

COVID-19

Virtual Press conference

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00:00:00

MA Hello, everybody. This is Margaret Harris in Geneva on this Monday afternoon, July 13th, welcoming you to today's World Health Organization press briefing on COVID-19. We have with us as always the WHO Director-General, Dr Tedros, Dr Mike Ryan, Executive Director of our Emergencies Programme, and Dr Maria Van Kerkhove, Technical Lead for COVID-19.

We have a hard stop at 5:10 but we will do our utmost to ask all your questions. Dr Tedros will first give you an update. Then when Dr Tedros is finished his opening remarks I'll open the meeting to questions. Now without further ado I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Yesterday 230,000 cases of COVID-

19 were reported to WHO. Almost 80% of those cases were reported from just ten countries and 50% come from just two countries. Although the number of daily deaths remains relatively stable there is a lot to be concerned about.

All countries are at risk of the virus, as you know, but not all countries have been affected in the same way. There are roughly four situations playing out across the world at the moment. The first situation is countries that were alert and aware. They prepared and responded rapidly and effectively to the first cases. As a result they have so far avoided large outbreaks. Several countries in the Mekong region, the Pacific, the Caribbean and Africa fit into that category.

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Leaders of those countries took command of the emergency and communicated effectively with their populations about the measures that had to be taken. They pursued a comprehensive strategy to find, isolate, test and care for cases and to trace and quarantine contacts and were able to suppress the virus.

The second situation is countries in which there was a major outbreak that was brought under control through a combination of strong leadership and populations adhering to key public health measures. Many countries in Europe and elsewhere have demonstrated that it's possible to bring large outbreaks under control.

In both of these first two situations where countries have effectively suppressed the virus leaders are opening up their societies on a data-driven, step-by-step basis with a comprehensive public health approach backed by a strong health workforce and community buy-in.

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The third situation we're seeing is countries that overcame the first peak of the outbreak but, having eased restrictions, are now struggling with new peaks and accelerating cases. In several countries across the world we're now seeing dangerous increases in cases and hospital wards filling up again.

It would appear that many countries are losing gains made as proven measures to reduce risk are not implemented or followed. The fourth situation is those countries that are in the intense transmission phase of their outbreak. We're seeing this across the Americas, South Asia and several countries in Africa.

The epicentre of the virus remains in the Americas, where more than 50% of the world's cases have been recorded but we know from the first two situations that it's never too late to bring the virus under control even if there has been explosive transmission.

In some cities and regions where transmission is intense severe restrictions have been reinstated to bring the outbreak under control. WHO is committed to working with all countries and all people to suppress transmission, reduce mortality, support communities to protect themselves and others and support strong government leadership and co-ordination.

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Let me be blunt; too many countries are headed in the wrong direction. The virus remains public enemy number one but the actions of many governments and people do not reflect this. The only aim of the virus is to find people to infect. Mixed messages from leaders are undermining the most critical ingredient of any response; trust.

If governments do not clearly communicate with their citizens and roll out a comprehensive strategy focused on suppressing transmission and saving lives, if populations do not follow the basic public health principles of physical distancing, hand-washing, wearing masks, coughing etiquette and staying at home when sick, if the basics aren't followed there is only one way this pandemic is going to go; it's going to get worse and worse and worse.

But it does not have to be this way. Every single leader, every single government and every single person can do their bit to break chains of transmission and end the collective suffering. I'm not saying it's easy. It's clearly not. I know that many leaders are working in difficult circumstances. I know that there are other health, economic, social and cultural challenges to weigh up.

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Just today the latest edition of the State of Food Security and Nutrition in the World was published, which estimates that almost 690 million people went hungry in 2019. While it's crucial to assess the full impact of COVID-19 the report estimates that 130 million more people may face chronic hunger by the end of this year. There are no shortcuts out of this pandemic.

We all hope there will be an effective vaccine but we need to focus on using the tools we have now to suppress transmission

and save lives. We need to reach a sustainable situation where we have adequate control of this virus without shutting down our lives entirely or lurching from lock-down to lock-down, which has a hugely detrimental impact on societies.

I want to be straight with you; there will be no return to the old normal for the foreseeable future. I repeat; there will be no return to the old normal for the foreseeable future. But there is a roadmap to a situation where we can control the disease and get on with our lives but this is going to require three things.

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First, a focus on reducing mortality and suppressing transmission; second, an empowered, engaged community that takes individual behaviour measures in the interests of each other. And third, we need strong government leadership and co-ordination of comprehensive strategies that are communicated clearly and consistently. It can be done. It must be done. I have said it before and I will keep saying it; no matter where a country is in its epidemic curve it's never too late to take decisive action. Implement the basics and work with community leaders and all stakeholders to deliver clear public health messages.

