



World Health Organization

Coronavirus disease (COVID-19) 14 February 2020 Press Conference

Speaker key:

TJ	Tarik Jasarevic
TAG	Tedros Adhamon Ghebreyesus
UM	Unidentified male speakers
MR	Michael J Ryan
OM	Oliver Morgan
CR	Christiane
GU	Gunilla
SB	Sylvie Briand
JA	Jamie
RO	Roni Rabin
DA	Darius
MA	Marion
TH	Thomas

TJ Good afternoon, everyone. Thank you very much for this regular press briefing regarding coronavirus disease COVID-19. Today we will have our Director-General, Dr Tedros, calling us from Kinshasa. Before we give the floor to Dr Tedros I will just say what I say most days; that journalists who are watching using Zoom please click raise hand if you want to ask questions. Those who are dialling in by phone, * 9 to ask questions.

Dr Tedros will be on the screen that is on the side of this room so people who are watching online will be able to see Dr Tedros. Those who are watching on Twitter may not be able to see Dr Tedros but everyone will be able to hear him. We have with us Dr Mike Ryan, Executive Director of WHO Health Emergency Programme, Dr Oliver Morgan, Director of Health Emergency Information and Risk Assessment, and Dr Sylvie Briand, Director of Global Infectious Hazard Preparedness.

I will now try to get in touch with WHO Director-General, Dr Tedros. If you can hear us, please, you can make your remarks.

TAG Yes, thank you, Tarik. Good afternoon, everyone. I am speaking to you from Kinshasa, Democratic Republic of the Congo, as Tarik said, where I have met with President Tshisekedi, ministers, UN colleagues and other partners to review the impressive progress

that has been made towards ending the Ebola outbreak and to talk about future plans to ensure that everyone in the DRC can access quality health services going forward and attention, focus on strengthening the country's health system and bolstering preparedness.

Whether it's Ebola or COVID-19, investing in preparedness is the smartest way to ensure disease outbreaks are identified and stopped quickly. I'm glad to say that countries around the world are in a better state of preparedness for COVID-19 than they were just a week ago and WHO's efforts to help countries boost their lab capacity continue.

Now the latest numbers on the COVID-19 outbreak. As you know, China has changed the way it reports data from Hubei province. There are now a total of 47,500 laboratory-confirmed cases in China and 16,427 cases that have been clinically confirmed in Hubei province, making it more than 63,000 in total.

While it's not uncommon in outbreaks for case definitions to change over the time as more information becomes available we're seeking further clarity on how clinical diagnosis is being made to ensure other respiratory illnesses including influenza are not getting mixed into the COVID-19 data.

In total there have been 1,381 deaths in China including 100 reported today. Outside China there have been 505 cases in 24 countries and two deaths. China has also released data on infections among health workers, which stands at 1,716 reported cases and six deaths. This is a critical piece of information because health workers are the glue that holds the health system and outbreak response together but we need to know more about this figure including the time period and circumstances in which the health workers became sick.

WHO guidelines have been developed for health workers taking care of hospitalised adults and paediatric patients with acute infections. These guidelines have been made available to all countries. As I said the other day, we have been in regular contact with suppliers, asking them to prioritise production and distribution of personal protective equipment to health workers on the front lines. We are also in touch with member states on this important issue.

I'm glad to say that the WHO-led joint mission with China on COVID-19 is moving forward. We expect the full team to touch down over the weekend. The mission consists of 12 international and WHO experts and a similar number of national expert counterparts from China. The China mission will include in-depth workshops, a data review with the principal ministries, a series of meetings with key national-level institutions and field visits in three provinces to understand the application and impact of response activities at provincial and country levels including urban and rural settings.

The goal of the joint mission is to rapidly inform the next steps in the COVID-19 response and preparedness activities in China and globally. Particular attention will be paid to understanding the transmission of the virus, the severity of diseases and the impact of ongoing response measures. Furthermore it will be important to review which type of information is needed so that the world can use this window of opportunity to prepare health systems and workers for possible outbreaks.

