

COVID-19

Virtual Press conference

22 June 2020

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00:00:39

TJ Hello, everyone, and welcome to our regular press briefing on COVID-19. Today is June 22nd and with us we have Dr Tedros, WHO Director-General, Dr Maria van Kerkhove and Dr Mike Ryan. Before I give the floor to Dr Tedros for his opening remarks I would just like to remind journalists who are watching us on Zoom that you can listen to this briefing in six UN languages -

English, French, Spanish, Arabic, Russian and Chinese - but also in Portuguese and Hindi if you look on your tab under settings.

That's possible thanks to our interpreters who are here with us today. You can also ask a question, when we get to that, in all those languages except Hindi. I'll give the floor now to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. It seems that almost every day we reach a new and grim record. Yesterday more than 183,000 new cases of COVID were reported to WHO, easily the most in a single day so far. More than 8.8 million cases have now been reported to WHO and more than 465,000 people have lost their lives.

Some countries are continuing to see a rapid increase in cases and deaths. Some countries that have successfully suppressed transmission are now seeing an up-swing in cases as they reopen their societies and economies.

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All countries are facing a delicate balance between protecting their people while minimising the social and economic damage. It's not a choice between lives and livelihoods; countries can do both. We urge countries to be careful and creative in finding solutions, that people stay safe while getting on with their lives. We continue to urge all countries to double down on the fundamental public health measure that we know work.

Finding and testing suspected cases works; isolating and caring for the sick works; tracing and quarantining contacts works and protecting health workers works. At the same time these measure can only be effective if each and every individual takes the measures that we also know work to protect themselves and others; maintain physical distance, continue cleaning your hands and wear a mask where appropriate.

Just as we do the things that we know work to prevent the spread of the disease we're also learning more about how to treat the sick. Although the data is still preliminary the recent finding that the steroid dexamethasone has life-saving potential for critically ill COVID-19 patients gave us a much-needed reason to celebrate.

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The next challenge is to increase production and rapidly and equitably distribute dexamethasone worldwide, focusing on where it's needed most. Demand has already surged following

the UK trial results showing dexamethasone's clear benefit. Fortunately this is an inexpensive medicine and there are many dexamethasone manufacturers worldwide who, we're confident, can accelerate production.

Guided by solidarity countries must work together to ensure supplies are prioritised for countries where there are large numbers of critically ill patients and that supplies remain available to treat other diseases for which it is needed.

Transparency and constant monitoring will be key to ensuring needs dictate supplies rather than means. It's also important to check that suppliers can guarantee quality as there is a high risk of substandard or falsified products entering the market. WHO emphasise that dexamethasone should only be used for patients with severe or critical disease under close clinical supervision.

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There is no evidence this drug works for patients with mild disease or as a preventative measure and it could cause harm. WHO is also continuing to support countries with essential supplies of personal protective equipment and laboratory diagnostics.

One way we're doing that is through the COVID-19 supply portal, an online platform through which countries that need supplies can enter requests. So far 48 countries have made requests for supplies with a value of US\$92 million. WHO is currently in the process of shipping more than 140 million items of personal protective equipment to 135 countries, 14,000 oxygen concentrators and millions of tests.

Meanwhile WHO is also working with countries to maintain essential health services. WHO recently surveyed countries to assess the impact of the pandemic on essential health services. OF the 82 countries that have responded so far more than half have limited or suspended at least one service delivery platform such as outpatient or inpatient services or community-based care.

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Almost three-quarters of countries reported that dental and rehabilitation services have been partially or completely disrupted. Around two-thirds of countries reported disruptions to routine immunisation, diagnosis and treatment for non-communicable diseases and family planning and contraception.

More than half of countries reported disruptions for mental health disorders, antenatal care, cancer diagnosis and treatment and services for sick children. Countries are using a variety of strategies to deal with these disruptions including triage, telemedicine and redirecting patients to alternative health facilities.

Still the consequences of this disruption will be felt for many years to come. The world is learning the hard way that health is not a luxury item; it's the cornerstone of security, stability and prosperity. That's why it's essential that countries not only respond urgently to the pandemic but also that they invest in strong health systems domestically and in global health security.

