. The availability of having a full genome sequence of a novel virus available to the public to be able to develop diagnostics to be able to diagnose patients in other countries is unprecedented. The world is on alert and the fact that they had these sequences available made them able to use PCR testing and use full genome sequencing to identify these cases quickly. So this is why we are seeing cases and why the evolution of this is so quick and this is a positive. Just to say, with regards to the virus-sharing, it is essential that viruses are shared so that the further development of diagnostics and serologic assays, so that the further development of therapeutics and vaccines can continue.

TA Thank you very much, Maria. Just to let you know, the WHO Director-General, Dr Tedros, is joining us shortly. So if you have some questions for him, just wait for that. Bruce from Bloomberg and then Stephanie and then we will go to a couple of questions from journalists watching us on WHO Twitter account. Bruce, please.

00:23:04

QU Thank you for your comments. I just wanted to follow up on the transparency question. Can you provide some clarity as to why information about the disease was suppressed around the time of this month's legislative meetings in Hubei Province? As a follow-up, do you believe this has had an effect on China's response to the growing epidemic? Thank you.

MR It'd be good if you could specify what you mean by that because certainly if you track the Wuhan website, the public website since the very beginning of this, they

have had red alerts and they've been warning the population since very early in this response. In fact, I think it's probably state-of-the-art in terms of the amount of information that's been published by the state authorities in this case. So it'd just be good to understand what the core of your question is. Do you have a date and a timeline where you're concerned about this in terms of dates?

QU Yes. It was the province's CPPCC congress meetings from January 11<sup>th</sup> to the 17<sup>th</sup>.

MR But my understanding is that the information around the epidemic was being tracked right from the 31<sup>st</sup> of January [sic]. So we can come back to you afterwards with some of the numbers, but certainly the government authorities in Wuhan were publishing daily numbers since the early part of the year and had issued major alerts to the population in advance of those dates you mentioned. We can go through some of the data with you, but it's...

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QU Well, more broadly, would you say that you believe that China has been transparent about this disease and do you think the infection controls are adequate?

MR From my perspective, China has been very open in reporting its cases on a daily basis to us. We've seen no obvious lack of transparency, but when you speak about that in general, we can see issues with transparency around the world in terms of cases being reported of anything, but I would see in this particular case a huge difference. I was involved in 2002 and 2003 in SARS and I can tell you from direct operational experience that there is no comparison between the behaviour of China then and the behaviour of China now.

Countries are always sensitive and I would point you to any of the other surrounding countries that have imported cases, including some very large ones. They're always sensitive about sharing information about new diseases. In fact, some countries have laws that don't allow them to do that because there are issues around the national security. So I think before we start pointing the finger at China, we also need to recognise that there are genuine sensitivities around sharing data around new diseases and I believe in this case the countries that have been affected, including China, have been remarkably transparent in this regard.

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QU Thank you.

TA Thank you very much. I'll give the floor now to Dr Tedros, WHO Director-General.

TG Apologies. We were supposed to come together actually, all of us, but I was in a governance meeting – our PBAC. So that's why I'm late, but I'm glad you continued. So some of the things I say could be a repeat because I didn't know what Mike said or what Maria said and I hope you will bear with me.

As you know, we have just returned from China and yesterday we had the opportunity to meet with President Xi Jinping, Minister of Health Ma Xiaowei,



and Minister of Foreign Affairs Wang Yi. Prior to my visit, I was in almost daily contact with Minister Ma to discuss the response to the outbreak and how WHO can support because we need to focus on the epicentre of the outbreak. Managing the outbreak at the epicentre helps us from the outbreak spreading to the rest of the world. During my visit we had a series of very candid discussions based on mutual understanding. Our discussions focused on continued collaboration on containment measures in Wuhan, public health measures in other cities and provinces, conducting further studies on the severity and transmissibility of the virus, and sharing data and biological material.