Clearly this is an evolving picture. Health workers and responders in China are working with virtually no sleep in difficult conditions but we need to ensure that we're getting the most accurate data as quickly as possible to assist China and support the global response. We're

working with our Chinese counterparts on these issues and this is also part of the scope of work for the WHO-led joint mission with China.

Finally I wish to thank Cambodia, especially the Prime Minister, for demonstrating to the world the meaning of solidarity. While other countries turned away the Westerdam cruise ship Cambodia allowed it to dock. Today hundreds of passengers are disembarking and are en route to their home countries. 20 passengers who reported signs of illness have tested negative for the coronavirus, COVID-19. I hope that other countries will follow Cambodia's lead.

Lastly I want to say again from my heart that this is the time for solidarity, not stigma. There are worrying signs that the world is not hearing the call for unity and standing in unison with those at the epicentre in China who're saving lives and alleviating suffering. I again repeat, this is time for solidarity, not stigma. This is time for solidarity, not stigma. I thank you.

TJ Thank you very much, Dr Tedros. Dr Tedros is calling from Kinshasa so therefore the sound was not perfect but we were able to hear everything and to get the messages from the Director-General. Those calling via phone, it's * 9; those who are on Zoom...

TAG If I may say, as you know, I will be taking my flight shortly so I may not be with you until the end but you're in able hands with my colleagues so I hope you will allow me when I am ready to leave the room to catch my flight. Thank you.

TJ Of course, Tedros. Thank you very much for being with us. * 9 for those dialling in via phone and click raise hand for those on Zoom. We will start here in the room as we do every day and then we will go online. Yes, please.

UM A commentary published lately by the Lancet said that many of the travel restrictions lately implemented by some countries during the COVID-19 outbreak violate the international health regulations, which is the legally binding system for protecting people worldwide from the global spread of disease. Dr Ryan, what are your comments on that? Can those restrictions be considered as a violation of international law? Thank you.

TJ Dr Tedros, if you feel at any moment that you would like to answer please just jump in. Dr Ryan, maybe you want to take this one.

MR Okay. Yes, WHO's been clear on its advice to our member states regarding travel and advice to travellers and travel and trade restrictions. It's important to remember though that the temporary recommendations issued by the Director-General under the IHR are actually not binding under international law. What's binding is that countries shall provide a public health rationale for the use of those measures where countries exceed them. I know it's a pedantic point but it's very important to make it.

We try to set a general guidance that allows countries to act in good faith with that guidance in place. Countries may act to exceed that guidance as long as they are able to justify that in public health and make a public health rationale for having taken those measures. In the end sovereign countries are responsible for the health and welfare of their citizens and as such they make risk assessments for their citizens and apply measures that they perceive to protect their citizens.

As such once they are within their own legal national framework then the IHR is silent on that. The issue is whether or not they are in a position to share with us the justification for that and that's what we've been doing, following up with each and every country and asking them to provide us with the public health rationale; why have you done this, what was the evidence for this, how long will these measures be in place, will these measures stop or prevent people travelling in a free manner? That's our job and that's what we've been doing.

TJ Dr Tedros, if he wants, will add something. If not, Christiane, Gunilla and then Jamie and then we will go online.

CR I have a very fast two-part question. Can you enlighten us on the 12 international members of the team that is going and how long is this team going to stay in place? Is it going to Wuhan?

The second question is, was there any advice to Japan on the Olympic Games?

TJ Thank you. I forgot to mention that we would really appreciate to have one question per journalist.

MR Maybe I can start with the second question and the Director-General may wish to input on the international team. We're constantly in touch with the organisers of major events. We have long-term collaborations and have had in the past with major mass-gathering organisers. We work every single year with the authorities that organise major religious festivals like the Hajj. We've had teams working for almost every Olympics and World Cup in the last two decades in terms of risk management.

So we're very much engaged with those institutions and with those events and we will obviously offer them any support and technical advice as to their own risk assessment and risk management regarding COVID-19. At this stage there has been no specific discussion or no specific decision made regarding any of those mass events in the coming months but we stand ready to offer both member states hosting events and organisations organising events the best mechanism and risk assessment approaches that we have.