Last year world leaders came together at the United Nations General Assembly in New York to adopt a landmark political declaration on universal health coverage. Now more than ever all countries must make universal health coverage a priority. It's not a question of whether countries can afford to do this. It's a question of whether they can afford not to. I thank you.

00:08:28

TJ Many thanks, Dr Tedros, for these opening remarks. We will now open the floor to questions and we will try to have one question per journalist. We will start with Sputnik and we have Valentina online.

VA Hi, thank you very much for taking my question. Do you hear me?

TJ We hear you very well.

VA Thank you very much. I would like to ask WHO's position on an announcement made by the South Korean authorities that the country is experiencing now a second wave of the novel coronavirus infections in Seoul. Are there indeed indications of a second wave rather than a second peak within the first wave there and should other countries which were, like South Korea, among those which were hit by the pandemic first expect a second wave as well any time soon? Thank you very much.

MK Thank you for the question. I can start. Yes, there are many countries right now which have had success in suppressing transmission and bringing human-to-human transmission down to a low level that are starting to see increasing cases and there're a number of reasons for that.

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They've either seen outbreaks in certain settings or closed settings, as we've seen related to either religious events or related to outbreaks in dormitories of expatriate workers or in different types of facilities.

Whether that's a second wave; you've heard us speak about this before, where any opportunity that the virus has to take hold it will and it's really important that countries are in a position to be able to rapidly detect these cases and put everything they can to isolate cases so that the outbreaks don't become larger and that these small numbers of cases don't become clusters and that these clusters of cases don't become community transmission again.

Korea has a lot of experience in dealing with COVID, as all countries do now and in particular when they see outbreaks that are occurring in specific settings and they know what to do.

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So we urge all countries to be at the ready to be able to detect any cases that pop up regardless of where they may be. We know that there are particular vulnerable settings, primarily where there may be patients so in healthcare facilities, where you have closed settings where people are in close contact with one another and be really ready to find those cases, isolate cases, carry out comprehensive contact tracing and care for those individuals who need care in medical facilities.

MR If I can supplement, certainly I'm not aware of an announcement by the Korean authorities on the subject that you mentioned but I can note that there's only been a 3% overall increase in cases in Korean in last week and in fact I think only three deaths reported in the last week.

But what is clear is there've been new clusters in multiple settings in Seoul and the overall number of cases in South Korea actually is very, very stable or actually dropping. These new clusters; obviously they're linked to various settings; to clubs, to shelters, to amusement parts and to particular settings in which transmission has been diagnosed.

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My understanding is that the vast majority of cases being detected are linked to existing and recognised clusters and as such the South Korean authorities still have great visibility over where the virus is and the dynamics and the chains within which

the virus is transmitting but that's a constant struggle to stay ahead of the virus.

So continued vigilance is extremely important. I know the Korean Centre for Disease Control and the Government in the Republic of Korea are hugely skilled now in detecting clusters and investigating clusters and in doing the kind of targeted measures that allow them to bring these clusters under control.

But it is a challenge for all countries and I think South Korea with other countries demonstrate that even when you get down to a very low incidence you still have to have a very strong public health surveillance system and you still have to have a very capable public health infrastructure, you still have to have a population that is willing to take the necessary actions.

I think what we see in the Republic of Korea is a highly engaged community that believes in science, believes in its authorities and is willing to implement measures at a subnational level that are aimed at reducing transmission.

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So from that perspective I would say that Korea is still on track with its disease control efforts but like all countries there are always risks of any disease getting out of control.

TJ Many thanks. The next question comes from Juan Miguel Fernandes from El Pais. Juan, can you please unmute yourself?

TR Hello, can you hear me? I wanted to ask with regard to reporting in recent days of people in Spain who have said they have persistent symptoms of coronavirus - cough, fever, respiratory difficulties and this over the last three months. What's the research ongoing or the WHO's perception with regard to that? Thank you.

MK Thank you for this question. Yes, we're working through our clinical network and with clinicians who are dealing with patients infected with COVID-19 to understand not only how the patients are dealing with disease and what kind of disease they experience while in hospital but after they recover and when they are released from hospital and the go home.

