



# World Health Organization

## Coronavirus press conference 11 February, 2020

### Speaker key:

TJ	Tarik Jasarevic
TAG	Tedros Adhanom Ghebreyesus
UM	Unidentified male speakers
MR	Michael J Ryan
CR	Christiane
UF	Unidentified female speakers
SS	Soumya Swaminathan
SB	Sylvie Briand
MK	Marie-Paule Kieny
VD	Victoria MacDonald
TO	Tom
JO	John
TU	Tulip Mazumdar
JC	Jon Cohen
BO	Bodhi
ST	Stephanie
GU	Gunill von Hall

TJ Good afternoon again now we have everyone sitting here. Welcome to another daily press briefing from the headquarters of the World Health Organization. Today is the first day of the 2019 novel coronavirus global research and innovation forum so beside our usual guests, Dr Tedros, WHO Director General, Sylvie Briand, our Director for global infectious hazard preparedness and Mike Ryan, WHO Executive Director for health emergency programmes, we also have Dr Marie-Paule Kieny, who you may remember very well because she was with WHO for many years. She is a co-chair of the forum.

We also have Dr Soumya Swaminathan, who is a WHO chief scientist. Before giving the floor to Dr Tedros, just to remind everyone, we will have an audio file and transcript from this press conference. Journalists are joining us online. If you are online please click on the “raise hand” on your screen if you want to be put in a queue for questions.

For those who are dialling in via phone please type \* 9 and you will be put in a queue for questions. For those in the room, a very warm welcome. There are many new faces that we

are seeing for the first time in WHO so I hope you will have a good time with us. Again to remind everyone, please one question per journalist so we give opportunity to as many as we can. With that I give the floor immediately to Dr Tedros.

TAG Thank you, Tarik. Good afternoon. Of course we have the many colleagues from media based in Geneva but we see more today and I understand this is because of the conference we're hosting. Thank you so much for your interest and welcome, everybody.

Before I update you on the coronavirus outbreak I would like to start with a few words about Ebola. As you know, we have two fronts now. Although the world is now focused on coronavirus we cannot and must not forget Ebola. We're very encouraged by the current trend. There have only been three cases in the past week and no cases in the past three days.

But until we have no cases for 42 days it's not over. As you know, any single case could reignite the epidemic and the security situation in eastern DRC remains extremely fragile so we take the progress on Ebola with caution although it's a big success and we're still in full response mode.

Yesterday alone we had 5,400 alerts that were investigated. Almost 300 samples were analysed. More than 700 people were vaccinated and almost 2,000 contacts were followed so still it's a massive response and tomorrow the Emergency Committee for Ebola will meet to assess whether the Ebola outbreak in DRC continues to constitute a public health emergency of international concern so you will have more news tomorrow on Ebola.

Regardless of the recommendation or the EC's recommendation the world needs to continue to fund the Ebola response. Taking our foot off the accelerator now could be a fatal mistake, quite literally. On Thursday I will travel to Kinshasa for meetings with the President of DRC and other senior ministers to look beyond Ebola and sketch out ways to strengthen the DRC's health system.

I would like to use this opportunity to appreciate the Government's leadership. The current status of Ebola would not have been reached without strong leadership by the Government of DRC and President Tshisekedi himself.

Now to coronavirus. First of all we now have a name for the disease and it is CoViD-19 and I will spell it; C O V I D - 19. Co - C O - stands for corona, as you know; V I stands for virus; D for disease so CoViD. Under agreed guidelines between WHO, the World Health Organization, the World Organization for Animal Health and the Food and Agriculture Organisation - meaning WHO, OAE and FAO of the United Nations; we had to find a name that did not refer to a geographical location, an animal, an individual or group of people and which is also pronounceable and related to the disease. Having a name matters to prevent the use of other names that can be inaccurate or stigmatising. It also gives us a standard format to use for any future coronavirus outbreaks.