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I was very encouraged and impressed by the president's detailed knowledge of the outbreak and his personal involvement in the response. This was for me a very rare leadership. In his words, the measures they have taken are good not only for China but for the rest of the world. Premier Li has also been on the ground in Wuhan to understand the outbreak and direct the response. China's efforts to contain the outbreak at the epicentre have been essential for preventing the further spread of the virus. China identified the pathogen in record time and shared it immediately, which led to the rapid development of diagnostic tools. They are completely committed to transparency both internally and externally and they have agreed to work with other countries who need their support.

For example, the cases in Germany reported yesterday originated with a Chinese woman who travelled from Shanghai to Germany for professional purposes. She was asymptomatic on arrival but became ill shortly before taking her return flight to China. After her return to China, she was tested and found to be positive, as were her parents who had visited her from Wuhan prior to her departure. Chinese authorities immediately notified their counterparts in Germany, who were able to take prompt action. This example is a good illustration of how China is engaging with WHO in other countries based on the principles of solidarity and cooperation to address a global health emergency. President Xi and I agreed that WHO will lead a team of international experts to visit China as soon as possible to work with the government on increasing the understanding of the outbreak to guide global response efforts.

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In total, as you know, there are now 6,065 confirmed cases, including 5,997 in China, representing almost 99% of all cases worldwide. 132 people have lost their lives to this outbreak, all of them in China. Our thoughts are with their families, but outside China there are only 68 confirmed cases in 15 countries, which is 1% of total, and no deaths. The vast majority of cases outside China have a travel history to China or contact with someone with a travel history to China. There are signs of a few cases of human-to-human transmission outside China in three countries, which we are monitoring very closely. The fact that to date we have only seen 68 cases outside China and no deaths is due in no small part to the extraordinary steps the government has taken to prevent the export of cases. For that China deserves our gratitude and respect and they're doing that at the expense of their economy and other factors.

WHO is monitoring this outbreak every moment of every day. We share the concern of many people who are worried for their own health and that of their friends and family. The emergence of any new pathogen with the potential to cause severe illness and death is of grave concern and must be taken with utmost seriousness. This is exactly what we are doing. Now more than ever is the time for being guided by the science and making rational, evidence-based decisions. We're working closely with public health authorities in each of the affected countries to track the spread and virulence of the virus and we're providing guidance on countermeasures to protect public health.

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The continued increase in cases and the evidence of human-to-human transmission outside China are of course both deeply concerning. Also, the numbers outside China are still relatively small. They hold the potential for a much larger outbreak. I have therefore decided to reconvene the International Health Regulations Emergency Committee on novel coronavirus 2019 to advise me on whether the outbreak represents a public health emergency of international concern and to seek their recommendations on how best to protect people all over the world while recognising that China is doing very serious measures and we can't ask for more. We understand the vital importance of keeping member states fully briefed to ensure the recommendations of the committee are implemented consistently. We're therefore also proposing tomorrow briefings to member states. So thank you so much again for bearing with me and apologies for joining you late. Thank you.

TA Thank you very much, Director-General. So we are getting lots of questions online. Some of them have been already answered, so we will try to take some of those a little bit later, those that have not been touched upon yet, but now we continue from the room. First Stephanie, then Nina, then John, and then we will go online.

00:34:46

QU Yes. Thank you. Good timing, Director-General. Perhaps this is best for you if you have your earphone maybe. You've come back from China, sir, with this promise from the Chinese authorities of being able to send an international mission, a multidisciplinary mission. You said again today the same language, that you hope to send as soon as possible and you're working on it. Can you tell us a little bit more about what sort of skills you're looking for, how large it might be, what guarantees you've had from the government as to access, and very specifically the US Health Secretary Azar has voiced some concerns that wanting to get US experts on the ground in China. Do you have plans to include US experts from CDC or other agencies in this mission or is it a stumbling block in fact?