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We have guidelines around rehabilitation and follow-up of those who do recover and we should say that we are seeing millions of people who are recovering from COVID-19, which is a very good sign but indeed there are some people who have persistent

symptoms like a long-term cough, like a dry cough for some time. They may feel quite fatigued for some time, may feel some shortness of breath while they're climbing stairs.

But we are working to better understand what recovery looks like and more specifically and more importantly what kind of long-term care is needed; what does that look like for people who have recovered.

We do know people who've had more severe infection, who've perhaps been intubated may have some damage to their lungs and that may take a longer time to recover. But again we're still learning about this disease, we're still learning about how people recover and what care they need after they are discharged from hospital.

TJ Thank you. The next question comes from AFP; Nina Larson. Hello, Nina.

00:15:59

NI Hi, can you hear me?

TJ Very well.

NI Okay, thank you for taking my question. I wanted to ask; following the release of data from the National Health Institute study of waste water in Italy last week suggesting that the novel coronavirus was present in two large Italian cities in December, I was wondering if WHO was still confident that the virus source is in China and also if you're aware of other waste water studies showing similar results that might raise questions about the understanding of when and where this pandemic actually began. Thank you.

MR The Italian findings, I think, are very interesting. I don't believe that live virus was cultured but I do believe it was related to RNA fragments and it is always important that if RNA fragments are recovered from water that was collected in December then clearly there is a chance that this virus was circulating in northern Italy obviously before anyone had realised that it had been.

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Having said that, the documented importation of cases which temporally - from a timing point of view - led to the explosion of cases; what's not clear is to what extent the presence of the virus or the potential presence of the virus in the environment

before the known importation; in what way did that contribute to the amplification of disease at community level.

So it's very important that these results are further pursued. I know there have been other waste water-based studies. Maria may give you more details on those studies but it is important. These are important findings and it's very important that they're pursued.

I don't think at this point it changes the hypothesis on the disease origin per se but we must remain open to any scientific findings that offer us clues as to the potential emergence and amplification of this disease in human populations. Maria.

MK Yes, only to very briefly add that the use of looking for the virus in waste water - and, as Mike has pointed out, this is looking for fragments of the virus so RNA fragments of the virus; live virus has not been isolated from waste water.

What we're looking at is in the context of surveillance for COVID-19 we know primarily we need to focus on looking for people who are infected with the virus, actively infected with the virus because this is important for making sure that they have the right clinical care and that we follow their contacts and so we can break chains of transmission.

But in addition to that we're looking at other potential ways in which we can look to see if the virus is circulating. We've mentioned looking at the influenza-like illness and the severe acute respiratory illness, respiratory disease surveillance that exists in most countries to see if it's circulating in the community.

Waste water is another potential way in which we can look to see if the virus may be there but again that won't help you find individuals who are infected with this virus, which is so critical at looking at suppressing transmission so finding those individuals.

So it is something that is in our overall surveillance portfolio for COVID and we hope that this will be helpful in determining where the virus may be present, where it may be more difficult to find individual patients.

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But it is critical that most of our surveillance efforts are focusing on finding individuals who are actively infected with COVID.

TJ Thanks. The next question; N1 TV from Bosnia-Herzegovina. We have Esmir online. Esmir.

ES Hi, can you hear me?

TJ Yes.

ES My question is regarding the region of the western Balkans. Are you afraid that we're going to have an increased number of cases? Yesterday in Croatia we have a tennis tournament in Zagreb with quite a few players and officials infected with COVID-19. Also in Serbia yesterday we had parliamentary elections with almost 3.5 million people voting.

Bosnia has a number of cases reported over the last 24 hours, increased, and also in Montenegro we have religious processions and in all those cases we haven't seen many masks or protection. Are we on the road to having more and more cases reported? Thank you.

MR From the perspective of the western Balkans and also countries further to the south, certainly they have been in the main less affected than other countries in the European region early on in the epidemic and some have been very successful in ensuring that the disease numbers have been kept low.

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But as we've said, in other countries in Asia they've managed to get their numbers very low and in countries that still have low numbers there is always the chance of disease amplification, particularly in association with mass gatherings. We've seen that in some of the outbreaks in Europe and other places where amplification events can occur, super-spreading events can occur and disease can explode very quickly.

