PRESS CONFERENCE with
Dr KEIJI FUKUDA,
ASSISTANT DIRECTOR GENERAL FOR HEALTH SECURITY
AND THE ENVIRONMENT
ON MERS-Coronavirus

5 July 2013

Gregory Hartl, WHO: Good morning to all of you. Dr. Keiji Fukuda is here. As you've long requested, we've got him down here. He's going to make some opening remarks about MERS Coronavirus and then open it up to questions. So, without further ado, Dr. Fukuda, thank you.

Keiji Fukuda, WHO: Thanks, Gregory. Good morning, everybody. It's good to see everyone. I haven't been down here for a little while anyway, so it's nice to see everyone's face. As Gregory mentioned, what I'll do is spend a few minutes going over the coronavirus situation, the MERS Coronavirus situation, for a few minutes and then update you on some of the things going on and then we'll just throw it open for questions per normal. So, right now in terms of the official numbers, we have 79 cases and 42 deaths. So, those numbers may change but, anyway, that's what we have right now.

In terms of the epidemiology, let me just go directly to some of the main points here. I think that in addressing this outbreak for the last number of months, some of the features are relatively clear while other areas are still not so clear for us but, for example, it's clear that infections can occur across the age range. However, we do see that most of the infections are occurring in older people and particularly older men and then they're occurring more often in people who have various chronic illnesses, so-called comorbidities. So, that's the most common picture that we're seeing.

The fatality for this infection still remains pretty high, running around 60%. So, this, as you know, is a very high fatality rate for an infection and in general we are seeing that there are two main patterns or two main ways in which people are getting infected. The first is that in communities, that is in towns and so on, there are sporadic infections occurring in people and at this point we still don't understand how these people are getting infected. We don't know what is the main exposure, what are the main risk factors for those sporadic cases occurring in communities.

We then see that there is a second way in which people are getting infected and this is by being exposed to somebody who is infected themselves, and so a limited person to person transmission, and we have seen that this is occurring primarily within families. So, for example, when we have family members taking care of somebody who is ill, the person who is taking care of the ill person can be at risk for getting infected themselves and then we've also seen that this kind of transmission can occur in hospitals and so that we have seen that in some instances patients have gotten infected from being exposed to an infected patient and in some instances we have seen that healthcare workers have gotten infected in the same way.
It is interesting to note, however, compared to the SARS outbreak a decade ago, there are many fewer healthcare workers who have gotten infected with this MERS Coronavirus and we don't know the exact reason for that. We think it may have something to do with better infection control practices which have occurred in the past decade since SARS and hopefully this is true, this will be a very good explanation. I think importantly, however, in terms of this person to person transmission, we are not seeing it sweep through communities and so it's important to understand this is a kind of local limited person to person transmission in certain instances but we don't see it sweeping through communities in big outbreaks.

So, if we summarise what we are seeing in the Middle East, it's kind of a combination of where we have these community cases and then we have some local person to person transmission. As you all know, we've also seen that there have been some travel-related cases. So, for example, there have been cases reported in some countries in Europe, as you know, either by travelling through the Middle East or coming from the Middle East and, again, in those instances we have also seen some examples of local person to person transmission but, again, it's important to see that we have not these infections establish themselves in the other countries. They have not become endemic infections, they have not caused big outbreaks in those countries.

Now, the pattern of cases, you know, in the past three months we have basically been seeing a steady number of cases. So, if we look over the last three months, in April we had 19 cases occur, in May we had 21 cases occur and then in June we had 22 cases occur. So, basically a kind of steady pattern to cases with no big explosions going on right now. So, if we highlight a couple of the main important points here, right now we don't know what the animal reservoir is and we don't know, again, what is the exact exposure for how people in communities are getting infected. We don't know whether exposure to some kind of animal, perhaps a contaminated environment, something like that, but this is just unclear to us right now, despite a fair amount of investigation.

And, again, as I mentioned, we have seen local limited person to person transmission in two settings, in families and in healthcare settings. These have not resulted in large community outbreaks and then, as I mentioned also, we have had instances where we have had travel-related infections going to other countries but, again, these have not established in those other countries. So, when you look at that overall picture, you might characterise it right now as kind of a patchwork of local infections, some of them occurring sporadically, some of them occurring from local person to person transmission but kind of a patchwork of infections without a big sweeping through countries or a big sweeping through communities. You know, for example, influenza we see things sweep through countries and regions at one time but we are not seeing that kind of picture.

I do want to stress there is a lot of things that we do not know and, for example, one of the key pieces of missing information is are there many people who have mild infections or asymptomatic infections that we are missing. That would help to help us to understand what is the transmission, what's the epidemiology and we simply don't know that information. Because we have gaps in that kind of information, it makes it very hard to peer into the future and make any predictions. You know, in general, if
we looked at the future, there are probably three main possibilities. You know, it is possible that this virus simply could fade away and what we are seeing now could recede into the background and, you know, we simply note it as an interesting virus. It's possible that this kind of, you know, ongoing pattern of cases could occur at this level for some period of time and it's also possible that in the future there could be some kind of change and so we see a change in the transmission, we see a change in the pattern and we begin to see more cases occurring, perhaps more outbreaks. All of these things are possible and it is simply guesswork right now to think what's going to happen.

So, based on this overall situation, what we see and what we know that we don't know, we have been discussing this situation a fair amount and what we have decided to do at WHO is go ahead next week and to convene an International Health Regulations Emergency Committee. So, the reason why we'll do this is that, again, recognizing what we see and what we don't see, we really want to be in a position to be ready for any possibility and we want countries to be in a position of being ready for any possible directions that this virus could take.

