

# COVID-19

## Virtual Press conference

**10 June 2020**

### **Speaker key:**

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JE	Jeremy
TR	Translator
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MK	Dr Maria Van Kerkhove
LA	Lara
ST	Steve
LR	Laurent
HE	Helen
SO	Sophie
DA	Dasha
Jl	Jim

### **00:00:00**

TJ Hello, everyone, from Geneva, WHO headquarters. Today's June 10<sup>th</sup> 2020. My name is Tarik and we welcome you to the regular press briefing on COVID-19. We welcome all of you watching us on different WHO social media platforms and all journalists who are watching us on Zoom. We will remind once again that journalists who are on Zoom can have simultaneous interpretation in six UN languages plus Portuguese and Hindi and this is thanks to our interpreters who are here with us and we would like to thank them for their work. Journalists can also ask questions in those six UN languages plus Portuguese and we welcome hearing from journalists all around the world when we start with the question-and-answer session.

Right now I'll give the floor to Dr Tedros, who is accompanied again by Dr Maria Van Kerkhove and Dr Mike Ryan. Dr Tedros, please.

TAG Thank you. Thank you, Tarik, and thank you to all those who have joined online. Good morning, good afternoon and good evening. Although COVID-19 is giving us many reasons to grieve today we're also celebrating a public health victory. Yesterday the World Trade Organization, WTO, ruled that Australia's laws on plain packaging for tobacco products are justified and are not unfair restrictions on trade.

**00:01:53**

Tobacco kills more than eight million people every year and Australia was the first country in the world to introduce plain packaging without branding in 2012. Several other countries have since introduced similar laws. The tobacco industry has done everything it can to have these laws overturned, including challenging them at the World Trade Organization.

Effectively yesterday's WTO ruling means the tobacco industry has run out of options to challenge plain packaging internationally. WHO congratulates Australia for this victory and we're proud that legal experts from WHO and the framework convention on tobacco control supported Australia in this case. We will continue to support other countries to introduce plain packaging as one of many proven tools to save lives from tobacco.

I have spoken about humility a number of times over the last few months and I think it's fair to say that this microscopic virus has humbled all of us. By definition a new virus means that we're learning as we go. We have learned a lot but there is still a lot we don't know.

**00:03:39**

Every week we speak directly to countries, the media and the public so that we can keep everyone up-to-date on the latest scientific evidence and the evolution of the pandemic. In Monday's press briefing - last Monday - my colleague and friend, Dr Maria Van Kerkhove, answered a question from a journalist about the extent to which COVID-19 is being spread by people who don't show symptoms.

We have answered similar questions on this topic before. Yesterday Maria and Mike also held a Facebook Live session to explain what we know and don't know about asymptomatic

transmission and to answer questions from journalists and the public.

Since early February we have said that asymptomatic people can transmit COVID-19 but that we need more research to establish the extent of asymptomatic transmission. That research is ongoing and we're seeing more and more research being done.

But here is what we do know; that finding, isolating and testing people with symptoms and tracing and quarantining their contacts is the most critical way to stop transmission and many countries have succeeded in suppressing transmission, in controlling the virus doing exactly this.

### **00:05:35**

This is a new virus and we're all learning all the time. Communicating complex science in real time about a new virus is not always easy but we believe it's part of our duty to the world and we can always do better. We welcome constructive debate and that's how science advances.

WHO's advice will continue to evolve as new information becomes available. We continue to work 24/7 to accelerate the science and learn more about how the disease is spread, what best practice contact tracing looks like as well as the development of new treatments and vaccines.

We will continue to talk to our member states, the media and the general public about what we know and where there are gaps in evidence and how that's shaping our thinking. We will explain what we know, what we don't know and what we're doing to find out more. We always aim to be clear about evolving science and we're committed to accountability for everything we do and say.

### **00:07:11**

This morning I met virtually with WHO's interns from many countries. I was not only struck by their creativity, energy and positivity but also how freely they discussed the lessons they have learned. Interns are a vital part of WHO's workforce. Just as they learn from us we learn from them.

As part of WHO's transformation, as you may know, we have been overhauling our intern programme to increase the diversity of our interns and make it possible for more young people from more countries to take an internship at WHO, especially young people from low and middle-income countries who couldn't get the chance to join WHO as interns because of financial problems.

I'm really glad to see that the number of people we're receiving from low and middle-income countries is increasing and the diversity of our interns has actually improved significantly. We are also working hard to improve conditions for our interns.