TJ Thank you very much. Maybe Dr Tedros would like to answer the question on the international team.

TAG The first question was not clear. I'll start from the second and you will tell me the first. How long they will stay depends on the scope of work they have there so they will adjust based on the need for them to stay. But I'm not clear about the first question.

TJ Christiane is asking if we can give more details on the composition of the team.

TAG The composition of the team; it's experts from different countries who are really good in the areas of expertise which are needed and for now we prefer to keep it as such but we will give you more information about the experts whenever it's necessary.

TJ Thank you very much, Dr Tedros. Gunilla and then Jamie; please, one question.

GU Yes, hello; Gunilla from Swedish Svenska Dagbladet. I have a question; medical workers, 1,716. Do you consider this figure credible, are you worried it's actually more and

how worried does it make you feel, especially now when there are more people coming to hospital as they have enlarged the definition?

If I may add to that, the ones who get ill, infected and then recover; do they have immunity for life?

MR I will start on this question but I will hand over to Sylvie for maybe some important messages to health workers around the world on the implications of these data. The fact that there are over 1,700 cases amongst all of the cases of COVID is very sad news but we've seen this before with MERS, we've seen this before in SARS, we've certainly seen it with haemorrhagic fevers.

What we need to be able to do within that and what we are doing with Chinese authorities is exploring the time period over which those occur. Our understanding is that the cases amongst health workers peaked in the third and fourth weeks of January and there's been a rapid fall-off in the number of cases that have occurred in health workers in the last two weeks. This may reflect the increased levels of training, increased levels of protection and also increased level of awareness.

Remember, this outbreak has come, expanded very quickly in an unsuspecting health system so we also need to look at how many of those health workers were exposed unknowingly within a clinical environment; how many were wearing protective equipment; how many had training.

There's a whole load of factors we need to look at and we will be doing that with the Chinese authorities but if you look at the percentage of the overall number of cases in fact, although it's a very tragic situation for those health workers and particularly those who've lost their lives and our heart goes out to their families for their courage, it is a lower percentage than has occurred in other coronavirus outbreaks.

That's not a guarantee that it won't change clearly but what is clear is that we've always known that health workers are in the front line. We've said on many, many occasions here that the real front line and the real point of entry for a virus into a country is a busy emergency room, an unsuspecting general practice clinic.

So we have called again and again for the training and equipment of workers. The Director-General has called for the prioritisation of protective gear for those workers because we understand those risks and again we do believe that it is possible to manage patients with coronaviruses very safely with the proper training and the proper protective equipment and we need to send a reassuring message out there.

Sylvie has much experience of this and she may be able to give more context for the messages we need to send to our health workers because they're our front line, they're our heroes and we need to be very careful in how we message around this issue of infection.

SB Thank you, Mike. Indeed, we had this data and now we are really discussing with the Chinese authorities to understand what has happened. Although it's not unexpected or unusual because we have seen this in previous outbreaks it's very important to understand if it has happened in the emergency ward or if it has happened when they were treating patients or

somewhere else within the hospital facilities so that we can also target implementation of corrective measures.

What also is very common in epidemics, especially when people are working 24/7 and they are under a lot of pressure, is the fatigue of the staff and probably the peak coincides with the time when people were already exhausted and maybe they had not been as attentive as they should have been to infection prevention and control measures because they were too tired.

But we have learned that Chinese authorities have sent a number of other doctors from other provinces to continue to support the hospitals in Wuhan and help the health workforce but we know that, as Mike said, health workers are always at the front line. They are the first one to see the index case, the patient and so they need to get prepared.

So we have first developed a training package for them and you will find it on OpenWHO, our massive online open course platform. We are also having dialogues with more than 40 international medical and nursing associations to make sure that the advice and recommendations reach most of the healthcare workers. It's an ongoing process and we have a teleconference next week to discuss it with those people.

GU Thank you. And immunity when you recover? Sorry.

MR Obviously it's too early to tell what the immunity profile will be. We don't have a serology test even to test for immunoglobulin response yet so it's going to take time and it's impossible to know but we would expect that recovered patients would be protected from having another infection. But for how long that protection lasts or whether that protection covers other coronaviruses is impossible to say at this point.