TG No. Thank you. By the way, as we speak, we already some colleagues from WHO on the ground and we already have our director, Sylvie Briand, who stayed behind, who were part of our mission. Then we will put together others from WHO to send, but we are discussing what skillsets we need to send. On involving

other countries, the best would be a bilateral arrangement and that's what we recommend because the WHO experts will be those who work for WHO or who we may identify that can work as independent experts if we lack expertise in WHO, but with countries it should be bilateral and that's what we expect.

TA Thank you very much. Nina, then John, then we will take few questions from, and then hopefully we'll come back here. Nina, please.

00:37:04

QU Nina Larson, AFP. I was wondering – there are now quite large-scale evacuations from China – if you could say how good an idea you think it is that countries are evacuating their citizens and the potential of further spread through that and also the isolation that some countries are doing. Also, I was wondering on... it seems that you were saying 2% death so far. It sounds a lot less serious than perhaps a regular flu. Could you just say something about that and also about inclusion of Taiwan in the emergency meetings? They're complaining that they're being excluded. Doesn't that leave the possibility that there will be a blind spot, that the virus could spread in Taiwan without... if they're not included in the discussions? Thank you.

TA That's many questions, Nina. Dr Ryan?

MR We'll take them from the bottom up in terms of experts from China, Taiwan, or Taipei Municipality. We have Taiwanese experts involved in all of our consultations – the clinical networks, lab networks, and others – so they're fully engaged and fully aware of all of the developments in the expert network [unclear] and Maria can speak to that and Maria can speak to you in terms of the death. 2% case fatality is still a tough case fatality when you compare it to the case fatality for seasonal flu or other things. It's the interaction between the attack rate or the transmissibility of the virus and the severity that give you the outcome.

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A relatively mild virus can cause a lot of damage if a lot of people get it and this is the issue at the moment. We don't fully understand either of those parameters well enough to be able to make accurate predictions. There are many models and scenarios, but until we better understand that... that's maybe coming back to what Dr Tedros said about having a further collaboration with Chinese authorities and having teams on the ground to work with them to better understand it, but Maria may wish to speak to the CFR specifically and maybe more to the Taiwanese experts we have.

MK Yes. What I can add to that is... what we can say to date is how many people have died out of those that have been reported to us and I think it's very early to make any conclusive statements about what the overall mortality rate will be. This number may change. Surveillance is increasing within China but also globally and so when you look at how many people have died, you need to look at how many people were infected and right now we don't know that number, so it's early to put a percentage on that. So what we want to focus on is how many have died from how many have been reported.

We have engaged all countries that have cases to be involved in our expert networks globally in addition to experts from around the world who work on flu, who have worked on SARS, who have worked on MERS. So it's very important. What's important about this is that we not only have expertise on the call but we have people who have direct involvement with patients so that they are sharing their information, who have direct involvement with the virus in the lab so that they are contributing to a conversation and best informing our technical guidance that is evolving as this outbreak evolves.

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TG So I will take on the evacuation. Of course, decisions on evacuating citizens is up to the countries, but one thing WHO advises is that they have to prepare themselves if there is importation of cases. So they need to really have a thorough understanding comprehensive on their actions. Thank you.

TA Thank you very much. We promised John and then we will go to a couple of questions from journalists watching us online. John, please.

QU Yes. Good evening. John Zarocostas for France 24 and the Lancet. My question is both for the Director-General and Dr Ryan. Dr Ryan, last week you mentioned that you hoped that you would be getting disaggregated data from China. Are you receiving that data now? And based on the data that you're receiving from China, what percentage of the cases reported to WHO are asymptomatic and how much is that worrying you, given the recent case in Germany?

TA Just to say, this is one of the most common questions we have received from our journalists online and that's the possibility of having asymptomatic cases being infectious.

MR Number one, it is very difficult to work out from routinely reported data on an epidemic the asymptomatic transmission. That requires very specific household studies, only a few of which have been actually carried out. It would be impossible to determine that from the day-to-day reporting. We are receiving a detailed daily epidemiologic report from Chinese authorities – in fact, sometimes twice a day – and we have received, in advance of the Emergency Committee last week, a detailed disaggregated database that allowed us to carry out very similar analysis to what the Chinese have done.