We now provide interns with health insurance and this year we started paying interns a stipend for the first time and it's the stipend which is actually helping improve the diversity because we're getting more people from the disadvantaged countries.

We're committed to investing in young health leaders who will build the healthier, safer, fairer world we all want for our children and grandchildren. I thank you.

**00:09:14**

TJ Thank you very much, Dr Tedros, for these opening remarks. We will open the floor now for questions from journalists who are watching us on Zoom. One last reminder that you can do that in six UN languages plus Portuguese. If you wish to do so please be short and concise and if possible have only one question. We will start with Radio France Internationale and we have Jeremy with us. Jeremy.

JE Hi, Tarik. Hi, everyone. Can you hear me?

TJ Yes.

JE Thank you so much for taking my question. I will do it in French then.

TR I have a question for the panel, nobody in particular. From the beginning of this press conference we've been talking a lot about the different risks; a risk of a lack of masks and PPE, of super-spreading events, risk for African countries - the potential of a declared pandemic - with weak health systems; the possibility of only having a vaccine in one country or not having full access to vaccines.

**00:10:29**

So what risks can be left to one side, what are the real risks, what are the risks that are most significant and which we will have to face up to in the coming weeks? Thank you.

MR Thank you for the question. I think you've possibly answered your own question with the detail you've provided and I think all of the issues that you've mentioned are issues and it depends, I think, on which part of the world you're in. The issue of PPE for health workers has not gone away. That is still an issue in many countries. It's still an issue in many countries affected by

humanitarian crises, not only the PPE but the training for those workers.

We see health facilities now in many, many countries coming under huge pressure and strain, maybe not in Europe, maybe not in North America but certainly in Central and South America, certainly in other parts of the world. So I think the risks that you outline are all risks. I think the combination of risks and the priority of those risks is different, as you referred to.

### **00:11:45**

In places like Europe now the hospital system has coped with the onslaught of cases and now the issues are about travel, around reopening schools, around risk management; they're around mass gatherings, they're around surveillance and they're around contact tracing.

In south-east Asia where countries have to a great extent controlled the disease in places like Korea or Japan, Australia and others, the considerations of government there are more around the re-emergence of clusters and how to safely remain open and then have sensible surveillance in place to deal and jump on clusters of the disease when they actually happen.

If you're in Africa now - and we've seen increases across many countries in Africa in the last week - while the death rates have been very low there's always a concern that the health system can become overwhelmed and how is the health system going to cope when you also have malaria, you also have other childhood and other diseases that require care.

So I think each and every country has a different combination of risks and opportunities at this point and it's really down to national authorities to carefully consider where they are in the pandemic.

### **00:13:05**

This may be a pandemic, it may be affecting the world but it's affecting each and every country in a different way depending on when disease came, depending on how the initial responses were managed and depending on how the disease is evolving at this point and by no means is those over.

If we look at the numbers over the last number of weeks this pandemic is still evolving, it is still growing in many parts of the world and we have deep concerns that health systems in some countries are struggling and they're under huge strain and require our support and our help and our solidarity.

MK Just to add to what Mike has said, there are the risks that are associated with COVID of course and Mike has outlined those but there're also the risks for non-COVID-related diseases so we must maintain our health services and make sure that we have vaccinations taking place among the people that need those vaccinations. Those programmes need to continue and we need to find a way to do that.

Another potential risk is complacency and, as the DG has outlined, we are seeing an acceleration in many areas and this isn't over. Even in countries that have had the success in suppressing transmission there is that risk that resurgence remains.

**00:14:29**

Then the last risk to highlight, I think, is this dichotomy between thinking that we must have a public health... focusing on public health or livelihoods. We must do both and find a way where we can find this state in which we can suppress transmission, we can save lives but we can ensure that people's livelihoods aren't further impacted.

So I think that's an excellent question that you posed. It's the right one. It's a complicated one that requires a complicated response from everyone.

TAG Thank you. I think it has been said. Just one thing I would like to say on the vaccines; as you know, WHO is working on helping to develop vaccines, therapeutics and diagnostics and, as you also know, there was an initiative that was launched by WHO and other partners on April 24<sup>th</sup>. That was followed by a pledging event by the European Commission, President Von Der Leyen, on May 4<sup>th</sup> and that effort is continuing.

**00:15:52**

The two objectives are, one, to accelerate development of a vaccine, therapeutics and the rest but at the same time to ensure fair distribution and access to those who need it. As you rightly said, there is a risk there of, for instance, lack of access to a product like vaccine that we will have in the future.