It's an item for immediate research but again it's important to recognise, when we say recovered patients and when patients are discharged from hospital they're swabbed before discharge when they're tested negative and it's really important that we don't start creating stigma around discharged patients. When patients are discharged from hospital they are considered to be fully recovered and as such should be welcomed back into their communities with open arms. They're survivors and should be seen and welcomed and celebrated as such.

TJ Thank you very much. Dr Tedros has left his office in Kinshasa so we will continue with our speakers here; Jamie, and then we will go to journalists online.

JA Can you hear me? Jamie, Associated Press. Sorry. I just wanted to follow up really quickly on Christiane's question about the Olympics because that is a major concern. The Tokyo authorities said apparently that you guys had told them that there's no reason to call it off. But there're a lot of people in China who are afraid that they may not be able to fully participate but that's not my actual question.

My question is, could you please respond to what was said by Lawrence Kudlow about China? As much as you said many nice things about how China is responding, there was criticism from Larry Kudlow at the White House saying that China is not being transparent and they're disappointed that the United States has not been invited in. What do you say to that? Thank you.

MR All the easy questions, Jamie. We haven't offered advice to the IOC for the Olympics one way or the other and neither would we. It is not the role of WHO to call off or not call off any event. It is the role of WHO to offer technical advice, to support a considered, multi-layered risk assessment around an event, to offer advice on risk reduction and risk mitigation measures, to offer advice on risk response measures and it is the decision of hosting countries and the organising agencies to make that decision.

So let me be clear - and we are continuing to do that and will continue to do so for each and every event that is of interest. We are a member-state organisation; we are there to support our member states and support our partners at large internationally in that endeavour. I don't know Mr Kudlow but the question is about access for response within China.

JA Transparency.

MR Transparency about access for the team, Jamie, or transparency about...?

JA [Inaudible] that there's not transparency and that they haven't been invited.

MR Opinions and speculation; we've been very clear on the fact that we've had a team on the ground; our WHO office has been there since the very beginning. Our country representative and a team were in Wuhan weeks and weeks and weeks ago so from our perspective we have a Government that's cooperating with us, that's inviting in international experts, that shared sequences with the world, that continues to engage with the outside community, that has published again and again and again in credible international medical journals, that continues to make international presentations.

So I'm finding it hard to square that with Mr Kudlow's comments but everyone is entitled to their opinion and everyone is entitled to suggest evidence for their opinion and if there is any clear indication of why there may be some determination of lack of transparency we'll be very glad to have that discussion.

With regard to the international team I believe we will have US experts on that team so we will have to wait and see so let's see what the next few days and weeks bring. I think the other thing to reflect upon is that there has been a deep scientific collaboration between institutions in the United States and around the world with institutions in China increasingly over the last 20 years.

It's really interesting to me that the major scientific co-ordination organisation in China's called the China CDC. I wonder where they got that idea? I think people need to recognise that scientists collaborate regardless, they get on with it and they've been collaborating, are collaborating and will continue to collaborate.

This is obviously a very tense political environment because of the economic issues and because of everything else. Please let our scientists get on, let our public health professionals get on, let them work together and we'll find answers for this. As the DG said, maybe we should try, all of us, to avoid politicising this situation right now.

TJ Thank you very much. Let's try to get a few questions from journalists calling in. Do we have the New York Times online?

RO Yes, hi. This is Roni Rabin from the New York Times. I know you are still trying to get more information about how the healthcare workers were infected and what the circumstances were but will you consider upping your recommendations in terms of the PPE they should be wearing and adhering to the CDC guidelines which call for respirators, not surgical masks? That's just one question.

TJ Thank you for that. Do you want to take that one?

SB I think again the PPE is one element of protection but more important is how you use the PPE. We have seen on many occasions for very dangerous pathogens that even with the highest level of PPE you can still get infected because of inattention and mistakes you make when you are tired or when you are not being very careful on how you handle this.