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They have undertaken to share a similar disaggregated database with us in advance of the Emergency Committee tomorrow and we're hoping to receive that this evening, which will give us another full week's data of disaggregated data. It's very important that we do receive that and I've actually personally been in touch with our office in China this afternoon to ensure that we receive that so we can have a parallel analysis in advance of the EC tomorrow.

TA Thank you very much, Dr Ryan. So we will take a few questions. I think this last question has answered questions from Euronews [unclear] Carly Weeks from Canada Globe and Mail. We answered the question from James Gallagher from BBC on a death rate. Helen Branswell had a question on infections within

healthcare facilities. Do we know much about it or is it mainly community infections? Maria?

MK Yes. So we have reports of a hospital cluster in Wuhan which involved 14 healthcare workers. We also have reports of healthcare worker infections in other parts of China, but we have not heard of hospital outbreaks in China other than the one that I just mentioned nor have we seen healthcare worker infections in other countries outside of China. This is something we are looking for. This is something that we need countries to prepare for and make sure that infection, prevention, and control is applied, is enhanced to ensure that standard precautions are taken at all times and, especially when dealing with patients, that the appropriate precautions are taken.

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MR Just might I add that well, obviously the evidence needs to come in. The fact that we haven't seen large-scale health worker-associated infections may be a testament to, again, what China has managed to do in terms of protecting its workers, in terms of PPE and training, the way in which patients have been cohorted and managed. It's very very difficult in the context of a coronavirus to control infection in a hospital environment, particularly where you have many patients coming for diagnosis at the same time.

Again, to spare a thought for the thousands of front-line health workers in China and many from outside Wuhan who have gone to the assistance of their colleagues inside Wuhan. That is a big decision to make and at New Year's, in a time of celebration, to leave one's family and go to the assistance of your colleagues in another province and provide front-line care for a disease that we don't have a treatment for or a vaccine for again is a testament to the personal commitment, courage, and professionalism of Chinese front-line health workers.

TA Thank you very much. We will take a few more questions from our colleagues watching us online. Mary Ann Benitez from Hong Kong Standard is asking about shortages of masks and supplies. Is that something that WHO will help with?

00:46:04

MR Yes. We are working very hard on that. China itself is ramping up its own supplies and we are... as I said, in addition to issuing the disease commodity profile packages that allow countries to plan and purchase, we are working with a broad pandemic supply chain network. Interestingly, over the last three years, we've been working not only with the public sector but with the private sector and the World Economic Forum and many of the largest suppliers in the world on an actual collaboration between the public and private sector to ensure that the most essential supplies in an epidemic situation are prioritised for those countries and those individuals and those services that need them most. So this is the first test of that network to come together and manage that process. As I said, thanks to those companies and institutions that are participating actively in that process. I don't know. I've been away for a couple of days and maybe...

MK It's just been very active.

TA A question from Russian news agency Interfax. What is the advice WHO is giving to countries that have not seen any confirmed cases so far?

MK So this is an important question. So our guidance is for all countries and what we are providing guidance for is to be able to quickly identify cases and, in doing so, identify, isolate, and care for those patients, making sure that they have the most optimised care once they are identified, making sure that there are laboratories that can help diagnose if they can't diagnose themselves, making sure that we limit human-to-human transmission – not only in healthcare facilities, which I mentioned previously, but also amongst close contacts like families for example – making sure that there isn't onward spread, making sure that we are addressing critical unknowns.

00:48:06

Like Mike just mentioned earlier, there are specific epidemiologic-type studies, clinical studies that need to take place so that we can better understand and characterise the transmission characteristics of this virus, the clinical severity of this virus, and other characteristics so that it best informs our practices. Making sure that governments and ministries and media communicate the risk, communicate this responsibly, making sure that we counter any misinformation... I am sure you have seen that there's a lot of misinformation that's out there and some of that could be quite dangerous. So all of our guidance is really focusing on limiting human-to-human transmission, isolating patients in cases early, making sure that that detection takes place, caring for them optimally, and preventing any further onward spread and international spread.