That's why we had the ACT Accelerator and also the CITAP, which was suggested actually by the President of Costa Rica and many leaders are now joining to echo the public... to make vaccines and other products a global public good.

Meaning there should be a political commitment by political leaders to have a consensus on making vaccines a global public

good. If there is no political commitment and public political support to make it a global public good then we will have the problem that you have already indicated.

So I would like to use your question as an opportunity to call on leaders to add their voices so when a vaccine is discovered it should be a global public good and access to those who need it be ensured because the most important thing in ensuring access is political commitment and political commitment by our leaders so that can address the risk, the problem that you said may happen.

**00:18:07**

That's why we launched the initiative, the ACT Accelerator, as early as possible; so we can break the barriers, one of which is the political challenge we may face and the political commitment that we need to counter that and ensure access to a vaccine and therapeutics and other products that can help us to control this pandemic. Thank you.

TJ Thanks, everyone. I hope, Jeremy, this answered your question. Now we will go to Brazil. We have Lara Pinheiro from Globo. Lara.

LA Hello. Thank you for taking my question. Can you hear me?

TJ Yes, very well.

LA I would like to ask for the whole of South America in general; is the arrival of winter supposed to help the spread of COVID-19 given that most of the respiratory viruses usually spread more at this time of the year in this region of the world? Thank you.

**00:19:19**

MR I think historically what we do is that influenza viruses have a northern/southern hemisphere cycle and we do know we're entering the cycle of the southern hemisphere influenza season. What we don't know is how the coronavirus is going to behave in the same situation and certainly there are different parts of the southern hemisphere.

There is the temperate south, the countries like Australia, New Zealand, South Africa, Chile, Argentina which will experience an influenza season much like a winter season in the north. Then there's that central equatorial region in which influenza behaviour is not that predictable and tends to persist throughout

the year. So even looking at influenza, it doesn't behave in a particularly predictable way within the equatorial regions.

Right now we have no data to suggest that the virus will behave more aggressively or transmit more efficiently or not. The other question that arises with viruses like coronavirus is in the European environment many people would argue that influenza virus is less transmissible in the summer because people move outside, there's less mixing, there are less closed environments with many people allowing the disease to spread.

**00:20:38**

But you could also argue in other hot climates, especially with the advent of air conditioning and other systems, that people tend to move inside during hot weather because the weather gets too hot so there may be risks that are driven by climate that aren't specifically related to the viruses themselves but are more specifically related to the human behaviours that are driven by temperature or driven by the season.

But at this point, just to be clear, we have no indication as yet as to how the disease will behave in future but in terms of South America in general we're seeing an increase in cases across Latin America and particularly in South American countries and each week I've spoken to this.

We've seen a persistent and aggressive increase in cases in Central and South America and it is of deep concern and we need to focus on containing and stopping and suppressing that disease and if changes in the climate assist in that that's great news. But we cannot rely on an expectation that the season or the temperature will be the answer to this. It is not the answer.

**00:21:50**

We need to focus on the public health measures, the social measures, the hygiene and all the things that Maria speaks about and emphasises again and again and again, to continue to focus on those comprehensive, public-health-led strategies that have proven in many parts of the world to be able to contain and suppress transmission of this disease. Maria.

MK Yes, I just wanted to highlight our influenza system that we have globally, that we're working with so many member states, so many different labs across the globe, which it would be remiss not to highlight that we are building the work that we're doing for COVID-19 upon as well as the work that we've done for MERS and the work that we've done for SARS.



But the influenza network in particular has been in operation for decades and the labs that are utilised across the globe are the foundation by which we are able to test for COVID-19. The sentinel system that is in place to look for influenza, look for influenza-like illness or severe acute respiratory infection exists in many countries across the globe and more than 90 countries right now are utilising their influenza system to also test for COVID-19.

**00:23:05**

So this is incredibly helpful for us, to build on that platform so that we understand where the virus is within the community, aside from testing for suspect cases. But it is critical and the question that you highlight about the influenza season coming up in the southern hemisphere; it's important that we don't stop testing for flu.

We must continue to test for flu as well as to test for COVID-19 and we know in a number of countries the tests for flu have declined so it's very important that countries remain... and utilise their systems not only for COVID-19 but also for influenza and we're so grateful for so many labs across the globe, the surveillance systems that are in place, for the hundreds of thousands the millions of people that are actually working on this to help us understand where not only COVID is but where influenza is because we know that there will be an influenza season every year.