We weren't prepared collectively but we must use all the tools we have to bring this pandemic under control and we need to do it right now. Together we must accelerate the science as quickly as possible, find joint solutions to COVID-19 and through solidarity build a cohesive global response.

Science, solutions and solidarity. I thank you.

MH Thank you, Dr Tedros. I will now open the floor for questions but would first like to remind you, we are translating this simultaneously into six UN languages so you can ask your question in any of those plus you can ask in Portuguese. You may listen in Hindi. For Arabic you will need to go to the Korean button under the quirky Zoom system.

00:10:08

We have a lot of people on the line. My apologies; I don't think we'll get to everyone but we'll do our best to get all your questions. The first reporter I have with a question is Sarah Newey from the Telegraph, United Kingdom. Sarah, please unmute yourself and go ahead.

SA Hi. Thank you so much for taking my question. It's about the WHO mission in China. How long are the experts there for? But also it's been reported in some press this morning that the

team is not planning to visit the Wuhan Institute of Virology. I wonder if you could expand a little bit on what they're going there and whether you've ruled out any potential that the virus doesn't have links to the lab. Thank you very much.

MR I can speak to this. Maria will maybe fill in more detail. I think I've outlined this last week; this is a preliminary advance team that's there to work with the Chinese scientists and others to lay out what the main questions and the approach and the studies that are going to be needed by a much larger international team that will work in collaboration with the Chinese colleagues over the coming weeks and months.

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I think it's important to be clear on the expectations for this preliminary mission; two of our best scientists joining our country teams and joining with the Chinese colleagues to lay out that. We don't expect to be at this point carrying out direct field investigations. This is not the objective of this preliminary mission.

This is to understand what has been discovered already, what has been studied already, what data is available and then from that what further studies need to be carried out and what international experts would be useful in engaging with and partnering with Chinese colleagues in order to do that.

The length of the mission will be determined by the demands and getting to that point but it's also important to note that our two colleagues are actually in quarantine at the moment, which is standard operating procedure from the Chinese side and as such are already working with NHC colleagues, the National Health Commission and Ministry of Science colleagues in a remote way, being supported by our country office.

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So the team is already working but working remotely because they are in quarantine. We will keep you updated on progress for the international mission and preparations for that and who will travel and will be part of that mission in due course. Maria, you may wish to just lay out some of the issues and complexities of studies and investigations like this.

MK Thanks, Mike. Yes, when WHO participates in missions like this a lot of what it starts with is listening and learning from our national counterparts. I've personally been on several missions for WHO related to different emerging infections and if I just think

back to MERS for example it took us more than a year to identify the intermediate hosts, which are the dromedary camels.

But on these types of missions what we do is we listen, we learn, we understand what has been done so far so that we can work with counterparts and with international partners to lay out what needs to be done in terms of what studies need to be done at the animal-human interface.

Usually what we would like to do is have a better understanding of the initial cases that were reported, what were they types of activities that were done and then outline studies that need to be carried out.

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Those studies take time but before you can decide studies that need to be carried forward you need to understand what has been done already. So this team will be meeting with counterparts in China, with different ministries, likely with different academics to really determine what has been done, to lay out the plan going forward and to plan that larger mission.

MH Thank you very much, Dr Ryan and Dr Van Kerkhove. The next question comes from Anias Pedrero from Agence France Press. Anias, please unmute yourself and go ahead.

AN Hello, do you hear me?

MH Very well. Please go ahead, Anias.

AN Thank you. I would like to ask you [foreign language].

TR The United States last week officially declared that they're intending to withdraw from the WHO. My question then is this; how does the WHO envisage its future in that situation? Has Dr Tedros called the President of the United States? Has this matter been discussed with him? Thank you.

TAG Yes, thank you for that question. I think we have responded previously on the same question and we will respond maybe if there are additional issues from our side when we get the formal letter. We haven't received the formal letter yet. Thank you.

MR If I could maybe just add, the teams here at WHO, our teams around the world in 141 countries, our six regional offices, ourselves, our hundreds of collaborating centres around the world, our partners in GORN, our partners in science all around the world.

We are focused 100% on controlling this pandemic, on, as the DG said, reducing mortality, suppressing transmission, building strong community responses to this and assisting governments with strong co-operation. That is our laser focus right now. We're also dealing with many other situations around the world.