TA Thank you. We'll take two more questions and it's for you, Maria, again. I think it's important that we clarify this. Natasha Loder from the Economist was asking, droplets or airborne aerosol transmission? And the second question was also from Helen Branswell. It's about, are we seeing more milder cases now? What's the severity that we know about? So those two questions and then we come back to the room. Thank you.

00:49:19

MK So what we understand about transmission is that this is being transmitted through the respiratory route. So that is droplets and that also can have transmission through direct physical contact between people but also the possibility of fomites, which is when you have virus on an inanimate surface which could survive for a short period of time. So there's respiratory routes and that's based on all of the evidence that we have to date. The second question about mild cases is, as surveillance improves, as detection improves, we will see people identified on the more mild end of the spectrum. Typically in outbreaks we tend to focus on the severe cases because those are the individuals who seek care, so we pick those up first. So we may see more individuals on the mild end of the spectrum.

TA So we'll go back to the room. Lisa, Jamil, and Gabriela then.

QU Yes. Hello. Lisa Schlein, Voice of America. I have a couple of questions. The first is, this is a very fast-spreading disease. The number of confirmed cases is almost as many as there were in totality during the SARS epidemic and the period of time that we're talking about right now is quite different. Are you afraid that this epidemic has a potential of being much worse than what occurred during the SARS outbreak? Right now the fatality rate is quite a bit lower, but that of course could go up.

00:50:59

Then I'm wondering, how is it that... if the Emergency Committee tomorrow night decides to consider this a global health emergency, how will this advance the operation in terms of trying to tackle this and contain this virus? You have a lot of praise for China and about the actions that already have been taken, so what more can we expect that will occur?

MR Yes. Coronaviruses spread relatively easily between people, but our previous experience is that with adequate public health intervention and measures both at community and hospital level, they can be stopped, but there are aspects of this epidemic, as you said, Lisa, that are worrying. The acceleration in cases, that rapid acceleration in cases is of concern and, in a sense, is why the DG is bringing back the Emergency Committee to consider tomorrow. Having said that, we don't know the originator [?] events here. We don't know that there weren't multiple spill-over events that occurred that are driving the infection. We don't know what the amplifiers were originally in Wuhan. So without understanding that, it's very hard to understand or put into context the current transmission dynamics.

So in a situation like this, you can stand back and say, well, there's nothing we can do, this is spreading out of control, or you can use the knowledge you have of previous epidemics of these viruses and of the current trends and you can identify the tactics that you can use to stop the virus. If you don't choose to do that and if you choose to stand back and watch and observe, then it will unfold as it unfolds. When people talk about R0s and transmission dynamics and all of that, they talk sometimes as if that's an abstracted concept. Well, in reality you can affect those numbers by what you do. The R0 that everyone talks about can be affected by human activity for the negative and for the positive.

00:53:23

Therefore, what we need to do is decide collectively as nations and with China, what is it we do next? That's what the discussion amongst the Emergency Committee is all about. What are the recommendations now to further enhance the international response? It's not before nothing is happening and after everything is happening. There's an awful lot happening right now, but does the international community need to consider more measures, more public health intervention, further enhanced cooperation and collaboration?

If you're going to move to developing vaccines and therapeutics, this is complex business. This requires huge investment. This requires a global collaboration of the public and private sector. We need to be able to leverage that. So there are things that a concerted discussion with the Emergency Committee can deliver, but

the first thing obviously which the committee will need to consider is if it whether it considers that the criteria have been met and we are dealing with a public health emergency of international concern and advise the DG to that effect.

00:54:37

The other advantage sometimes of having an EC process is that you can align the measures being taken by many countries at the same time. You will have noticed that many countries around the world are taking various measures at border and travel. 194 countries implementing unilateral measures based on their own individual risk assessment is a potential recipe for disaster, at least politically, economically, and socially. So ensuring that all measures that are being taken that affect travel, trade, and economy are based on rational public health evidence is very important.