Now to the coronavirus situation. As of 6:00am Geneva time this morning there were 42,708 confirmed cases reported in China and tragically we have now surpassed 1,000 deaths. 1,017 people in China have lost their lives to this virus. Most of the cases and most of the deaths are in Hubei province; Wuhan. Outside China there are 393 cases in 24 countries and one death.

Last week I told you that we had engaged WHO's network of country representatives as well as the United Nations' resident co-ordinators in countries to brief them on the outbreak and inform them about the steps they can take. I also briefed Secretary-General Antonio Guterres and we agreed to leverage the power of the entire UN system in the response.

Today we have also activated a UN crisis management team to be led by my general, Dr Mike Ryan. This will help WHO focus on the health response while the other agencies can bring their expertise to bear on the wider social, economic and developmental implications of the outbreak so we're all working to our strengths. So Mike will still continue to be the chief emergency and will also co-ordinate all UN response.

As you know, today and tomorrow WHO is hosting a meeting of more than 400 scientists from around the world, both in person and virtually. The main outcome we expect from this meeting is not immediate answers to every question that we have. The main outcome is an agreed roadmap on what questions we need to ask and how we will go about answering those questions.

This is exactly what WHO is for; bringing the world together to co-ordinate the response. That's the essence of multilateralism, which is very important for the world and a research roadmap is also important for organisations that fund research to have a clear sense of what the public health priorities are so they can make investments that deliver the biggest public health impact.

The development of vaccines and therapeutics is one important part of the research agenda but it's not only one part. They will take time to develop but in the meantime we're not defenceless. There are many basic public health interventions that are available to us now and which can prevent infections now.

For instance the first vaccine could be ready in 18 months so we have to do everything today using the available weapons to fight this virus while preparing for the long term using the preparation for the vaccines. That's why we have sent supplies to countries to diagnose and treat patients and protect health workers. We have advised countries on how to prevent the spread of disease and care for those who are sick.

We're strengthening the lab capacity all over the world. We're training thousands of health workers and we're keeping the public informed about what everyone can do to protect their own health and that of others. It's when each and every individual becomes part of the prevention and controlled containment strategy that we can succeed so that's why... reaching out to the public directly and telling the public the kind of precautions they need to take.

This could be cleaning your hands regularly either with alcohol-based rub or soap and water. Keep your distance from someone who is coughing or sneezing and when you cough or sneeze cover your mouth and nose with a tissue or your elbow. It's also important to remember that while we need investment in research and development we also need investment in stopping this outbreak now.

Last week WHO issued a call for US\$675 million, which is what the world needs to support preparedness and response operations in countries. We thank those countries that have contributed so far and we call on all those who haven't to contribute urgently. There are many positive signals in terms of funding and we hope all these positive signals will materialise.

If we invest now in rational and evidence-based interventions we have a realistic chance of stopping this outbreak. We have a window of opportunity. Maybe you're tired of me saying window of opportunity but there is a window of opportunity. If you see the number of cases in China and the rest of the world it's not even comparable; more than 40,000 in China while in the rest of the world it's only in the 300s and only one death.

You strike hard when the window of opportunity is there so that's what we are saying to the rest of the world; let's be serious in using the window of opportunity we have. We shouldn't lose this opportunity. If we lose we will regret it and the opportunity was created because of the serious measures that China is taking in Wuhan and the other affected provinces.

That is slowing the spread of the virus to the rest of the world but I don't think this status can stay the same for long. That's why we have to use the current window of opportunity to hit hard and stand in unison to fight this virus in every corner. If we don't we could have far more cases and far higher costs on our hands and I don't think anybody wants that. This is a common enemy and we have to fight it using this window of opportunity and fight it hard. I thank you.

TJ Thank you very much, Dr Tedros, for these opening remarks. Just to remind...

TAG May I add one thing?

TJ Please go ahead.

TAG Some colleagues here including my colleague journalists, friends were asking me, where is Maria? I didn't know Maria was so popular now. Maria Van Kerkhove is part of the expert team and she's in Beijing and she's well if you're worried so you will see here virtually if she's listening. Just for your information, she's with Bruce in Beijing and hopefully she's listening as Bernard had said.