We have seen this in Ebola outbreaks; some healthcare workers, even with the PPE, still got infected. I think the discussion is more on how we can make sure that healthcare workers feel safe and also how we ensure that they use properly the PPE they have and when they are doing specific procedures where maybe a respirator is necessary that they can have access to it.

But when it's not necessary - and there are many times when you take care of a patient that it's not necessary to have such equipment - then they need to use what they have in the best way possible. Sometimes we have seen as well that having PPE that is very sophisticated can give a false sense of security and then people forget even the most basic things such as washing your hands when you are finished.

I think that's why it's very important to not disentangle the equipment from the people because these are protections, these are shields that need to be used best and not rely only on the equipment.

MR To follow that and to maybe use the analogy, safety equipment is very important but if I were to hand any of you scuba equipment and ask you to jump in the sea right now you might be very nervous. The equipment is not what makes you safe. It's the equipment in the hands of a trained professional and we need to focus on training and behaviour just as much as equipment.

TJ Thank you very much. I know that we have Nina here in the room but someone from AFP is online so let's try to get that one.

DA Hi, it's Darius [Unclear] from AFP. Dr Ryan, you told us about the things that China's got right in the response to this virus. I was just wondering, do you think there have been any mistakes at any level in China in the response and do you think there are lessons we can draw about future public health emergencies? Thank you.

MR Yes, I think there will be lots of lessons. We're doing that right now in DR Congo; we've just completed a peer-to-peer review of our performance there and the performance of other agencies and the time for that is not now. There isn't a single emergency that I've been involved with that we haven't learned something from and China and the rest of the world will learn many lessons from this. At least we'll learn and, I hope, implement the lessons of this.

One of the tragedies of global response and public health response in general has been the fact that we don't tend to learn the lessons from response or at least we don't tend to implement the lessons that we've learnt.

No, I won't go into... You lot have been telling us about all the things that you think are wrong with the response so maybe you should answer that question but no, I won't go into the detail because it's not the time for us to start public recrimination. Everyone needs to focus on their performance now and they need to focus on getting the job done. The last thing you tell to someone that needs to get a job done is, you didn't do your job last week or the week before. That doesn't support performance. What supports performance is getting people to internalise how they can improve and get on and do it.

So we will have that discussion and we will learn the lessons and we are constantly in touch with our colleagues in China and the other countries but we will wait for any forensic investigation of this response until we have achieved further success in containing this virus, we hope.

TJ We have a question from Hong Kong. Can you hear us? Can you introduce yourself? Sorry, we don't always have names available.

MA Hi, can you hear me?

TJ Yes, can you please introduce yourself and ask one question?

MA Okay, this is Marion [Unclear] from Hong Kong Standard newspaper. I'd like to ask you, the Hong Kong Chief Executive, Carrie Lam, this afternoon said their plan for logistics and preparing quarantine facilities to evacuate some 2,200 Hong Kong people out of Hubei province from 30 cities and about 200 more on the Princess Diamond ship off Yokohama.

Would the WHO, based on evacuation by other countries of their own nationals, have some protocols for Hong Kong to make this a safe procedure? And also how to communicate to the society because they are up in arms now for the delayed full closures of border points between Hong Kong and the mainland.

TJ Thank you, Marion.

MR We weren't aware of... I'm certainly not aware of that move but I'm sure that, as we always do with China and China's special administrative regions, we will always be ready to provide public health assistance and advice for any public health intervention or measure that needs to be carried out. But we haven't received any request to be part of or to offer advice and it was very hard to hear the details but I was hearing that you were referring to some evacuation of people from Hong Kong from Hubei.

We will, as I said, on request be able to offer advice on how to do that in an appropriate manner but in general we need to be very careful when doing those kinds of processes because we have to balance the public health benefit against the issues around quarantine, about placing people together, some of whom might be affected and others who may not be infected. We have to be very, very careful in how we manage quarantine, both scientifically and from an ethical and a human rights perspective.

So it's an important issue and it's one that needs to be addressed but it's also one that needs to be done sensitively and decisions to make mass evacuation and mass quarantine need to be taken with the best possible public health evidence and with the highest standards of human rights at its centre.