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We're dealing with the situation in Syria, which many of you have seen is deteriorating. We're dealing with situations in Yemen. We're dealing with other epidemics like Ebola again in Equateur province of Congo; we're dealing with many, many, many emergencies in the world. That is our focus and we trust that we will be able to work in scientific collaboration with our wonderful collaborators on the United States in the coming months and years.

MH Thank you, Dr Tedros and Dr Ryan. The next question comes from somebody who knows what it's like to battle this virus first-hand. The good news is this is Kamran Kazimov, who was in hospital and has now recovered and is at home. Kamran, please go ahead; very glad to hear you're well and please ask your question.

KA Can you hear me?

MH Yes, we can. Please go ahead.

KA Hello. I got COVID-19 and for 12 days I was in hospital. They were very hard days for me and I would like to take an opportunity [unclear] the Azerbaijani doctors from here - probably the Azerbaijani doctors.

Dr Tedros, I would ask you why antibiotics cannot kill the virus completely for my practices [?]? Legally persons who are infected by the coronavirus and recover... Is it possible for them to catch again the virus a second time? Thank you so much.

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MR Maria will speak to the detail on this. We don't know yet whether it's possible with this particular virus, whether the virus, once you've had an infection and recovered whether one can be infected again. We do know with other coronaviruses that that is the case and there is some data out there that may suggest that immunity will wane over time but that is not fully known at this point. Maria may have more data on some recent studies that are pointing in that direction.

MK Yes. Thank you for the question and first of all, really happy to hear that you're out of hospital and thank you for sharing your experience. We are learning from a lot of people that their experience with COVID is a challenging one even if you have not the most severe disease but even with mild disease we know people are going through some challenges so well done on getting out of the hospital and to so many who have been able to get out of hospital.

As Mike has said, we don't have a complete answer yet but we do expect that people who are infected with the SARS-CoV2 virus, the virus that causes COVID-19. They do mount some level of an immune response and then this is measured through the antibody response, whether these are neutralising antibodies and we're learning quite a lot about a T-cell response, which are very difficult studies to carry out.

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What we didn't know is how strong that protection is and for how long that protection will last and so there are a number of studies that are underway that are trying to answer these questions. There are some initial studies out of three countries in Europe that are looking at antibody levels over time, suggesting that they may wane after a couple of months.

But again that's early data and so we really need more studies to better understand this. From our experience with MERS and with SARS-1, the virus that spilled over in 2003, we know that people can have an antibody response for maybe a year or even longer.

But with the human coronaviruses, the ones that circulate regularly, it's much shorter than that. It's an incomplete answer because we don't have that answer yet but there are many scientists that are currently studying this that are trying to help us better understand how long that protection will last.

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MH Thank you very much. I should tell everybody that Dr Soumya Swaminathan has joined us as well. My apologies for not mentioning that earlier. My next question comes from Simone McCarthy from the South China Morning Post. Simone, can you unmute yourself and go ahead and ask your question?

SI Yes, thank you so much. Can you hear me?

MH Very well. Please go ahead.

SI Okay, great. I know that the scoping mission to China has already been addressed once in this briefing so I'll keep this quick but I was just curious to know if there was any way to provide better information about which experts were on the ground in China going through quarantine or perhaps why that information isn't being shared. Thank you.

MR We don't generally announce the names of our staff who go on mission in the field for no reason other than we just want them to get on and do their work but we can certainly share their names with you. All I can assure you is one of the experts is a long-standing expert on the animal-human interface that has been involved in multiple investigations in the field of animal origin studies.

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The other is a very accomplished epidemiologist who comes from UK academia and public health and he was one of the leading... has led many epidemiologic missions but his latest mission was in leading the analytics cell in the field in the Ebola response in North Kivu.

So both have direct and recent experience in dealing with complex epidemiologic investigations and animal/human investigations in the field and we wish them luck and all the support they need in order to prepare for a larger mission.

MH Thank you, Dr Ryan. The next question will come from Christine from ABC News, USA. Christine, please unmute yourself and go ahead.

CH Hi, Christine Theodorou, ABC News. I wanted to ask a question about transmission among children. From the last notes I have the WHO reported children to be less effected, experience mild disease and are less likely to show clinical symptoms.

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You had previously said that children are susceptible just as adults and can transmit but from some of the household effects that a child infects an adult and you were trying to better understand when people are infectious and how people are infectious and how do can measure that.

Today we're seeing a report from the Chief Health Officer in Victoria stage, Australia warning that extensive testing in the state revealed child-to-child transmissions are - quote - more apparent than they first were.