Again, the IHR is a framework that allows that to happen and that allows public health evidence and public health thinking to drive what are the measures that must be taken to minimise international spread while also minimising the impact on travel and trade. That is essentially at the heart of what the IHR is about. Sometimes we get this binary – PHEIC, no PHEIC – and this turns into this existential argument. It's a process. It's a framework through which countries have agreed to cooperate with each other to advance the fight against a rapidly developing infectious disease. I believe it's still highly relevant and tomorrow's discussions will advance that. DG?

TG I fully agree with what Mike said. I don't want to repeat or add to that except just one issue. The IHR now is PHEIC or no PHEIC, either green or red. I think we have to now revise that. It would be good to have the green, the yellow, and then the red, something in between. You cannot have yes or no. There could be some intermediate situation. So we're considering that. We have already consulted some experts international inside WHO and outside and we hope that will address some of the controversies you see. We should declare a PHEIC and we should not: so nothing in between. I think the traffic light approach would really help because the yellow would be a warning and some stage where there is status that could be serious enough but not really red.

00:57:16

So that's the only thing I would add, but the rest has already been said. Any recommendations from the Emergency Committee will help us to be better organised. Thank you.

TA We will have three more questions here from the room. Jamil, Gabriela, and then we go [unclear] back here. Jamil, please.

QU Yes. Mr Tedros, Jamil [unclear] from Brazil. Not in case of the Chinese situation, but maybe many other countries would request your aid, including financially. Are you already in talks with the World Bank, with other institutions basically, on a financial package or mobilisation of funds in order to deal with the situation?

Secondly, you were a minister. You know very well, sir, that everything is political. There's nothing purely rational or sometimes rationality is political. My



question: do you fear that politics and international politics at this moment will somehow limit your capacity to act? Thank you.

TG Thank you. On financial, we are talking to partners and our concern is if we have cases in countries who have a weak health system and who may need our support. So we are preparing for that. During our discussion with President Xi, he also agreed to continue to support in any way possible. So we are working on that.

00:59:06

On the political situation to limit capacity, I think doing the right things will be very important. As far as WHO is concerned, we will do the right things. For instance, I can tell you one of the strategies we have agreed with China. China really takes it to heart and WHO, too. The strategy we followed here is serious and strong intervention at the epicentre because it helps you to limit the spread. If the spread is limited to other countries, it's easier to manage, but if you have several epicentres, it's chaos.

That is very important and to do that I think there is support. If we see politics in relation to what actions are being taken, there are no politics that's limiting us from taking the right action. Using that model for the future is very important. You cannot focus everywhere. You have to focus on the epicentre because limiting the spread is the most important thing because you will be able to manage it because what is spread is less. I gave you figures. 68 outside China, 68 cases in 15 countries because the epicentre is aggressive, because in the epicentre the government is taking serious measures, that limits spread and that makes it manageable.

So working with other countries even in terms of finance I don't think will be a problem, but make no mistake: I am not saying, although it's 68 now, it may not be bigger. It may be bigger and we may even face serious problems. That's why when we see the human-to-human transmission in three countries, we are reconvening the EC to understand what that means. So any political action... we have to see it in relation to the effective measures we think works and if there is any barrier to that, but we haven't seen any barrier and that's how we're progressing. Thank you.

01:01:40

TA Thank you very much. Dr Tedros and Dr Ryan are very tired from the long trip, so we will take two more questions. As we promised, first Gabriela and then we go to our friend here. Remember that we will see each other again tomorrow evening. Gabriela?

QU Thank you so much. Gabriela Sotomayor, Mexican journalist for Proceso. So far until now, Latin America nor Africa nor the Middle East have reported cases. So what does this tell to you? This is for Dr Ryan. Do you have any scientific explanation to this or could it be due to lack of transparency of these countries? I have another question for Dr Tedros. Dr Tedros, WHO is also dealing with Ebola in Congo, with other crises. Is WHO ready to deal with this new big challenge? Do you need more support from member states? Thank you.