We've seen super-spreading events in any number of different settings, mainly in closed, indoor settings, occupational residential and other settings so there are always risks and it's really important that the gains that have been made by countries in the Balkans that have avoided the worst of this disease; that they continue to sustain those efforts.

It is very important that the same measures are applied, that people are aware and are applying hygiene measures, that physical distance is being respected, even in the situations of low incidence, that people are wearing masks in the appropriate settings and that organisers of mass gatherings are aware and managing the risks associated with those gatherings.

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All countries have specific recommendations related to the gatherings, the size of gatherings that can occur and how those should occur and how risks should be managed. I can't specify for

any individual country what those are but organisers of gatherings, whatever those gatherings may be, should respect the advice of national authorities and try as best as possible to implement those.

The measures that are being advised are very simple, they're very practical and it's incumbent on all to apply them and we do hope that the countries in the area that have had a great deal of success in keeping the numbers low will continue to do so if those measures are applied in a systematic way.

TJ The next question is for Sara Newey from Telegraph. Sara.

SA Hi, there. Can you hear me?

TJ Yes.

SA Brilliant. There've been reports today that Africa is nearing 300,000 cases. I just wondered, how much do you think that's an underestimate and do you think that Africa could be the next hot-spot? We've seen it's obviously focused in Latin America and North America at the moment but are you concerned that that might shift in the coming months?

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MR I think the situation in Africa is mixed and I think Africa's a very large continent, both in the sub-Saharan sense and in North Africa, which are in two different WHO regions. But we've seen increases of disease in some countries in excess of 50% in the last week and we've seen other countries with very, very stable numbers.

But in general the numbers are on the rise in Africa. We've seen large increases in places like South Africa. We've seen increases in places like Benin, in Eritrea, in Ethiopia, in Burundi. What we haven't seen yet are large increases in the number of deaths so Africa at this point is still avoiding the large proportion of deaths that have been associated with this disease in other continents.

There are issues, there are important caveats here. Testing is not as frequent in Africa so there clearly could be under-reporting of cases. Hospitals do not appear in most countries to be overwhelmed but in certain countries, as in Nigeria in heavily populated areas like Lagos, hospitals have come under significant pressure.

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So I would say the situation in Africa in general is very mixed. It very much depends on the context in which people are living.

Larger cities seem to be more affected. We've seen outbreaks in refugee camps; we've seen, as I said, increases in cases in a number of different settings.

Will Africa be the next epicentre for this pandemic? I certainly hope not because the health systems in Africa in general are weaker than in other parts of the world. Populations; while they have the benefit of an age profile that's much younger there are many people with underlying conditions, there are many, many vulnerable people and we need to try and keep these numbers as low as possible while at the same time making sure that the lives and livelihoods are protected and this is a constant challenge.

So there's no room for complacency on the African continent. This is a time to really focus in on improving surveillance, really focus in on improving the capacity of healthcare to treat cases and to focus in on some of those countries that are experiencing quite large increases of cases and our African regional office and our eastern Mediterranean office continue to work with those countries and we have WHO offices in all of the countries in Africa and will continue to work closely with governments there, both to suppress transmission and to reduce case fatality where that is a problem.

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TJ We will now have China Daily. We have Chen with us.

CH Hi. I have a question; forgive me if you have already published such a guideline. Countries who have opened lately as in Europe or some other places; people have started travelling. Has WHO published guidelines for the travel industry? When are car rentals or hotels going to be safe? Wouldn't it become a super-spread? Thank you.

MK I can start and maybe Mike would like to supplement. Yes, we are working very closely with the travel and tourism industry to support them in the process of opening up and the process of having travel that's safe and making sure that we reduce the risk of transmission within facilities related to travel.

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So we do have a series of documents out on guidance around hotels. We're working with the airline industry to look at the safe resumption of flights and we will have more guidance coming out in the coming days on this to be able to support the safe reopening.

But it is important that while people travel, through the whole process of travel - leaving their home to when they reach their destination - that is done in a safe manner. Not only is it important for the industry and the airlines and the hotels to be able to offer safe experiences.

We need individuals to also play their role. For example - the DG highlighted this in his speech today - it's important that everyone at an individual level know what they can do to protect themselves, to protect their families, to protect their communities from infection and from onward transmission.