**00:23:59**

We need this information for vaccine development so it's really critical that these systems remain functioning well in addition to COVID-19.

TJ      The next question comes from Kenya. We have Financial Day reporter, Steve Mbogo. Steve, can you hear us? Please unmute yourself.

ST      Yes, I can hear you. Am I audible?

TJ      Yes, perfectly.

ST      In several African countries the numbers are going on but the economic realities are forcing the countries to open their economies. Does WHO have additional measures that they could advise to the governments that they could take so that then we don't have a catastrophe in terms of exponential infections?

MR Yes, I agree that there've been increases across a number of countries in Africa over the last number of weeks and over the last week. Thankfully with that increase in cases we haven't seen large spikes or numbers of deaths so what we're seeing is crude case fatality rates of 1% or less, which is actually much less than we've seen in other continents. This may reflect the population, the age of the population in Africa but also we have not yet seen this disease reach very vulnerable communities and very vulnerable populations so we don't know what to expect there.

**00:25:41**

We fully understand that - and the Director-General has said this on many occasions - that there has to be a balance between the lives and livelihoods and the public health control of COVID-19 and there is much that can be done short of the lock-downs that we're speaking about and investment, as we've seen in countries like South Africa and other countries, in good surveillance, in community-based surveillance, in supporting diagnostics for communities, in providing adequate conditions for people to quarantine themselves in if they are contacts, in supporting that from a community level up and in being able to provide adequate care to people, medical oxygen.

We've seen in Congo and other places in the last number of days an increasing number of cases amongst health workers. We can protect our health workers with good training and PPE. We can make the clinical environment safe. We can protect specific communities living at risk in camps and other situations and try and shield them from the disease.

**00:26:48**

We can improve community-based surveillance, syndromic surveillance, using things like the polio surveillance network, using the early warning and response networks that have been created across Africa in the last number of years, utilising SARI and ILI surveillance that's been expanded significantly in Africa over the last number of years, using the epidemiology networks like AFNET, working closely with Africa CDC, the African Union, bringing governments together to respond to this.

There is a tremendous amount that can still be done and is being done across Africa on this issue and we fully understand that governments are very reticent to go back into lock-downs which are potentially damaging to social and economic life.

But at the same time if that cannot be done and that is not appropriate and is not an avenue that governments want to take

there is so much more that can be done and what we would like to see is the investments in those other things.

It's not a matter of, should we do lock-downs or should we not. If lock-downs are not possible or not appropriate then there are many, many, many other things that can be done and what we would like to see is the investment in those other thing, particularly investing at community level in community-led surveillance, in early warning, in quarantine and in all of the other measures.

**00:28:09**

I think Africa has demonstrated massive capacities across the whole continent to deal with other infectious diseases but it needs support and particularly countries with weak health systems need support. They need the support of the donors, they need the support of agencies outside to come and work in partnership with them and I believe our African regional office, the Africa CDC, the African Union and others are really working hard together to try and provide that support to those countries in Africa.

MK Just shortly to add to say that - and this is a very good question - it is an opportunity for us also to learn how countries have lifted the public health and social measures, these so-called lock-downs, how they've done it and where there has been success, where there have been setbacks and how we can learn from each other within Africa and elsewhere and to see, what approach did they take.

**00:29:12**

We've outlined different steps in terms of what needs to be done to be able to be ready to lift those lock-downs but the way in which it is implemented, the way in which these measures are adjusted is just as important; this slow and controlled way, making sure that it's data-driven, it's not all over the country at once, maybe in certain geographic areas.

It would be very important - it is very important to evaluate in detail how countries are coming out of the situation and those that are ready to do so. We have a monitoring and evaluation framework but we need this information from countries. We need more detailed information from you to teach us how to teach the rest of the world how to do this.

I would like to just congratulate New Zealand for example on a situation of having zero case. That's quite an achievement and I

know they're not resting as well; they're ready to remain vigilant and ready to be able to detect cases but these are examples of hope where countries are able to do this but we do need to support each other and learn from each other and that can only come from the continued sharing of information across countries.

TJ Many thanks. From Kenya we will go to Switzerland. We have Laurent from Swiss News. Laurent, if you are...

**00:30:37**

LR Yes, can you hear me?

TJ Yes, very well.

LR Thank you, Tarik. Thank you for taking my question. There was a study released by Harvard University and other US entities based on satellite imagery that tends to show that there was an increase of vehicles in front of Wuhan hospitals as early as last August and they made the link with the possibility that the virus could have been present there as early as August and most likely September and October.