In the US, as you know, there's an intense debate that's ongoing around school opening. We wanted to ask if there's updated guidance from the WHO on child transmissions, whether that be child-to-child or child-to-adult. Thank you in advance.

MK I can start and perhaps Mike would like to supplement. This is a very good question and it's one that has been on our radar from the beginning of course and looking at transmission as well as severity.

So what you had said about children tending to be less effected in terms of being reported as cases; that is TRUE; representing up to one and 3%, in some countries up to 5% of the reported cases to WHO.

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There are some seroprevalance studies that are being conducted that are looking at antibody response in children and there are a few studies that are coming out now. Again they're not all peer-reviewed publications but some of those are pre-print and what we're seeing from that is that children do seem to be...

We need to break down what children mean, the youngest children under ten years old for example versus children over ten. It depends on how the study broke down age as some of them range from five to nine and some of them range from ten to 14.

What we're seeing is that children in the youngest age groups have a lower seroprevalance and those that are above ten seem to have a similar seroprevalance to those among young adults and above 20 years old, which means that they can be infected, which we've said from the beginning, but they do tend to have more mild disease.

In terms of transmission, there's still quite a lot that we need to understand about transmission in children. Many of the schools and many of the countries that imposed these public health and social measures or so-called lock-down measures did include closing of schools although not all did.

We're learning from some countries as they're opening up some of those restrictions. We have heard of some outbreaks in schools, mainly amount older children but again there's a lot we don't know about transmission among children.

With regard to schools and advice on schools, WHO has issued guidance on safe running of schools and making sure that certain

measures are in place. We've also issued guidance on considerations of when schools can reopen.

That takes into account a lot of different factors that decision-makers need to take, whether it relates to the transmission that is occurring in the local area or the catchment area of the schools, the type of school structure it has, the ability for the school to be able to implement the measures like physical distancing, hand-washing, etc.

So there're a number of considerations that need to take place but as you highlighted, children do seem to be less affected but they can be infected and that is important. Our understanding of transmission in children is still limited and we know that overall they tended to have more mild disease but in some situations they can have severe disease and we have seen children that have died.

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MR Thank you, Maria, for that, as it says it all. I think we've been around. If we cast our minds back over the last couple of months we've had the healthy debates around everything from long-term care facilities to transmission in dormitories to transmission in aeroplanes to transmission on public transport, healthcare settings, the workplace and now schools.

Maria's absolutely correct in that we don't fully understand the full contribution of children to the overall epidemic. The fact remains that when community transmission exists and when community transmission is intense children will be exposed to that virus and children will be part of the transmission cycle.

They will be exposed; some will be infected and they may infect others. What we don't fully understand is the impact on those children in the long term. We know in the short term they tend to have milder infections. We don't know the impact in the long term and we don't know to what extent they pass that infection on and infect others but we do know that that can happen.

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So when we look at that - and we can have the same issues when it comes to the workplace and we talk about employees in the workplace and we talk about long-term care facilities and health workers in the facilities and older people and visitors and to what extent do visitors bring the disease in or to what extent to health workers participate in transmission.

All of this is in the setting of what's happening in the community and in communities where transmission has been effectively suppressed, where countries have been successful in driving down transmission of the disease across the board then reach a point where everything is safer.

The problem we have in some countries right now is that it's very difficult to determine the safety of any environment because there is just so much transmission going on that all potential environments in which people mix are essentially problematic and that's a problem.

We've all paid a heavy price; countries around the world have gone into very serious movement restrictions, stay-at-home orders in order to suppress the virus transmission.

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As countries have opened up in some countries the suppression of the virus has been kept in place, countries have opened up carefully, sequentially in a stepwise fashion and have strengthened their public health architecture and have strengthened their capacity to investigate clusters and suppress the disease and in some cases implement subnational or targeted measures at movement restriction or stay-at-home orders.

In that case schools are part of that so yes, there is an issue around how much and to what extent children participate in transmission. There are real issues around how schools can be reopened safely but the best and safest way to reopen schools is in the context of low community transmission that has been effectively suppressed by a broad-based, comprehensive strategy.

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We can't move from let's deal with the schools and then we all deal with that for a week or two and then let's deal with the workplace or then let's deal with infection in hospitals or long-term care facilities. This is playing whack-a-mole.

We have got to focus on a comprehensive, long-term strategy that focuses on everything at one time. We've got to chew gum and walk at the same time and we keep pulling ourselves down various rabbit holes. Schools are a hugely important part of this. They're a hugely important part of our social, educational architecture. They're the baseline of our civilisation but we can't turn schools into yet another political football in this game.