This includes the basics; it includes all of the basics of physical distancing of at least 1m, making sure you practise respiratory etiquette, that you wear a mask when you need to wear a mask, in situations where you can't do physical distancing and where there's transmission, making sure that you practice hand hygiene.

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All of these things need to be practised globally as we move forward, as this pandemic evolves.

MR As Maria said, we will be issuing further guidance in the coming days as countries open up to travel between each other but again I think it's important to emphasise that it's the responsibility and duty of each sovereign state to put in place the protections for its own population and that applies not only within countries but with regard to travel into and about of any given country.

We do recognise that countries exist at states of different risks; countries who have very, very low incidence or no incidence of disease may design measures that may appear stricter than in other countries because the risks to them of importation of the disease and the consequence of that importation is much, much higher.

So WHO has been clear on this over a very long time; that measures and facilitation of travel and measures that result in any restriction of travel should be based on public health protection, on public health principles, they should be measured, they should be reviewed regularly.

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But in the end countries are in a position to measure and manage the risk to their citizens, to their society and to their economy and as such, as we open up and as we travel between countries

it's really important for member states and others to put in place those measures that they feel are commensurate and are balanced, that protect their populations while at the same time, as we've seen, balancing risk of disease against lives and livelihoods.

Within countries we see this dilemma; how do we manage lock-downs and how do we manage stay-at-home orders while at the same time protecting lives and livelihoods? That same factor comes into play when you talk about international travel and international trade. You're trying to balance public health risks against lives, livelihoods, economy and it's not an easy challenge for any government.

It is a dilemma, it involves trade-offs, there are no zero risks and as such we will support member states in making their risk assessments, in coming to measured judgments regarding the risks to themselves and the measures they need to put in place.

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But ultimately we would like to see public-health-based measures that are reviewed regularly and that we all move towards a new normal that involves us being able to move around and being able to travel and trade in a normal fashion while at the same time managing those public health risks and we will be issuing more specific guidance in the coming days around that process.

TJ Now we will have Lara Pinheiro from Globo in Brazil. Lara.

LA Hello, can you hear me?

TJ Yes, please go ahead.

LA Hi, good afternoon, thank you for taking my question. I would like to know what the role is of abametane [?], if there's any, in fighting COVID-19. What do we know so far?

MR I think we had this question some time ago. We'll have to get back to you on the details. There are many, many molecules and older drugs that have been tested as either prophylaxis or as treatment but we'll have to get back to you on whether or not there are any ongoing trials using ibometane [?]. We'll probably get back to you before the end of the press conference. We just need to check that we do give the right information.

00:32:59

TJ Lara, stay in touch; we will provide that. We will now hear from Raid Wilson from The Hill. Raid.

RA Sorry about that. Can you comment on the rising number of cases in the United States, particularly in southern states? What do you make of the rise in both positivity rates and cases in younger people?

MR Yes, I think there've been up-ticks in cases in a number of states in the US. I'm not 100% sure about the age profile but I've seen the reports that some of this is amongst younger people. That may reflect the fact that younger people are more mobile and are getting out and taking advantage of the reduction in the restrictions of movement.

This is something that WHO's spoken about many times; many countries have experienced clusters of disease or up-ticks in the aftermath of reducing stay-at-home orders or allowing population mobility to happen.

What we've said - and I believe the scientists in the US are saying this over and over - is that maintaining vigilance around physical distance, personal hygiene, the wearing of masks according to the national guidelines and where appropriate, the increase of surveillance so that clusters are investigated, testing, tracking, isolating cases, quarantining contacts; this is what needs to continue and I believe that is happening in many countries and in many states in the United States.

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So I think at the federal level I'm sure our colleagues there are looking at this and what the implications of this are state-by-state. Each state is unique and I'm sure each state is looking at the implications of this for their population.

What is clear is that the increase is not entirely explained through just increased testing. There is some evidence of increasing hospitalisations but this was always a possibility when restrictions are lifted and again has happened in many countries.

The issue is not the rising numbers per se. The issue is what is to be done to bring those numbers back and what combination of measures can be used in order to do that in terms of targeted public health measures, increasing surveillance, increasing cluster investigation and ensuring that we identify cases and contacts as quickly as possible, isolate the cases, quarantine the contacts.