Do you find that methodology relevant or is it a study that you condemn because of that link they make? Thank you.

MR Thanks for the question. We work very closely with John and his team in Boston. I've visited him personally and discussed the collaborations we have on epidemic intelligence from open sources so it's always...

**00:31:39**

I've said those before; all information that we gather is important. It's important that we look at all different approaches to investigation of diseases and where they might come from but we have to also then look carefully when we make associations and we make assumptions then as regards what a given study finds.

It's an interesting use of geospatial information, it's interesting to use and more and more we're using satellite imagery to track climate change, to track population movement. We're using it to track everything from pollution to other things so it's an important new instrument that we can use and obviously now and in the future it will have greater application.

But it's really important then that we don't speculate too much regarding what the implication is of cars in a car parking lot and then make a jump two or three steps forward into what that

represents because there's no evidence per se that what was supposed actually happened.

But we'll be very happy to follow up with the team that have done this work and look at how they did their study and what the implications are but I think it's important that we read, we look. As Maria said, our teams here spend so much time reviewing all scientific information from around the world and doing exhaustive analysis on every source and we will look at every source of information and we will evaluate it and validate that information and use, to the extent possible, all information in generating public health advice and generating guidance for our member states.

**00:33:26**

But we would stop short of speculating based on these interesting findings what that represents because that doesn't assist us right now in following this disease forward and in doing the best possible work in support of our member states.

TJ Thank you, Dr Ryan, for this. We've been getting questions on this from other reporters as well. We will go now to Helen Branswell from Stat. Helen.

HE Hi. Thanks for taking my question and I'm going to apologise for what I'm about to do. I'm going to ask you an Ebola question because it's so hard to get information these days. Can you please give us an update on the Ebola outbreak in Equateur province? There's been very little information coming out of there and I'm wondering, can you tell me if the WHO has received any funding for that outbreak response from the United States yet?

**00:34:29**

MR Helen, I don't have the actual numbers here with me but in terms of the response in the field from Mbandaka down to Bikoro there are two potential points of disease transmission and I think you probably know that we began vaccination on both sites.

The imagery and the photographs that we've received from the field show just how difficult it is to move and operate, particularly in Bikoro area. It's an area that both Director-General and myself visited many times in the last outbreak so there are major logistics obstacles in terms of mounting the response.

Our colleagues in UNICEF and other organisations are working very closely with us on engaging communities and building the community acceptance for both contact tracing and for

investigation and we will have updated numbers regarding the progress of vaccination, the number of contacts and others traced and I'll be very happy to share that with you, Helen, and with the group. I just don't have those numbers under my nose and I don't want to give numbers that are wrong.

With regard to fund-raising, we're currently using funds from our contingency funds for epidemics, to which many, many countries from around the world have contributed over many years. That that allowed us to mount a very rapid response with partners and in support of the Ministry of Health and the Government of the Democratic Republic of Congo.

**00:35:52**

Again I might add that the diagnostics for this, the sequencing of this virus that demonstrates that this is a new emergence probably from the forest; all of that capacity has come from the Democratic Republic of Congo and its scientific institutions and the Institut Nationale de Recherche Biologique. The response is being led by government officials at both the national and the provincial level and WHO and other partners are providing operational and technical support to that response.

I think Congo has demonstrated tremendous advance in its capacity to manage complex epidemic events scientifically, operationally and logistically but the challenge we face in Equateur province is long distances, very, very scattered communities, many deep in rainforested areas but connected to the major city of Mbandaka which is right on the River Congo.

**00:36:48**

So here we have this mixture of a situation that's potentially emerging from the deep forest but is connected through urbanisation to a major waterway which is connected through Kinshasa to the rest of the world. In many cases that's a microcosm of disease emergence and the challenges that we all face collectively so it's with great gratitude to the scientists, the health workers, the public health workers, the nurses and doctors of the Democratic Republic Of Congo who once again stand in the front line to protect the world from another emergence of Ebola.

TAG Thank you. Thanks, Mike, and thanks, Helen; nice to hear your voice. I hope you're doing well. Just to add to what Mike said, just to answer the question about US support, we had a very good discussion with Secretary Azar last week and he assured me of US continued commitment to support in the fight

especially against Ebola and we discussed it as soon as the outbreak was reported by DRC. We hope to work together with the US to address that outbreak in western DRC.