It's not fair on our children so we have to look at this carefully in the light of the transmission in any given country or any given setting and we have to make decisions that are based on the best interests of our children, be it their educational or their health interests and that must be based on data.

That must be based on understanding the risks in the specific setting which schools are; what is the community transmission and what are those risks. My fear in this is that we create these political footballs that get kicked around the place. For me we need to get back to what the Director-General has just spoken about; comprehensive strategies, sustained commitment to broad-based virus suppression. If you suppress the virus in our society, in our communities then our schools can open safely.

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There are many countries around the world in which schools are reopening successfully and safely because countries have dealt with the real problem; community transmission. So I would advise us all to look carefully at schools. I think we have a technical advisory group meeting coming up. Maria may want to speak to that.

We're bringing experts together from all over the world once more to look at how we manage and open schools in a safe and effective way. But please let us not turn schools into yet another political football.

MK Only to add that that we have a technical advisory group that's been pulled together to advise us on educational institutions, specifically around how we do this safely. It's a global collaboration. There're a large number of scientists that are helping to advise us on this. We have our second meeting this week and that is something that we have specifically pulled together for this because it is such a complex issue and it is such an important issue for all of us.

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MH Thank you very much, Dr Ryan and Dr Van Kerkhove. Our next question comes from Catalan, from Nasre Romero from the Catalan News Agency. Nasre, please unmute yourself and go ahead.

NA Hello. Can you hear me?

MH Very well. Please go ahead.

NA Thank you very much for taking my question. I'll ask in Spanish if I may.

TR In recent days we've seen new outbreaks in Europe, for example in Spain and I wanted to know if you were concerned by these outbreaks when the situation seemed to be more in control than in other parts of the world. Also I wanted to know about your recommendations on how to deal with local outbreaks. Should we go back to lock-down or what other measures are better for that? Thank you.

MK Thank you for the question. I think this is exactly what the Director-General was speaking to today and we spoke at our last press conference about this and in many countries that have been able to suppress transmission there is always the possibility of resurgence.

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What is really important is that the countries that have used this time and have spent the time to build this public health infrastructure, the workforce in place, the surveillance in place, the strategies in place to act fast when there is an upsurge in cases, whether it's a small cluster or whether it's an outbreak that has started.

The opportunity is to act fast and to apply the same comprehensive approach, informing your public, saying where this virus is, what are we doing to suppress it, what role you can play as an individual, what role we are playing as leaders to be able to bring these outbreaks under control.

I think that if the infrastructure is in place, if that workforce is in place to find cases, test cases, isolate cases, carry out contact-tracing, quarantining contacts and putting in place perhaps some restrictive measures in a localised area so not going to the full-on nationwide lock-down but to really apply measures at the lowest administrative level possible to help support the outbreak response.

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That is something that we see going forward, where that could be done in a data-driven way so there are opportunities to suppress these outbreaks, these resurgences and these pockets of activity very, very quickly and we're seeing number of countries really be successful in doing that very quickly.

But it takes a surveillance system in place to rapidly identify the cases so that you know when and where you need to act fast.

MH Thank you very much, Dr Van Kerkhove. Our next question comes from China, from Ye Li from Xinhua news agency. Please unmute yourself and go ahead.

YE Thank you for taking my question. Can you hear me?

MH Very well. Please go ahead.

YE Okay, good afternoon. We have a question about the origin of the virus. We noticed that the week before last Spanish researchers tested coronavirus in waste water samples from March last year, after the [unclear] announced similar findings. Based on these findings an Oxford expert pointed out that the coronavirus may have been lying dormant across the world until emerging under favourable conditions rather than originating in China.

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I know we have asked such questions before but I wonder, what's the new learning or understanding of WHO on this issue of waste water? Thank you.

MR Certainly, yes, surveillance of waste water is a really good way of looking sometimes at the long-term epidemiology of any disease. We use surveys of waste water for example to track polio virus around the world and it's a very effective way of knowing where a virus is and what circulating strains are. We've certainly seen the same for cholera and other diseases.

So the environmental surveillance in general is a very, very useful way to supplement human surveillance when it comes to the understanding of disease and we congratulate our scientific colleagues for using those methods and innovations to look at the potential that this disease was present earlier than may have been previously suspected.

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But when it comes to investigating human disease - and the Director-General has spoken of this many times - you need to go to the epicentre and work from there. We're very, very clear; the first human cases of this disease were picked up in Wuhan, the first clusters of disease in Wuhan, China and then subsequently it spread from there.