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And where necessary - and hopefully at a much more localised level - there may be a need to put some restrictions in place in

order to suppress infection and again we've seen countries do that at a micro level, not at a state level or even at a national level but to where needed, if there are clusters of cases with potential for community transmission, that there may need to be some adapted measures to suppress infection while the clusters are investigated.

TJ We will now go to Carlo Marcus Kelly from Politico. Carlo, can you hear us?

CA Yes. Can you hear me?

TJ Yes.

CA Thank you for taking my question. This is regarding the outbreak in Germany at the meat packaging plant. I wanted to know if you were monitoring that outbreak and if you could provide any guidance as to which particular workplace locations we're seeing might be more vulnerable for starting these outbreaks and potentially for giving more momentum to a future second wave. Thank you very much.

00:37:15

MK Thank you for the question. Yes, indeed we are following this outbreak in this meat-packing plant in Germany as well as a number of outbreaks and clusters that are happening in food processing plants across a number of countries. What I can say is that we need to know more to really better understand why these clusters are happening, why these outbreaks are happening so that we can learn how to stop them.

I don't want to speculate too much because we need to learn more about these and the outbreak investigations need to be carried out to better understand what's happening at the factories, the plants themselves as well as the individuals who are infected; the living conditions in which they live and any other potential sources of infection for these outbreaks.

So we are working with a number of countries, a number of groups to better understand and consolidate our understanding around these outbreaks. What we do know is that - as we've said before - this virus likes the possibility of close quarters and whether that's at home or whether that's at work we need to ensure that we make sure we prevent these outbreaks from happening.

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So we need to find out a little bit more to be able to give a more well-rounded answer.

TJ Now we will go to Bayram Al-Turk from Anadolu agency. Bayram.

BA Hi, can you hear me?

TJ Yes.

BA Thank you for taking my question. Good afternoon, all of the good people there. My question is also related [unclear]. [Unclear], head of intensive care at the San Rafael hospital in Lombardy has said that the new coronavirus is losing its potency and has become much less lethal. He said that COVID-19 mutates over time and hopefully one day will become a common cold virus.

It can also be noted that while the number of cases broke a record in recent days there is no serious increase in the number of deaths. In the light of this data do you think the virus loses its effect? Thank you.

00:39:37

MK I will begin. Thank you for this question. We've mentioned before that there're a large number of virologists and scientists that are looking at this virus as it emerges in all countries. I just checked today and I saw there're more than 49,000 full genome sequences that are available that we're looking at to determine if there are changes in the virus.

As this is an RNA virus there are expected changes in them and we're trying to determine if those changes have any impact on the way that this virus behaves. We haven't seen that yet but we have a group of people globally who are looking at this to make sure that we are paying attention, to make sure that all of the viruses that are shared - and we're grateful to countries for sharing these sequences - to determine if any of these changes will mean a change in behaviour.

In terms of the potency of the virus it's an important observation that you've mentioned and we will look into it but we should highlight that this virus is very deadly. When it does have a chance to infect people it can kill people and so we want to make sure that everyone treats this virus seriously and make sure that we do everything that we can to prevent infection and then for those that are infected to prevent those individuals from developing more severe disease.

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MR If I just might add, thus far at least there is no evidence that of all of the sequences that have been generated and all of the different infections in the world that we're seeing any strain of the virus emerge that has either greater or lesser lethality or clinical impact. In fact most mutations in viruses provide no biologic advantage to the virus and in fact most are detrimental to the virus.

But in some cases just now and again - this is the process of evolution for all DNA and RNA-based organisms - just now and again a single mutation or a few mutations can result in the virus changing and what we're always watching out for is any change that changes the clinical impact of the disease, makes it less or more virulent but also changes that might reduce the effectiveness of therapeutics or vaccines or that might affect transmissibility or likelihood of transmission or the route of transmission.

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Or in this case too changes to the virus can reduce the effectiveness of our testing because our tests are based on recognising very often the genetic sequence of the virus so we're constantly monitoring the genetic sequences because it can affect diagnosis, it can affect treatment, it can affect vaccines and it can affect the clinical impact of the disease and the patterns of spread.