MR On the first one, we are currently working with at least two countries on investigating suspect cases in two countries in Africa and there have been a number of alerts from other countries. I've been speaking today with our regional emergency director and we've been in touch with our regional director Dr Moeti, and we are concerned for countries in Africa but also other least developed countries, that they have the capacity to detect and respond should the need happen. In that framework, as the Director-General said, we have been working on a strategic response plan with the World Bank and other major partners to look at what it's going to take to accelerate that.

01:03:23

I point to you from the Ebola response that the surrounding countries in terms of their preparations managed to do an exceptional job in preventing Ebola taking off in surrounding countries but unfortunately did not benefit from a great deal of funding in order to achieve that. The least funded of all the Ebola response activities was the preparedness in the surrounding countries. We would hope in this case that if countries reach out and look for funding to accelerate their capacity to prepare, they would benefit from such funding. As the DG said, our colleagues in China were very keen to support any initiative in that regard.

TA Do you want to address the question on dealing with multiple emergencies?

TG Yes. So on Ebola I think we took the same approach: focus on the epicentre. The spread was really not meaningful. A few cases crossed to Uganda, but they were taken care of. So we really invested in DRC and it was contained there and now it's really down and we hope it will be finished, but the problem is, the place is [unclear] a bit volatile. Security incidences may again affect it and we may see more cases, but for now it's calm and getting calmer and calmer. So that's almost under control.

01:05:00

Hoping that there will not be additional security incidences, but the approach is the same, by the way: focus on the epicentre and manage any outward spread of the virus because you can manage it easily. That's why in Uganda we managed it, but as Mike said, [unclear] focusing on the epicentre, preparedness in the neighbouring countries and beyond is very important. So now our focus is on the coronavirus. Luckily, as I said earlier, the level of commitment from China is incredible. Some people on social media – I will be open with you – were criticising for praising China. I will praise China again and again because its actions actually help in reducing the spread of coronavirus to other countries. We should tell the truth. Because of some pressure from one corner, we should not fail to tell the truth. That's the truth.

As you remember, I gave you also very concrete reasons why we are appreciating China: one, identifying the pathogen in record time, sharing it immediately, and sharing line list information, but not only that, the commitment of the political leadership starting from the number one, from the president himself. I said it in my speech. The level of his knowledge is very amazing. We actually ask in other countries to have that level of political commitment and the technical

competency, too, that level of political attention. I would be happy to say it again and again. The reason I'm saying this is, China is doing its best and that helps.

01:07:03

Of course, in addition to that, we call on all member states to also give that kind of attention both political and technical. That can help us to prevent the spread of this virus and control it as soon as possible, but having said this, considering the last few days' progress of the virus, especially in some countries, although the number is 68 and especially the human-to-human transmission in three countries worries us -- in Germany, in Vietnam, and also Japan. These are the three countries where we have witnessed human-to-human transmission. If this gets into a country with a weak health system, then that could be problematic.

As you said, the mobilisation of member states, the support from member states is very important, but each member state committing for its own first and then applying the principle of solidarity and cooperation because the most important principle in addressing this global problem is by upholding the principle of solidarity and cooperation. It starts from sharing information. When a case crosses to another country, the country of origin should notify the country which is going to be affected as soon as possible. So the solidarity and cooperation starts from sharing information and that's what we call on countries to really make sure, to really share information in real time. That will protect them and protect their neighbours and beyond.

TA Thank you very much.

01:09:03

MR Sorry. Can I just add because I think it's important when the speaker asked about WHO's capacity to cope with all of the emergency demands. It has been tough and it is demanding. Ebola, coronavirus, Syria, Yemen, and all the other epidemics and natural disasters; we're seeing the impacts of climate-mediated disasters, Mozambique last year with the floods, cholera outbreaks. So the convergence of climate conflict, population density, population movement is driving a new wave of emergency events. The WHO and Dr Tedros in creating a preparedness division within my programme is fundamentally addressing the fact that we must get better ready for that. Just responding is not enough.