That is where the starting point lies for a full understanding of the origins of this virus in the animal kingdom and the intermediate hosts have not been determined. We assume the primary host but certainly that's also to be fully determined but

that is the source of the human cases or the first evidence of human cases.

The question remains then, what were the incidents or incident that allowed the transfer of that disease from animals to humans, where did that occur? That can occur in the area in which the first human cases are noticed or can occur far away from there. We've certainly seen in Ebola and other diseases that the first human cases can be unnoticed and then by the time you pick the disease up it's already somewhere else.

That's been very often the case in Ebola; the first cases that are noticed are in health workers. We don't assume that the bats came and bit health workers.

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What usually is the case is that there's a trail of cases going back over some time and at some point historically there was a transfer of disease from the animals to humans. So it is a detective story in that regard and you have to go where the data and the science lead.

We keep saying we have to follow the science and when it comes to understanding the origins of disease you have to follow the science too. It's really, really, really important that ultimately - and I'm sure our Chinese colleagues are doing this already; they have tremendous capacities for disease investigation and scientific understanding, that we start where the disease began in humans or where the first cases of disease occurred in humans and we work from there and we keep an open mind.

It's really important that we keep an open mind but you can't close your mind based on one or two other findings elsewhere. That becomes a distraction and again you end up being led down different alleyways that are not helpful. The data and the evidence should lead where it leads and this investigation and understanding of how the disease transmitted and where and by what animal did this disease breach the barrier to humans needs to be understood, it's extremely important that it is understood.

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That investigation and that scientific understanding should start where the first clusters of human cases were detected and that's in Wuhan, China.

TAG Thank you, Mike. I have another commitment so I will leave you with my colleagues, Mike, Maria and Soumya. I hope to see you in our next session. Thank you.

MK Just to supplement what Mike has said, it is as he said; we listen and we learn, we see what studies are underway, we look what surveillance has happened and we follow the science. So it is a bit of detective work in that sense where you're following the clues and there is quite some work to be done.

If you think about the identification of SARS, the first SARS virus, it took years. If you look at MERS, that took us over a year so it does take some time so I think we need to manage the expectations about finding the intermediate host and how that takes place.

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But I think what's important is that there is this global collaboration. There's a whole network of scientists that exists globally including scientists from China and across the US, across Europe, across many different countries, all continents that always look for these emerging pathogens.

So there's a large amount of work that's underway. We will follow the science. We are open to following that and I think we are all committed the finding the intermediate host because of its public health importance. Knowing what the intermediate host is will help us to prevent this from happening again.

MH Thank you very much, Drs Ryan and Van Kerkhove. The next question comes from Nairobi, from Sarah Gerving from Devex. Sarah, could you kindly unmute yourself and please go ahead.

SA Thanks for taking my question. Is the incubation period and the time frame in which a test result would return positive the same, would someone need to wait 14 days after exposure to feel comfortable that a test result is accurate? Is the incubation time frame still believed to be a maximum of 14 days or could it be longer?

00:42:09

MK I can start with that. That's quite a few questions in one actually so well done to you. The incubation period is from the time when somebody is exposed to the point of time where they develop symptoms and it's believed to be between one and 14 days.

There are always exceptions; we should say that. There're always exceptions but the average is five to six days so most people will develop symptoms within five to six days.

Your question about the testing is a good one because we often get questions in terms of our testing strategy of when is the most appropriate time to test someone. So what we do within our case definitions and recommendations is to test somebody when they develop symptoms.

However, saying that, we also recommend contact tracing so people who are contacts go into quarantine, which means they're essentially removed from other people so that they can't pass the virus on.

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Some of those contacts are tested. They are tested when they develop symptoms but some of those individuals are tested when they don't have symptoms, which is why we're seeing some asymptomatic cases being detected.

If that testing is going to be done it should be done before that 14 days is up but it does depend on a lot of characteristics of what type of test is done, what sample is collected, whether it's an upper respiratory sample or a lower respiratory sample so there are a lot of different factors that are in play when it comes to when is the most appropriate time to take the sample from an individual.

MR Just to point you all, there're some excellent publications out there around issues like this and around broader issues but there is a very good publication in JAMA this week, which is a review of all the key parameters around the disease like transmission and incubation and prognosis and so many other factors; the epidemiology.

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It may be a little bit complex scientifically in parts but for journalists out there who really want to get an overview of much of what we know right now globally around the disease, Wursinger et al have got a very good paper this week in JAMA which goes across the whole range of what we know about this disease.

I think we said it here last week; we're all in a deluge, a tsunami of scientific publications and sometimes when scientific colleagues synthesise that into something a bit more manageable it makes things much easier.