But I'm very happy to see the respect you have for her and I'm glad that I have a very strong team, of which I'm really proud. They're working day and night, 24/7, around the clock, under stress but really going with commitment and saying, we will not rest until this outbreak is over. Maria is one of them and thank you so much for reminding me, for asking her whereabouts. Thank you.

TJ Thank you very much, Dr Tedros, and greetings to Dr Van Kerkhove, who's listening to us. Before we start taking questions from the floor again to remind the journalists online to click the "raise hand" on the right side of their screen and those dialling in by phone to press \*9. We will start with the questions here; the gentleman just in front of me, then Christiane, then we will go on this side. Please introduce yourself and the outlet you're working for and please, one short question. Thank you.

UM Okay, it's [Unclear] with Xinhua News Agency. As Dr Tedros mentioned, the entire UN system is willing to help so could you give us a few examples of what the other agencies in the UN can contribute to the control and prevention of the outbreak? Thank you so much.

MR Yes, we have many important sister agencies in the United Nations system, many of whom need good information in order to manage their day-to-day operations and business

continuity so our humanitarian partners, peacekeeping partners need to understand the virus like every other global business operation needs to understand what's happening with the virus.

But there are many of our UN agencies like the International Maritime Organization, the International Civil Aviation Organization, who also can contribute huge amounts of information to our understanding and equally we work closely with them. We have agencies like UNICEF who are very important in risk communications and social stabilisation and working in education and schools and in the healthcare system on infection prevention and control and we work very closely with our colleagues in UNICEF.

There are the agencies who work on humanitarian response and they obviously have a duty of care to refugees and to others and they need our input in terms of best practice for themselves. We have the financial institutions like the World Bank who are in a very strong position to look at the financial implications and shocks associated with this and look at means of mitigating those impacts.

So the idea here is to bring together the UN system under the leadership of the SG with the director-general to ensure that the work WHO's doing is feeding into the UN system in terms of its own business but equally that the UN agencies who can contribute to the overall global effort are doing so.

In particular I would make reference to our resident co-ordinators in country for the UN system who integrate all of the UN operations in country. Many countries with weaker health systems may also have weaknesses in their economies and other potential shocks that might arise so WHO's country representatives are working very, very closely with the resident co-ordinators of the UN system and we intend to continue doing that and in fact have had large-scale teleconferences with all our resident co-ordinators in the world.

I think a couple of days ago we brought them all together - last week. I think that's the nature of the crisis management team operation and this will be a joint operation between the United Nations Office for Crisis Coordination in New York and our strategic health operations centre here at WHO in Geneva.

TJ Thank you very much, Christiane.

CR Hello. This is Christiane with the German press agency and it's a question for Dr Tedros. There are reports today that the national health commission in China has changed the reporting rules of cases meaning that people who are confirmed to be infected with the virus but do not show symptoms are not being counted in the statistics. Have you heard about that and what is your response?

TAG I don't have that information but we have regular communication with them so we will check that and we also have people on the ground so we will check and get back to you. Thank you.

TJ Yes, please, here and then we will take a couple more questions from the room here because we have all journalists who have travelled to Geneva so we will give a little bit of priority to them. Yes, please, go ahead.

UF Thank you, Tarik, good afternoon. [Unclear] from Xinhua news agency. We've learned that there are also Chinese researchers attending today's forum in the virtual way so to what extent might the experience of China's health workers and front-line and the collecting and sharing of data by the Chinese researchers help design the roadmap of this research? Thank you.

TAG They actually have first-hand experience and a lot of experience and surely they will help and not only that, they will significantly shape the roadmap. But I will ask my other colleagues also to comment on this but we expect a lot from them.

SS Just to add, we were both very fortunate this morning to have both Dr George Gao and Dr Wu from China CDC connected online and they presented the data, particularly the research that has already been initiated in China. We also have participants who are going to stay with us throughout the two days and it's essential that they're involved in every aspect of the planning of the research since most of the cases are in China now. So it will be critical for Chinese scientists and doctors and researchers to be involved.

TJ Dr Kieny, do you want to add something?