TJ Thank you. We'll go back to the room. We'll take three more questions. Our speakers are leaving one-by-one. Yes, please.

MR Not doing your job today, Tarik.

UM Hello. I am [Unclear] from Nikkei Japanese media. My question is about the Diamond Princess. Today the disembarkation of the passengers on the Diamond Princess has begun although there are still many people on board. But some exposed countries criticise that the risk of infection has been increased within ships because getting off a ship is too late. How do you assess about disembarkation at this time? Thank you.

MR It's very difficult from this distance to judge public health activities taken in a port in Yokohama. The authorities in Japan are experienced and they've been obviously looking at that situation over a number of days and weeks and they've made their public health risk assessments and judgments based on that.

Where we've been asked we've offered public health advice around patient cohorting, around disinfection, around surveillance, around testing and we've certainly asked that older people on the ship and people with high vulnerability might be allowed to disembark under special conditions and especially people in inner cabins who don't have natural ventilation. This is really based on health and welfare of people, not necessarily of that.

So we need to balance the health and welfare of the people on that ship - and they're from many nationalities - against the obvious need to prevent any further spread within the Japanese community and I think the Japanese authorities, I hope, will find the right balance between those two things.

We trust through our discussions with them that they are beginning to see that we have to make some arrangements especially to take care of the more vulnerable people on that ship, especially those who don't have access to appropriate ventilation, etc.

TJ Two more questions, please; one from the back.

UM [Inaudible], Xinhua news media. Could you please elaborate on the objectives and the content of the database WHO has developed to collect the latest scientific knowledge and findings on the coronavirus? The situation report yesterday.

SB We are providing a data platform so that countries, especially on the clinical data from patients - so we need to have a safe place first to have data that are anonymised but we need also to make sure that people inputting the data are doing it in a way that is standardised. Currently we have some cases in different countries and we need to be able to compare those data so having a unique platform will enable us to have rapidly more data than if each country developed its own data platform and then we shared.

To give you an example, during the 2009 pandemic we had a similar system but we didn't pay too much attention to the way the data were collected and at the end we couldn't compare many clinical forms because for instance the definition of hypertension was not the same in all countries. So this time we are trying to have a standardised way to collect information so that we can rapidly compare and go to results.

TJ We will take the last question, please.

TH Thomas [Unclear] from Bloomberg News. I was just wondering if you have seen any signals that smoking might play a role in determining the severity of the reaction to the disease. And could this be an explanation for why it seems to be affecting predominantly older people and there's a bias towards men in China?

MR I think if you looked at any infectious lower respiratory pathogen, I think it tends to obviously affect people in their older age and certainly those with chronic obstructive pulmonary disease; they're at very high risk of negative consequences of viral infection and particularly secondary bacterial pneumonia and other things.

So it goes without saying that smoking is a risk factor for severity of any lower respiratory tract infection and we would expect it to be no different here. There is a marked difference between males and females in this outbreak in terms of severity and there's certainly a marked difference in those habits in China and it does demark along male and female lines.

It's an excellent hypothesis but one that is unproven but I'm sure through the studies and the observations that are happening there will be a lot of interest to look at smoking as a risk factor and I think it should be relatively straightforward to establish the science on that. Sylvie, what do you think?

SB Yes, I think so as well. I'm sure they have collected that information but the analysis has not yet been published on this factor because most of the underlying conditions that are reported are also linked to disease associated with smoking as well so it's very hard to separate the two currently. I hope that in the near future we'll have more information on that as well.

TJ Thank you very much. We will conclude with this.

JA Sorry, just one thing; what are the numbers for the marked difference between men and women, can you give me numbers?

MR Off the top of my head, Jamie, really? No, but we can pull them out in terms of proportions, yes.

TJ We can do that later. We thank our speakers. We will have an audio file and transcript. For future media conferences we will inform you in the morning. Just one thing for journalists who are online; we had a little issue with some people not receiving our media notifications. We are looking into changing the system. In the meantime we have a place on our website where we will be posting media advisories and we will send that link when we send audio files tonight. Thanks to everyone and have a nice evening.