So I'd just point you to publications like that where you can pick up a lot of information regarding what we know in a more synthetic fashion; very, very helpful indeed.

MH Thank you, Dr Ryan and Dr Van Kerkhove. Our next question is from Imogen Foulkes of the BBC. Imogen, can you unmute yourself and go ahead, please?

IM Hi, Margaret. Thanks very much. It was primarily a question for Dr Tedros but, Mike and Maria, I'm sure you can answer it as well. Dr Tedros said the Americas remained the epicentre of the pandemic and I'm just wondering, looking at the really big increases in cases that we have seen, particularly over this last weekend, on a public health basis what's gone wrong and what needs to be done as a matter of urgency?

00:45:48

MR If we look at the Americas as a whole - and the DG alluded to this - in many circumstances countries made some progress in suppressing transmission but certainly the reopenings in those countries have led to more intense transmission and now a number of countries face a scenario in which there's increasing and sometimes exponential transmission, a very difficult situation to face and not necessarily with the option to impose these so-called lock-downs again because of the economic damage and the community acceptance of those.

But, as Tedros said, there is no situation which cannot be faced and I think this is the issue, to turn and face the fire, turn and face the problem and accept that it's going to take time, it's going to require a huge commitment on the part of government and individuals in a number of countries to turn this around and it's not just government.

00:46:53

It's individuals, the choices we make; I think I spoke about that last week. There are choices that we all make that can either increase or decrease the risk of transmission but there are choices that governments make that can either increase or decrease the risk of transmission.

We need to re-establish trust, communication and strong government-led strategies that can turn this around. Some of that may require limited or geographically focused lock-downs that suppress transmission in specific areas where transmission is frankly out of control but that is not the same in all countries.

All countries in the Americas have areas in their countries in which transmission is at a reasonably low level but some areas in almost all countries have areas of intense transmission and in those situations absolute individual and community adherence to

social distancing, hygiene, the wearing of masks when appropriate, all of those different things; if everybody does that then we will suppress transmission - and avoiding crowded places.

But if people continue to frequent crowded places without taking the necessary precautions, if people aren't practising physical distancing, if people aren't practising hygiene, if people aren't wearing masks in the proper settings then the disease will continue to transmit.

00:48:17

At the same time governments have to support communities in that and governments have to be again - Tedros spoke to it very clearly; we need to be absolutely clear and consistent in our messaging to our citizens and it's got to be easy for citizens to comply. It's got to be facilitated and it's got to be supported.

Within all that as we get control back of the disease - and I can't say this strongly enough - the countries that have put in place strong public health surveillance architecture while they've been dealing with their lock-downs are now emerging from those lock-downs in a stepwise fashion and they're replacing lock-downs with strong public health capacity to detect, to test, to quarantine and to treat cases.

Countries that have taken that path are having relative success in continuing to suppress the virus but, as I've said here before, we need to learn to live with this virus. Expecting that we will eradicate or eliminate this virus in the coming months is not realistic and also believing that magically we will get a perfect vaccine that everyone will have access to is also not realistic.

00:49:28

The history of vaccines is that we can and will develop a vaccine. The question mark is how effective will that vaccine be and more importantly and more worryingly who will get that vaccine and will that distribution be fair and equitable?

But as Tedros has said, there are things we can do now, there are tools we have at our disposal now. If we apply them and if we apply them systematically and if communities and individuals buy into that and trust that their behaviour will be supported by government we can work together collectively to drive down and suppress transmission.

The positive news in this is that in many countries death rates have fallen and we're getting better at treating cases, we're

getting better at diagnosing cases early and we need to continue that. We need to suppress mortality, suppress transmission. We need to support communities and we need clear and strong government leadership.

That doesn't matter where you are but that's all the more important in countries that are now suffering very, very exponential transmission which is very, very worrying.

00:50:33

MK Thanks, Mike. I want to speak to the individual. As Mike has said, it's not only about leadership; it's about individuals and what individuals do and everyone on the planet needs to know what role they have to play and to be informed about what this virus is, where this virus is circulating, especially in the areas where you live, the areas where you work, the areas that you want to travel in; all of this is important.

There's so much that you can do yourself to protect yourself from passing the virus on to others and please make good choices. I know that there are a lot of things that we want to be doing right now but there aren't necessarily a lot of things that we need to be doing right now.

There are many people, essential workers, who cannot stay at home. There are many people who are caring for patients in hospitals who cannot stay at home and if you can, if you can help and if you are asked to please stay home.