MK Also to say that there has been a lot of preparation by WHO colleagues for this forum and that Timothy's group has met virtually through teleconferences and as much as possible, as much as they were available because they have other things to deal with right now, the Chinese scientists have been involved in this discussion and we certainly hope that they will continue to be engaged in drafting, in setting this roadmap.

We also have had the opportunity to have vaccine manufacturers from China participate in today's meeting.

TAG Sylvie has more information on the question you asked so please, Sylvie.

SB Thank you. Yes, we asked our colleague in the field about these changes of case definition and indeed it's normal to adapt the case definition to the reality so recently they have done the fourth adaptation to include mild cases and asymptomatic cases and so if asymptomatic cases become positive in the laboratory testing then they include them in the confirmed cases number.

So they have indeed broadened the case definition because before the testing was only done on people who were hospitalised or receiving medical attention but now because they are following contacts apparently they have also included some asymptomatic people they have followed up or post-symptomatic because... in the contact list.

TAG So including the mild and asymptomatic actually is a good idea. It's good that they did that.

TJ Thank you very much for clarifying this. Now let's take a few more from the room. Let's try our colleagues who travelled to Geneva to be with us here so I'll start with Victoria, then Tom, then John, please.

VD MacDonald from Channel 4 News in London. There have been reports of a Chinese national in Burkina Faso who's been tested for coronavirus and as we speak we're told that

there is a China Embassy, WHO and Burkina Faso Ministry of Health press conference. Can you tell us anything about what would be the first reported case in Africa?

TAG We don't have that information. We had some suspected cases in three or four countries which were all negative but the Burkina Faso one is something new which we haven't heard about and we will follow up on that. Thank you.

TJ Tom, please.

TO You rightly mention the window of opportunity. As time passes are you becoming more or less confident that this virus can be contained?

TAG As time passes my confidence will depend on the strength of measures we take and that's why we're asking countries to be as aggressive as possible because we're still in a containment strategy and we shouldn't allow this virus to have space to have local transmission.

So it depends; we may miss or squander this opportunity or use this opportunity and I am saying we still have time so let's not squander this opportunity. There is a window of opportunity that we can use still now.

TO And member states [inaudible].

TAG There is and there should be strong leadership, strong co-ordination and they really should do all the things or take all the measures they need to contain it.

TJ Thank you very much. John, please.

JO There's a cruise ship, the Westerdam luxury liner, which has been unable to dock; it's been turned away from multiple ports. Given your guidance on travel do you have any message about that and have you talked with any of the countries that have refused docking to this Westerdam cruise ship?

MR We're in daily discussions as we speak with the International Maritime Organization, who deal with these matters and my colleague here, Jaouad Mahjour, to my left, our assistant director-general preparedness, has been leading those discussions and we've been looking at a number of different ships, mainly cargo vessels and not necessarily cruise liners.

It's really important that there's an appropriate risk management approach taken here and that also state parties be reminded of their obligations under what IMO terms free pratique, which is the ability for ships to dock unimpeded, especially to unload cargo and also reminding our state parties of the principles of the dignity and human rights of travellers, which the IHR also enshrines.

There are manageable risks associated with the conveyances and there's plenty of guidance on how to do this properly. We need to ensure that there's neither an overreaction or an underreaction and we need a proper risk management approach to this, as we want to see to all types of gatherings and we're going to have this more and more in the coming weeks as we see more events and conferences and we see cruise ships.

Anywhere where people come and congregate there is always going to be concern but we need to balance those concerns with the need for our society, civilisation, our economies to move so we need to take a risk management approach. We must accept that in these circumstances there is no such thing as a zero risk. We must minimise risks, we must protect people and be ready to react appropriately should something untoward or something unexpected happen.

In the same exact case of cruise ships, again a proper risk management approach to dealing with this issue is what we're advising and, as I say, we will be further analysing the number of ships who are in this particular circumstance and we'll have more data on that tomorrow but again we call for the normal obligations under free practice and for the normal principles of the dignity and human rights of travellers to be upheld.