As you may remember, it was in May 2018 that we had the outbreak in the same place, western DRC and as Mike said, we had been to Mbandaka, Bikoro, Itupo [?] and it took us three to four months to control it, from May to August.

**00:38:48**

That place is actually a very difficult place, especially the logistical problems with moving things from Mbandaka to Bikoro; a very difficult place; 150km but, as you know, it takes more than a day to cross. You can imagine how difficult it is to fight Ebola in that area but we're trying our best to address it and we hope that, as in 2018, we will be able to arrest it or cut it from its bud.

But I would like to say that it's going to be a difficult fight but one thing that I am really confident about is the DRC has a really strong and good experience in fighting Ebola and they're doing their best and that gives us hope and we should continue to support them in order to finish this as soon as possible.

TJ Thank you very much and, Helen, no need to apologise; questions on other health topics can be taken as well. As WHO we respond to many health emergencies around the world and I'm sure we will be able to send you the exact numbers immediately after this press briefing so thanks for that. Now we will go to South Africa. We have Sophie from SABC, South African broadcaster. Sophie.

**00:40:56**

SO I just want to ask about the vaccine. There is a perception in some African countries but also generally in developing nations that they are being targeted as guinea pigs for trialling vaccines. How are you going to ensure that people understand the importance of vaccine if one is found and they are willing that the medical practitioner can offer this to them?

There's a perception that only the poorer countries are being targeted for such trials and the usage thereof. We saw what happened with the statement from a particular doctor in Europe where he was indicating that perhaps they should use Africa to do the tests and the trials.

TAG Thank you so much. We have, I think, spoken about this and I will give you our experience to convince my African compatriots that they shouldn't worry about being a testing-



ground. We have started Solidarity trials on therapeutics, as you know, and we have more than 37 countries now involved throughout the world in the trial and some countries are from Europe, from Africa, from Asia, using the same protocol - and from Latin America and elsewhere.

**00:42:51**

When it comes to vaccines WHO's position is the same; using the same protocol in the whole world, the same protocol in all countries involved and we don't tolerate any targeting of a continent or a country to do a trial or using it as a testing-ground; we don't.

So future trials; when clinical trials start on vaccines we will make sure that protocols are used and applied the same way in all countries. Actually the vaccines that are now in the front line will be moving into clinical trials soon and we will take this seriously and we will make sure that the same protocol and same guideline is applied. Thank you for that and WHO will be at the forefront to safeguard that. Thank you.

MR Yes. Also we're working on standardised protocols for vaccine trials which will allow governments to be much more involved and engaged in regulating and managing trials that would occur and in strengthening regulatory and ethical authorities at national level to support that.

Can I just maybe, while I have the floor again, come back to Helen on the data thing. We still have 12 probable cases but two health workers amongst those, Helen. We have eight deaths including four at the community level so that is a 67% fatality rate, which is not unusual at the beginning of an outbreak.

**00:44:50**

But what is concerning - number one, two health workers being affected; and two deaths at the community level. You and many of the other scientific journalists who track Ebola know just how dangerous those circumstances can be and how explosive they can be.

We have Ebola treatment centres set up and two currently; there are four alive confirmed cases in those, two in the ETC but two again people still at community level and again this negotiation for having people come for care.

If you think about the risk factors that drive disease; the fact that there've been deaths in the community; the fact that there are cases at community level who don't wish to come forward and be



treated in an Ebola treatment centre; and the fact that we already have had health workers affected in the initial event around this disease; all are worrying.

There are cases in six health areas in three health zones so while the numbers are low those numbers are distributed across quite a large area and we're still obviously investigating the origin of the outbreak. The sequencing, as we've said before, has confirmed it's a new outbreak in Equateur due to Ebola virus strain Zaire, which is the same strain as the previous outbreak but it's a different virus in the sense that it's a new emergence from nature.

**00:46:16**

289 contacts have been identified from follow-up. In the last 24 hours we've managed to see and track and temperature-test 88% of those and we've currently vaccinated 600 people in response to the outbreak, both contacts and contacts of contacts, as well as 227 front-line health workers in a number of front-line health centres and hospitals across the region.

We're also deploying GoData, which is an integrated data management system for field data capture that allows contact tracing and other processes to move very quickly. It allows comparison of lab data with contact and case data in a much more efficient manner.

We're doing that in conjunction with the Ministry of Health and also setting up a much broader EWARS or an early warning and response system across the whole province to be able to pick up any alerts of any similar disease in the coming weeks.