So because of that we maintain very strong vigilance with a network of virologists and others around the world. In fact I think within the laboratory working group Maria and the team have put together a very specific virologists and genetic experts who are constantly reviewing the sequences and looking out for exactly those signals that you've mentioned.

But with regard to the real-world observations we are not observing a significant difference in behaviour of this virus in any of the areas that I mentioned, either in terms of its transmission, its clinical lethality, in our diagnostic capacities nor in the impact of therapeutics.

TJ Thank you, Dr Ryan. We will now take a question from Sophie from South African broadcaster. Sophie. Can you unmute yourself, please?

00:43:38

SO Is around yesterday, the announcement that the WHO recorded the highest number yesterday around the world. I just want to find out, if you were to attribute this to something what would be the reason for these high numbers that were recorded yesterday and also perhaps which countries contributed to this high number.

MR I can begin; the DG or Maria may wish to add. Certainly the numbers are increasing because the epidemic is developing in a number of populous countries at the same time and across the whole world so from that perspective a large number of countries are contributing to that overall increase.

Some of that increase may be attributed to increased testing. Countries are testing more and certainly countries like India are testing more but we do not believe that this is a testing phenomenon. Clearly hospital admissions are also rising in a number of countries; deaths are also rising and they're not due to increased testing per se so there definitely is a shift in the sense that the virus is now very well-established at a global level.

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It has reached some of the most populous countries in the world, some of the most populated areas of the world and because the epidemic is now peaking or moving towards a peak in a number of large countries at the same time you're seeing that impact on the number of cases.

In Europe, in western Europe you're seeing the curves decrease. In south-east Asia you're seeing the curves decrease and then the overall numbers increase which clearly means the Americas are contributing, south Asia is contributing very much but also the are countries in the Middle East and there are countries in Africa that are also contributing to that overall increase.

So the situation is definitely accelerating in a number of countries with larger populations and that is most certainly contributing to this overall increased number. Maria.

MK Only to add, if you want some specifics on the case reports every day we do have a dashboard online where you can look and see the actual numbers of cases and deaths that are reported and you can break that down by regions and by countries so that can give you some granularity if you want to see where those actual numbers are coming from and it's on our main WHO website.

00:46:33

TJ We have time for a couple more questions. Anna Pinto from [Unclear] Sao Paulo. Anna.

AN Yes, thank you, Tarik. Dr Ryan, last week you said there were signs that COVID was stabilising in Brazil. I would like to ask if you could elaborate a little more on which are those signs and what the trend is now, if the signs are still pointing to stabilisation in Brazil. Thank you very much.

MR I think, as you know, Brazil has surpassed one million cases and just reported a record, I think, 54,000 cases in our last 24-hour reporting period. Some of that may reflect changes in reporting as there was a lag in the change in the systems reporting, I believe, from the state level so some of that is potentially architectural.

But if you look at the number of cases over the month of June they've remained relatively stable. What you see is a stable weekly pattern, a decrease at the weekends. It's not that the disease decreases; reporting changes but there certainly has been a spike in cases in the last 24 hours and again we're looking into how much of that is artefactual or related to reporting and how many days that reflects going back over the last week.

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Because on Wednesday/Thursday last week the number of confirmations from Brazil was actually below average and now we have very much an increased number, which may reflect it's above average so we're looking into that with our colleagues at the Pan-American Health Organization, our regional office for the Americas.

States with the highest number of cases are still Sao Paulo, Rio De Janeiro, Ceara, Para and Marantao and the number of cases in Sao Paulo is approaching 212,000. But there still is relatively low tests per population and the positivity rates for testing are still quite high.

If you look overall in epidemiologic week 17 I believe the positivity rate was 31% for Brazil so that generally means that there are probably more cases out there than have been reported. What we tend to see is that positivity rate dropping, usually down to 5% or less in countries that are detecting all of their cases and they're, in effect, over-testing.

00:49:11

So from that perspective we would say that this trend or these large number of cases are not reflective of exhaustive testing

but, as I said, probably underestimate the actual numbers of cases. So while the overall pattern of disease in Brazil, as I said last week, is overall flat the number in the last 24 hours needs to be examined carefully but also we need to look at the fact that, as I said, up to nearly one-third of all tests are positive, which does indicate that there is under-detection or under-reporting of cases overall.