TJ Thank you very much, Dr Ryan. We will take one more here from Tulip who came from the BBC here and then we will go online.

TU Hi.

[Long pause – Audio does not catch journalist's question]

TAG Yes, thank you. Maybe you must be tired of my saying for some time now since I became DG. Many journalists have asked me, what wakes you up at night? I say, pandemic flu; any pandemic disease. The reason for that is exactly what you say; because we have countries with weaker health systems and, as you know, we're as strong as the weakest link.

The world is getting smaller and smaller; it's a globalised world and whatever happens at the weakest link could affect all of us. That's why when we think about investing in our respective health systems we should not forget to invest in countries with weaker health systems that need support.

So my message again in the middle of this outbreak is the same; we have to invest in preparedness and preparedness means helping those countries who need a helping hand to strengthen their health systems. That's going to be our guarantee and we have identified, by the way, as WHO the minimum of 30 countries - if you push it to the maximum it's not more than 45 countries - who need our support. Investing in those countries with weaker health systems is important.

I think we now have a real problem on our hands and we must take what's happening now seriously and really commit to preparedness, to strengthening our health systems all over the world and make this world safer.

Still - I've said it many times - I have a great concern that if this virus makes it to a weaker health system it will create havoc. It will. For now it doesn't seem so but it doesn't mean that it will not happen. It may. It depends on how really we lead this response and how we respond to the outbreak so that's why I don't think it's too late. We have the window of opportunity and the whole world should really stand in unison to contribute to strengthening the countries with weaker health systems.

That's the answer for now but that's not just for now. We have to continue. This is not a few months or a few years of work. It will be many years of work that should be sustained and



make our health system as strong as possible but we have already seen it. Outbreaks can bring serious upheavals, serious consequences to the world. It's not just a health security issue and it's not a matter of somebody sick or the number of people who are dead.

It's a matter of political, social and economic upheavals. It can affect all areas of society and that's why we have to take it seriously. The world, when it talks about terrorism - and imagine the level of preparation and so on; it's immense. To be honest, a virus is more powerful in creating political, economic and social upheaval than any terrorist attack, believe it or not.

I was a foreign minister in one of my hats, discussing terrorism and so on but a virus can have more powerful consequences than any terrorist action and that's true. If the world doesn't want to wake up and consider this enemy virus as public enemy number one I don't think we will learn our lessons.

It's the number one enemy to the whole world and to the whole of humanity and that's why we have to do everything to invest in health systems, to invest in preparedness and that's why I always say, that's what wakes me up at night and it should wake all of us up at night. It's the worst enemy you can imagine. It can create havoc, politically, economically and socially. Thank you.

TJ Thank you very much, Dr Tedros. We will go for a few questions from journalists online and if we are all short we will be able to get back to the room. I'll call first on colleagues from CNN; Vasco. Can you hear us, please?

UM Is on the comments made by a doctor in Hong Kong today who said that this virus could reach up to 60% of the world population. What do you have to say on that?

TJ There was someone from Hong Kong who said that this virus could reach 60% of the world's population.

MR Yes, if fires are left unchecked they can burn down a lot of the forest and one can speculate how far a fire like this can burn. I think, as the DG said, when we look at diseases outside China we're dealing with fewer than 400 cases in 24 countries in over a month of transmission. That does not mean that that won't escalate, it doesn't mean that that won't accelerate but that is not in that sense an insurmountable problem.

We have the unknowns about period of transmissibility; we have the unknowns about mild cases but what the data's telling us is that we still have an opportunity. We have the opportunity to contain, to confine, to slow down, to prepare and we need to be extremely careful not to overly...

Everyone is talking about social media; everyone is talking about staying calm and keeping our populations calm yet every chance we get we seem as if we want to accelerate the infodemic and not contain the epidemic. So I think we need to be very balanced and careful here with our populations, with our communities. They already have concerns and they're concerned and the real issue is to empower our communities to take action to protect themselves, to give them things to do and there are things that every single human being on this planet can do to protect themselves from this disease.