**00:47:16**

TJ Many thanks, Dr Ryan, for providing these figures for Helen. We had a couple of journalists who also asked immediately, can I get these figures too, so here we go. We have time for one, maximum two more questions. We will go now to Moscow where we have Associated Press Moscow correspondent, Dasha Litwinina. Dasha, if you hear us please go ahead.

DA Yes, thank you. Can you hear me?

TJ Yes.

DA Perfect. Thank you so much for giving me the floor. My question is about Russia and its remarkably low coronavirus death toll. As you probably know, Russia's official count of COVID-19 deaths does not include those who tested positive for COVID-

19 but died from other causes and the Russian Government insists that they're classifying deaths in strict accordance with the WHO guidelines.

My question is, does this approach follow the WHO guidelines on classifying and recording COVID deaths, in your opinion, and what's your take on generally why there are so few deaths in Russia? Thank you.

**00:48:26**

MR I think in terms of tracking the disease - and we've all tracked the emergence and spread and amplification of the disease in Russia and it's been a very similar pattern to many of the other developed nations of Europe; therefore the low death rate is difficult to understand in the context of the population and the health systems across the European region being quite similar in terms of their sophistication and availability.

The age profile of people in the Russian Federation is not greatly different to that of other nations; neither is the profile of underlying conditions. Certainly between countries there can be differences depending on what is reported so for example many countries report all deaths in COVID-confirmed patients; in other words, they're reporting their deaths in real time and it's not related to certification of death by the doctor themselves in the official process. It's very often reporting, there's been a death in a confirmed case.

**00:49:36**

In some cases that could overestimate deaths because there may be other main causes of disease. In the case of death certification there is a standardised process that WHO has developed and has circulated to member states for the proper certification of death in the case of COVID-19 and again, like all death certification, it is complicated and there are underlying and other conditions and what was the primary condition and the cause of death and what was contributing to the death.

That can be interpreted in different ways and I'm not an expert on ICD classification, nor on death certification but it certainly is possible that it is the way in which doctors or physicians are codifying or classifying deaths. I don't think that's being done in any negative way and not in a systematic fashion but it certainly is unusual that the number of deaths in relation to the number of confirmed cases is very low.

But again in the Russian Federation they've been doing a lot of testing and they've ramped up their testing very, very fast. So you do see in situations where testing is ramped up and many more people are tested that you do see a relatively low fatality rate but it will be important that the Russian authorities review the way in which death certification is done to reassure themselves that they are accurately certifying deaths in the appropriate way.

**00:51:09**

MK     Sorry, DG. Just one short comment, not about Russia but about deaths. Many countries will go back and look at their medical records, the death certificates and there will be changes, I think it's safe to say, and we've seen this in a number of countries already; revisions of the numbers of deaths.

This comes from a variety of reasons Mike has outlined already but it is important that we recognise that this may happen and we may see large increases in deaths, maybe not but that comes from a review. After many countries are out of the intensity of that transmission, the big peak of that outbreak they'll go back and look at medical records of cases that were directly associated with COVID-19 infections or those associated with COVID infections and so we expect to see revisions in numbers of deaths in many countries.

TJ     Many thanks, Dr Kerkhove and Dr Ryan. We will take the last question for today and we will go to Jim from Westwood One. Jim, can you unmute yourself, please?

JL     Apologies for that, thank you very much. I was wondering; if I remember correctly, at the very beginning of this when the so-called lock-down measures - for lack of a better word - were implemented and other measures, social distancing and masks and everything, a lot of it had to do with hospital capacity; making sure that there was room in hospitals, that there were ventilators and proper PPE for the healthcare workers; that's the reason for all the lock-downs.

As long as hospital capacity is set, that there is capacity, is that the reason why it's okay to start to open things up more or are there other reasons not to? If I asked that question properly.

MR     Thanks for the question. It's difficult to answer your question because if I have a million ICU beds is it okay if I have a million critically ill people? I think it's one of the factors that should be considered when considering shutting down society in

order not to overwhelm the system and I think your point is valid in that regard.

But there are many other considerations that need to be made and I don't believe that was the primary reason that governments shut down everything. I think it was certainly one that was driving it and people have spoken about flattening the curve. I don't particularly like that term myself. I'd rather we go for trying to be a bit more ambitious, not just spreading disease out over time but as we do that trying to reduce the ultimate impact of the disease and not just flattening this thing down and experiencing it for a terrible amount of time but at a level at which we can bear it.