MK If I could just add to that, it's not specifically about Brazil but when we look at any case numbers in any country it's really important that we break this down to the lowest administrative level we can. The virus doesn't take hold evenly across all countries. There may be differences in intensity of transmission by state or province but then even more important is to break that down even further; where is transmission happening, is it happening in healthcare facilities, is it happening in these expat dormitories that I mentioned previously, is it related to specific events, is it in certain vulnerable populations like long-term living facilities?

00:50:31

We need to break down the cases to an understanding so that we know how to tackle it and when we look at the national level it's very important to have that national number and Mike has outlined some of the reasons we may see some differences but we need to break it down and understand where transmission is occurring because this will help us control it.

You've heard us talk before about these four Cs where we go from no cases to sporadic cases, clusters of cases and community transmission. What we're aiming to do with the testing and isolating and caring for cases and contact tracing is to bring transmission down from community transmission to clusters and once we understand where those clusters are to bring that under control and move that back down.

So as much as we can - and this may be very difficult, especially in countries that are experiencing community transmission - to really break down our understanding to the lowest administrative level we can and use our resources where they need to be used most intensely based on that epidemiology.

00:51:39

MR If I could add, Tarik, because I answered the question directly in relation to Brazil and I don't want anyone to get the impression that I've singled out Brazil. If we look at Latin America

in general, Brazil if you could the increase in numbers reported yesterday had about a 25% increase overall in the week.

But if we look around the region Chile has had a 41% increase in cases in the same time. Argentina has a 38% increase, Colombia a 35% increase, Panama 26%, Bolivia 33%, Guatemala 39%, Honduras 38%, French Guyana 86%, Costa Rica 28%, El Salvador 24%, Haiti 26% and Venezuela 25%.

So what we're seeing is still in Latin America an evolving epidemic in the region that's affecting all countries and certainly Brazil as the most populous country is deeply affected but it's amongst many others and we've also seen worrying increases in deaths in the same period in some of those countries.

So from that perspective I think it's important to see Brazil in its regional and in the global context; just to be sure that people don't misinterpret that in responding to a question specifically on Brazil that we're not conscious of the regional and global context and the place that Brazil sits within that.

00:53:16

TJ Many thanks. We will take our last question for today. We have Pien from NPR. Pien.

PI Hi, thanks for taking my question. There are reports of mink being culled on a farm in Amsterdam over concerns that they could be an animal reservoir for the coronavirus so I wanted to ask, what do we know now about animals and humans transmitting the virus between them and how does that inform our approach to suppressing the virus?

MK Thanks for the question. Yes, we have a team that's working on looking at the animal-human interface and looking at the susceptibility of animals to this virus. You know about the work related to the origin of the virus. What I'm going to mention is specifically about the mink that you mentioned.

Indeed there are some mink that have been found positive in the Netherlands and in Denmark and what we understand from these investigations that are currently ongoing is that there were individuals who infected the minks, people who infected the mink and in turn some of these mink infected some people.

00:54:24

It's very limited in terms of the transmission. happening between the people and the mink and some of those mink have been

culled, have been killed. We are learning about what this actually means in terms of transmission and what role they may play.

I should put this in context, that this is a virus that is predominately transmitted between people through respiratory droplets and this is the driver of transmission. This gives us some clues about which animals may be susceptible to infection and this will help us as we learn more about the potential animal reservoir of the SARS-CoV-2 virus.

There're a number of studies ongoing looking at the animals that are susceptible from mink to ferrets to cats, dogs, pigs and so there's a large group of scientists that are trying to better understand the role this virus plays.

But again I just want to put it into the context of the fact that this is human-to-human transmission primarily, why we're seeing this virus spread globally.

TJ Thank you, Dr Van Kerkhove. We will conclude our press briefing with this last question and remind you that we will get the audio file to you shortly with a transcript being posted tomorrow. I wish everyone a very nice evening.

TAG Thank you. Thank you, Tarik, and thank you for joining. See you on Wednesday.

00:56:05