So let's be careful in throwing around figures, speculation and scaring people. Let us plan and focus, laser-focus on containment, confinement and slowing the virus down and if we have to deal with the circumstances at a later date of a more widespread epidemic we will do that and that could be a milder disease at that point.

So I'd just caution everybody to not start throwing around figures that there is no basis for at the moment.

TAG I would maybe add to that, just to remind you one thing; when Ebola started, if you remember, there was a lot of speculation and some people were saying, it will really move or spread all over the world, this is going to be dangerous, and estimates, speculation after speculation. Our position was, okay, expecting the worst may be fine but let's see what we can do.

We said as WHO, containment is possible so let's not just go to extremes. You remember, we were actually being attacked for advocating for containment, keeping this virus, Ebola, in DRC and finally finishing it. You remember that. What happened now? A year-and-a-half later it's contained in DRC. You remember, it crossed to Uganda, three or four cases and it was hammered because Uganda was prepared; still contained in DRC.

There were speculations, there could be speculations and I don't mind speculation but let's have also the balance; what can we do within our hands to really contain this outbreak? The strategy, by the way, with what we're using now is the same; hammer the source, hammer the epicentre, slow or prevent the spread of that virus to the rest of the world.

That was exactly what we were trying to do in DRC so we don't want, as WHO, to go into speculation. Okay, people can have projections. We prefer, what can be done with the equipment or the solutions at hand and do our best to contain it at the source without undermining its gravity, without undermining the serious consequences it may have. That's what we did and that's what we want for this one.

Of course Ebola and this are not the same. Ebola is lousy. This is airborne, corona is airborne, it's more contagious and you have seen how it went into 24 countries although it's a small number of cases. In terms of potential to wreak havoc the corona is very different from Ebola; corona has more potency, virulence. We take it more seriously but still the position should be instead of speculation really to focus at the source, to do everything at the source, slow the spread, stop the spread, invest more in containment and based on the situation move into other strategies if necessary.

Meaning we have to be realistic; we have to be calm [?] but we have to take also serious measures. That's what we advise and many of the instruments to check it are in our hands. We can expect of course serious things but let's do whatever we can and contain it. Thank you.

TJ Thank you very much, Dr Tedros. Let's take one more question from the line; John Cohen from Science. Jon, can you hear us?

JC I can. Can you hear me?

TJ Yes.

JC Could you quickly clarify what the virus name is? You said the disease name. Also have you received any information from China about the environmental samples tested at the marketplace and whether any animals were tested? Do you have any details at all?

[Asides]

SS The name of the disease is CoViD-19, that's coronavirus disease 19. The reason for choosing the name; I think the director-general pointed out what certain principals are when you name the disease. Coronavirus is a group of viruses that's quite common; there are already many known human strains of corona and many, many animal strains of corona so it is possible that in the future there'll be another strain of coronavirus and then that could be also named by the year in which it appeared.

So it allows for future naming of other coronaviruses and at this same time this disease also allows the entire spectrum of clinical manifestations to be covered because it's respiratory; it could also manifest in other forms and so it's a broader name. The virus itself is named by the international group of virologists who will look into the taxonomy. There's a particular taxonomy that they follow and then the genus, the species, etc, would be specified.

But it's important to have a name for this disease that everybody uses both for scientific purposes - when you want to compare the literature, you want to compare the data you need a common terminology - and also to avoid a number of different stigmatising or other forms of confusing names.

TJ Thank you very much. I think there was another question. Sylvie.

SB Yes, we have received information on the animal source of this virus so from the first genetic sequences that were put on the web and publicly available to scientists some scientists have done some phylogenetic studies and they have identified that this virus is very similar to a coronavirus that can be found in bats.

But when they did some sampling in the Wuhan seafood market they didn't find so many bats and so it's very likely that there is an intermediate host that has been contaminated but still they have done a lot of samples in various animal species but have not found yet which intermediate host could have been the amplifier at least in Wuhan City.