**00:54:12**

But be a little bit more ambitious in our public health objectives in trying to truly suppress the disease and do, as Maria said, what countries like New Zealand have managed to achieve and actually get to zero; not very easy, very, very complicated in many, many countries because of so many contextual factors around population, poverty, connections with other countries so this is a very difficult thing to achieve.

I believe that in many countries as the disease accelerated and as it became very difficult to understand the transmission dynamics, who was infected, who was not infected, the absence of systematic testing for suspect cases; I think many countries just could not see where the virus was and were seeing their hospitals fill up and they look at these two factors.

**00:55:03**

We know our system is coming under pressure. We know this disease is spreading. We can't see the virus, we don't have the testing, we don't have the contact tracing, we don't understand where this disease is but we need to protect our society and it's not just about protecting the health system. Ultimately it's about saving lives and an overwhelmed health system saves fewer lives.

How do we reduce the damage, how do we reduce the health consequences of this? If we allow the system to become overwhelmed the situation will even get worse; more people will die because they will not get any care or any intensive care and I think many governments around the world were faced with very difficult choices.

Some governments made that call early; some governments made that call later; some governments shut down all of their society; some chose not to shut down everything. Some chose to continue with their public health surveillance and try to persevere with the public health measures. Some gave up on that because they felt it was untenable and unmanageable in the context of the fire they were fighting.

**00:56:13**

So I believe the decision in each country was unique to the context of the country. I don't believe there was a one-size-fits-all, I don't believe there was a single algorithm that everybody used but I think while it's partially true that governments shut down because of fear of the health system becoming overwhelmed, I don't believe that was the only factor that governments considered.

In situations where governments could see where the virus was, where they had a good handle on how the disease was transmitting and who was getting it they were less likely to have to shut down the whole system. But again history will tell who did that at the right time and in the right combination but certainly it would seem, at least on the face of it, that governments who acted early, governments who acted comprehensively, governments that acted with cohesive, comprehensive responses tended to flatten that curve, protect their health systems and are emerging now in good order from at least this wave of the pandemic.

**00:57:18**

TAG Yes, thank you. I would just add briefly to what Mike said and then I will move to another follow-up question that we just received. When countries resorted to lock-downs, social distancing and so on - and as you said, masks and so on - the hospital capacity could be one but it varies, as Mike said, from country to country and many countries actually were aiming to suppress and control the epidemic itself.

They used the lock-down or social distancing to strengthen their testing, tracing and quarantine and suppressed and controlled the virus and there are many reports, as you know; some countries are now not even seeing cases. So it can help in addressing the overwhelming - whatever situation we have seen in some countries in the health system so helped in addressing the number of cases that was flowing to overwhelm the hospitals.

But at the same time when you use it to strengthen your testing, tracing and quarantine you can also suppress and control. So, as Mike said, it can differ from country to country and our advice has been for countries to use the lock-down and social distancing to hone and strengthen their public health capacity, their testing, tracing, quarantine with the aim of suppressing and controlling the virus. Still that holds true and we encourage countries to move in that direction.

**00:59:28**

Then on the follow-up question from Helen, I think there was a specific part of it which I didn't address; if we're receiving money for the Ebola in western DRC from the US. As I said earlier, we have discussed with Secretary Azar to co-operate in helping the DRC but I didn't say... or we're not receiving funding directly from the US.

But I said it many times; I think in our relationship with the US it's not about the money; working together, the relationship, I think is more important and hope we will work side-by-side to control or contain the outbreak in western DRC as soon as possible but the co-operation doesn't involve the financing part directly to WHO. Thank you.

TJ We will conclude this press briefing with this last answer and clarification. We will have an audio file sent to you very shortly and then the transcript will be posted tomorrow. I understand that Dr Ryan has a...

MR Just a clarification; as I said, 12 cases of Ebola in Equateur province in DRC; that's nine laboratory-confirmed and three probable cases. What I mean; we're very confident that those probable cases, given their epidemiologic links with confirmed cases... but some of these people obviously cannot be tested because they're no longer with us so 12 cases WHO has and the country have of Ebola, of which nine are laboratory-confirmed and three are confirmed as probable cases based on the epidemiologic link to confirmed cases.

TJ Thank you very much, Dr Ryan, for this clarification. I wish you a very nice evening, everyone.

TAG Okay. Thank you, Tarik, and thank you to all who have joined today. I look forward to seeing you again on Friday. Thank you.

**01:02:08**