You can practise physical distancing from others, you can avoid crowded places, you can avoid enclosed settings that have poor ventilation. You can clean your hands, you can practise respiratory etiquette. You can wear a mask if you cannot do physical distancing.

There are so many things that you could be doing; talking to your children and explaining to them the risks. Everyone has a role to play and this is far from over so we all have to play our part.

MH Thank you very much, Drs Ryan and Van Kerkhove. We have time for one more question. He's been waiting for a long time and so he gets the last question. It's Jamie from Associated Press, Jamie Keaton. Jamie, please go ahead.

JA That's okay, Margaret. My question was for Dr Tedros. Thanks.

MH Okay. Dr Ryan's got an update on Ebola because last week we promised that we would give the updated situation. Dr Ryan, please go ahead.

MR Yes, this one goes out to Helen Branswell. Sorry, Helen; the dog ate my homework on Friday and I'm back, suitably contrite.

00:52:44

As of 12th July we've had 48 confirmed cases and three probable cases reported from Equateur province in north-western DRC. We've had 17 deaths in confirmed cases and the three deaths of the three probable cases; 11 survivors. We've had 21 affected health areas in six health zones in Equateur and while the numbers are low that does represent a broad geographic extent of the virus and that is of concern.

While the numbers are quite low in each health zone any one of those individual cases can result in amplification of disease. In terms of the areas that are affected, there are five zones where we've had cases in the last 21 days and most of the zones in fact have had cases in the last seven to ten days so we're still within that incubation period for another wave of cases in the zones of Bikoro, in Bolumba, in Aboko, in Lutumbe and in Bandaka itself.

In terms of the age and sex distribution males predominate amongst the cases. Females represent 43% of the cases and children less than 18.6% [?] of cases.

00:54:13

In terms of the epidemiologic links, at the beginning of the outbreak, as is normal in many Ebola outbreaks, it's difficult to make the association between cases because sometimes there are difficult exposure histories and particularly where people have already died.

But at present they documented at the beginning of the outbreak, in the first week, 75% of cases had no documented epidemiologic link. From 29th June to 1st July 33% had no documented link but all cases in the last week have had documented epi links to other cases.

That's good news. The difficult part of that is that the proportion of people who are registered and followed as contacts is less than half and so that means that half of cases are not being actively followed as contacts when they're diagnosed.

Again while the numbers of those are very, very small that is not a good parameter and again in terms of deaths at community level where we've seen nine deaths in the community. Again they all represent opportunities for disease transmission.

00:55:30

At the moment as of July 11th we're tracking 5,580 contacts across a very, very large and difficult geographic zone with extreme logistics. We've managed on a daily basis to follow 4,977 or 89%, nearly 90% of those contacts are followed on a daily basis, which is good performance in the context of the extreme logistics in the area but it also means that 10% of contacts are not followed and that in itself is a concern.

In terms of community alerts we're investigating or detecting between five and 600 alerts at community level every day. Of them 25% are validated as suspect cases and then those individuals are tested.

There are still challenges in testing. We've very recently established testing capacity in Bikora, which is to the south so we now have testing capacities in all of the health zones and we have clinical capacity with partners in all of the affected health zones.

Just to say that the distances, the logistics and the demands on all of the teams, the ministry teams, the partner teams and WHO teams are extreme. It is not the same context as North Kivu; we don't have the necessarily the same security issues but we do have very, very demanding logistics and distance and living conditions for staff and the condition of the roads, etc.

00:57:14

We've vaccinated thousands of people with our vaccination teams and we're very lucky to have those vaccination teams in place. Equally so therapeutics are in the field and now being actively used to treat cases.

The R0 for the last two weeks of June was 1.7, which means technically each case is generating more than one other case so this is still a very active outbreak and I would say it is still a great concern.

The Equateur province is on the River Congo. It is also across the river from two other countries. It is a very, very large geographic area. Communities are linked and people do travel long distances so there are a number of features of this epidemic that are of concern.

We very much thank the Government of Congo for its leadership, the partners in the UN and the NGO system for the support they're providing but I would caution everyone that while the numbers in this event are low again in the era of COVID it's very important that we do not take our eyes off these other emerging diseases and we saw in North Kivu in other previous outbreaks of Ebola that these can get out of control very easily. We're very focused on continuing to support the Government of Congo in eliminating Ebola once more in this situation. Thank you.

MH Thank you very much, Dr Ryan. With that I'll close this press conference for today. We'll send the audio file as usual to the global list and the next press will be on Friday; that's the end of this week. We look forward to speaking with you then. Goodbye.

00:59:07