Studies are ongoing because they are checking a number of animal species so it will take some time. What they have done as well is they have tested a number of environmental samples on surfaces and different places in the market and so they have found indeed the coronavirus that is now responsible for this epidemic in humans so there was some environmental contamination probably also at the beginning of this outbreak.

Now this market has been closed, has been disinfected and so this environmental contamination doesn't exist any more but studies are still ongoing to try to better understand what has happened in the animal world before human beings were contaminated. It's still ongoing and we hope that this meeting on research will provide us a little bit more information on this aspect of the outbreak that is still not very clear and requires more research.

TAG Okay. Sorry, I used the military word, airborne. It meant to spread via droplets or respiratory transmission. Please take it that way; not the military language. Thank you.

TJ Thank you very much for clarification. We will go back to the room as I have some questions. We'll start with Bodhi, then Stephanie, then Gunilla. Very short; one question please.

BO [Inaudible] we have to protect [unclear] and we have to support [unclear]. We understand that already but, as you said, to be realist, we're more interested for example as a priority to focus on the epicentre where this is exiting [?]. Could you tell us more about the next guide map on the epicentre, about the science and pharmacology?

TJ [Inaudible] the question was about what should be done in the epicentre of the outbreak next.

TAG Other than what's being done now?

BO [Inaudible].

MR Certainly from our observations and from working with authorities in China they've been heavily focused on three issues; Wuhan and Hubei itself; the provinces who have been more heavily affected than others and they've had a three-pronged approach. You can see the way they've had very strong measures in Wuhan but they've extended those measures to defined areas outside Wuhan where they feel the epidemiology was getting more difficult or more challenging.

So they're operating, I believe, on a three-pronged strategy. You can see over the last number of days and weeks that the initial focus was clearly on caring for the sick and really dealing with that shock to the system of so many unwell people presenting. You saw that with the efforts to build new isolation facilities.

But increasingly what we're seeing is the community at large, community committees and the mobilisation of community-based surveillance, community-based activity in order to detect milder cases. You can see by the way the case definition is being shifted now; there's a move now to move out and try to detect all of the cases, even the milder cases and that seems like a very prudent thing because you want to check that you're seeing all the cases.

When you're facing a large fire - and this happened in West Africa too with Ebola. When the disease was extremely intense it's very hard to do the classic public health things like contact-tracing. You're dealing with a massive wave of cases, you're trying to deal with the sick and as you get control on that and as the number of very sick patients drops or stabilises you try to push the surveillance out towards the community, you try to detect more and more of the cases.

That's if you're still focusing on containment as your approach because you want to try and break the chains of transmission. So we believe China is really pushing the surveillance into the community. It's an attempt to try and shut down transmission. We've said it before; neither they nor we are sure that that will work because the virus has its own characteristics in terms of its period of transmission or asymptomatic people being able to transmit.

But they're making an attempt now to push surveillance further and further out into the community and see if we can shut down the virus. There is no guarantee of that so that's what we're seeing in terms of the shift and our team in China is working closely with the Chinese authorities and scientists to look at that.

I think the other part of this will be having a much better understanding of the clinical severity and on the clinical picture because if the disease were to spread further in the world and if we see more cases in the world the clinical techniques and the clinical information and the clinical knowledge that's been gained in China right now will be absolutely central to the successful treatment of patients elsewhere in the world so that's another vital gift to the world.

So again pulling that information together in a systematic way, gathering systematic clinical data now, not just reports, not just anecdotes but systematic clinical information is absolutely central to success. So all of the activities are aimed at containment but all of those activities will support a broader mitigation effort should the virus continue to spread in other parts of the world.

[Asides]

MR Yes, and clinical trials, sorry. Sylvie reminded me that right now with the caseload in China, while it's a very terrible toll - and again we recognise the work of the health workers and the suffering of communities, of families in China. They're suffering on behalf of us all but there is an opportunity to test drugs and already at least one clinical trial is underway and we're working with Chinese scientists on further clinical trials that will allow the immediate testing of drugs in that setting. The results again of those trials will be available in time to guide clinicians in other parts of the world so again that's another important strand and again a further and complete understanding of the source.