So an ounce of preparedness is worth a ton of response and I have said to you, of the core press corps here, many times that you don't get too many people coming to press conferences on preparedness. That's maybe one of the issues, that people only really consider preparedness when we're faced with a fire, with a crisis. We do have to address that much more, but also we need to reflect and celebrate the global collaborations that we have through the WHO collaborating centre network.

It was a WHO collaborating centre that has isolated the virus in Australia. There are WHO collaborating centres for respiratory diseases, influenza, SARS, MERS all over the world. Our colleagues in the Global Outbreak Alert & Response Network, many of whom were mobilising to join the international team that will

go to China and there are many GOARN partners in China including the China CDC who will work with us. Those relationships have been built over years and the trusting relationships between scientists that go beyond national boundaries are extremely important at this time.

01:11:00

We also have global collaboration of emergency medical teams and EMTs from China, domestic EMTs are going into Wuhan to support their clinical colleagues and being supported from the international networks. We also have 194 member states under the framework of the IHR. So WHO is not alone. WHO is at the centre of a scientific, public health, and political web that allows us to act collectively under the leadership of the Director-General. The question now for us all is, how will we act in the coming weeks? How will we support each other in order to bring this epidemic to an end or, at the very least, reduce its impact on human populations?

TG Maybe to add one more on that, as you know, the capacity of the emergency programme in WHO especially since Ebola in 2014 has increased, thanks actually to Margaret Chan, who started the reform and we built on that, but we also believe that we need to build it and upgrade it constantly. We are learning and learning from day-to-day events we get and building it on a constant basis will be very important. Thank you.

TA We will take a last question as promised. Please.

01:12:27

QU Thank you. It's [unclear] from China's Xinhua News Agency. A few questions for Dr Ryan. First, any update on the evolution of the virus? How many generations are there so far and how is it going to affect the ongoing solution to contain the epidemic? The second question is, based on the information the WHO has so far, how long do you think it would take before the number of infected cases, both suspects and confirmed, would reach its peak and then start to decline? Thank you.

MR Maria will answer the question on evolution, but essentially the virus has been remarkably stable. There is no scientist nor sage on the planet that will tell you when the peak of this epidemic will occur. The peak will occur when the peak occurs. The peak will occur as soon as we put together a package of interventions that are designed to stop the virus. So we need to focus not on where the peak is. We need to focus on our actions in the coming days and weeks.

MK And to add to that, to reduce that peak, whatever that eventual peak will be. All of these actions and taking into consideration reducing transmission, reducing morbidity and mortality... that will reduce that peak and that's our goal. With regards to transmission, Chinese authorities told us during the Emergency Committee you saw in the EC report that there were four generations inside Wuhan and second generation outside of Wuhan. What we need is more information on that in terms of the investigations and, when a case is identified,

how they're doing their contact tracing, how actively they're looking for individuals in additional cases.

01:14:15

Outside of China we have seen some example of human-to-human transmission as Dr Tedros mentioned, but it's been very limited so far. In terms of the virus evolution, we have a global network of scientists and virologists who are looking very closely at these sequences that are becoming available, comparing those sequences to other coronaviruses that are available. As Mike said, it's very stable. What will be very interesting to see as more sequences become available is how we look at the phylogenetics of this and we actually trace back, we look back in time to help us better understand where this virus came from and why this outbreak happened when it did.

TA

Thank you very much. I wish to thank everyone in the room and everyone who is watching us on our Twitter account. I really invite you to let Dr Ryan, Dr Maria, and Dr Tedros get some rest. We will see each other again tomorrow at around 7:30 at the WHO building for those who are here in Geneva. The audio file from this press briefing will be available soon and hopefully we will have a transcript as well during the night or early in the morning. I wish everyone a very nice evening and talk to you again tomorrow.