As I said, a presumption of the source is a dangerous thing because even if we were successful in this attempt to confine and contain the virus, if we don't know the source then we're equally vulnerable in future to a similar outbreak and understanding that source is a very important next step in the strategy.

TJ Thank you very much. Some of our speakers have to go so we'll take a super-short two questions and I promised Stephanie and Gunilla. Very short because we have to go; we will have other opportunities; already tomorrow we will be here. Stephanie.

ST Thank you. I just wondered, director-general; in your speech you referred to a very grave threat potentially to the rest of the world from this virus, which is clearly an emergency in China. I wondered if you could elaborate on that especially for our visual colleagues and what led you to use that language this morning. Was there some change in your risk assessment overnight, was it information coming in from Hong Kong about suspect cases in a building which was later dismissed on the basis of results? Could you elaborate?

TAG The issue is about the use of the window of opportunity. We have a window of opportunity now for the rest of the world. We see what's happening in China in terms of the number of cases and fatalities so if we don't use the window of opportunity we have now, if we don't operate with a sense of urgency there could be a serious consequence. That's what I meant to say.

I am reminding the world to use this opportunity to do whatever it can to contain this outbreak; do everything it can and there is time because, as I said, the number of cases in the rest of the world is less than 400 and there is only one death. That's a window of opportunity so I'm reminding; there is time, the time is ticking and time is of the essence in this outbreak.

The virus will not sleep and wait; we cannot sleep so we have to operate with a sense of urgency and with strong political commitment throughout the world and then we can beat this outbreak. If not then the other side will happen so that's why. I was reminding this morning; I remind now; I will continue to remind until the world really takes this seriously, does it with a sense of urgency and believes from the heart that time is of the essence now. That's what I wanted to say. Thank you.

TJ Thank you very much. Last question, Gunilla, and then we will conclude. Very short, please.

GU Yes, hello; Gunilla von Hall, Swedish Svenska Dagbladet. I have a question about the British man who obviously infected 11 people while he travelled across the world. What does this tell you, this case? Does it tell you that the virus is changing in any way, is mutating? How can countries prepare for these kind of cases, this kind of spread?

TAG My colleagues will say more but that's why we're saying time is of the essence, because mutation is another issue. It crosses every host; then you know what happens and everybody knows. That's why we say time is of the essence again but I would be happy if our colleagues could say... mutation being one of them.

MR I really wish we could refrain from personalising these issues down to individuals who spread disease. This is deeply, deeply unhelpful. These are very unfortunate events in which families and friends and others are wrapped up. There are circumstances that allow diseases to transmit. People are not at fault, they are never at fault in this situation so let's be extremely careful here. It's really, really important that we don't attach unnecessary stigma to this.

This is an unfortunate event and there are circumstances around the way in which disease may have been transmitted and there may be other clusters like that. This is by no means, compared to other events, a massive super-spreading event. This is an unusual event and it is a wake-up call because there may be other circumstances in which this disease can spread like this and we need to study those circumstances for sure.

But it doesn't change our overall assessment and again, cast your minds back to SARS. When we had the Metropole Hotel everyone said, it's all over, it's global now. Then we had the Amoy Gardens and everyone said, it's all over, it's in these buildings and that's it, it can't be stopped. It's important that we stop when we have those events - the cruise ship issue in Japan at the moment.

These unusual events offer an opportunity to study the virus but none of them individually change the overall risk assessment but you take them all together and that may change your risk assessment over time. So we just need to be careful to study these types of situations, understand more from them what's happening and if overall through a series of those events

we see a dynamic shift in the virus then we will tell you openly and transparently that we see that. At the moment we don't see that.

TJ Thank you very much. We will conclude here. Thanks to everyone watching us online, dialling in via phone, watching us on our Twitter account. We will have an audio file very shortly and transcript likely tomorrow morning posted on our website. Regarding tomorrow's press conference on the emergency committee on the Ebola outbreak in the DRC and the end of our research forum, we will send a note either tonight or tomorrow morning. Thank you for being with us and have a nice day.

[Asides]