And so by convening and emergency committee, an IHR Emergency Committee, what this will do is that it will allow the director general and WHO to receive input from an external group of experts and so we will get formal consultations and information coming in and what it will also do is that if in the future we do see some kind of explosion or there's some big outbreak or we think that the situation has really changed, we will already have a group of Emergency Committee experts who are really up to speed so that we don't have to go through a steep learning curve. And so for us, given the overall pattern where we're seeing steady cases and where we don't know what the future brings, what we just want to make sure is that we can move as quickly as possible, if we need to move in the future and in any major direction.

Now, let me give you a few details about what an emergency committee constitutes because the name itself is a little bit exciting, so I want to maybe demystify this. So, basically the emergency committee is a group of experts and they're selected from the so-called roster of experts that we have on hand through the International Health Regulations. So, the International Health Regulations created a group of experts, global experts, in a variety of different fields that WHO could draw upon for consultation or information or help as needed. So, what we will do is select a group of those people to be... you know, to constitute this emergency committee and so these are experts in a variety of different fields, so for example, infectious diseases, subspecialties in virology, some of them are maybe public health experts, some of them may be experts in epidemiology and so on and what it will do is give us a range of people who bring a lot of different perspectives to the table and I think give us a kind of balanced input guidance perspective on everything.

The Emergency Committee will not meet face-to-face. We will convene them by telephone and we will do this on Tuesday and then, if needed, we will also convene them on Thursday. There's basically a couple of main things that we will do. One of them is provide them with the information that we have so that they can have a review of what the situation is and then, you know, after they are comfortable with the situation. Part of this input will come from the countries who have had cases themselves and so it's an opportunity for countries that have cases to directly tell the
emergency committee members this is what we see, this is our perspective, these are our concerns and give it directly to the committee.

Then based on that, once the committee feels like it is pretty grounded, we will ask them whether they think the current situation constitutes a Public Health Emergency of International Concern. So, as you know, this is called a PHEIC under the International Health Regulations and so this is one of the questions out there for them. Do they think that the current situation constitutes such a condition or such a situation?

Then the next thing that we will do is ask them, based on everything that you see, do you think that WHO should make any additional temporary recommendations beyond what it has already said. So, that's basically what the content of the meeting will be. So, what we are doing right now is literally setting up the committee now and then we will make their names publicly known on Monday. So, by the time we finish everything, get everyone, you know, officially on board, then we'll make those names known. We'll post them on Monday, so you can see who they are and you'll get a sense of what kinds of people are providing input.

So, in closing and then we'll turn it over questions, again, what we're doing is really trying to set this up as a proactive move so that we do have external input coming to us in this situation and that if we do need to get additional input and advice because the situation changes, we will have a group that's ready to go and then this will be the group of people that we'll come back to and rely upon. And I do want to stress that right now, you know, we see this steady pattern of cases. We are not in the midst of any acute event right now. There's no acute emergency related to the MERS situation going on but it is a good time to kind of be as... you know, do whatever we can do to be as ready as possible.

So, I think in terms of what the Emergency Committee will actually come out for recommendations, you know, I think it's a little bit hard to second-guess what the deliberations will be. I'm sure they'll ask a lot of questions and I, you know, don't know what they're going to recommend to us and so I can't sort of second-guess that but I think that no matter what we do, you know, we have been working very closely with countries, we'll continue to do that. I don't know how many of you have been following closely what we've been doing but, you know, for the past several months we have had a group of staff at WHO, both in the regional offices as well as at headquarters, who have been very much focussed on the current coronavirus situation, so in essence dedicated 100% to the situation.

We are also monitoring, as you know, the H7N9 situation at the same time. So, both of these I think are urgent situations but they are not pandemics or anything like that but we are putting a lot of attention and resources into this. We have conducted a number of missions in the Middle East, primarily to provide support to countries and helping to assess what is the situation, what investigations should be done. We have been putting out a lot of guidance to countries. This includes things such as guidance on stepping up surveillance, guidance on case control studies, protocols like that, guidance on investigations and so, you know, guidance on clinical care and so on, so a lot of guidance, a lot of time has been spent putting guidance out to countries.
And we have also been in very close contact, basically day-to-day contact with countries answering questions, also with a number of the other key technical organisations out there so that’s been part of this kind of bread and butter response to the situation so I think we foresee that or I foresee that this will continue for some period of time until we feel that we have a better handle on both the MERS situation and on the H7N9 situation, so with that let me start and we’ll just throw it open for questions.

**Gregory Hartl:** Gabriella.

**Gabriela Sotomayor:** Thank you. Mr Fukuda, there’s a lot of people travelling to Saudi Arabia from United States, Canada, Latin America for example, so how do you explain that it has been spread only in Europe?

**Keiji Fukuda:** Gabriella, I think that I don’t know, you know, when you look at the map we don’t see new infections to the right, to the East and we haven’t seen infections being reported to North America and so on, and I think that one explanation may be that simply we have a low number of cases and it is by chance that we see that more of the cases, more of the travel related cases have occurred simply in Europe and it’s a function of just having low numbers of cases. But, you know, we have asked countries to step up surveillance. We’ve definitely pushed on everybody being more aware of these infections and the sort of awareness grows in countries as their clinical community becomes more aware that they ought to be looking for this infection if they see somebody with severe respiratory disease and maybe they will see other infection in other countries but right now other than that I don’t think we have a clear explanation.

**Lunin [?], Japanese News Agency.** A question regarding the pattern of infection: you mentioned community based and person to person. Do you have a ratio of this frequency, how many community infection for how many person to person infection and also regarding the community infection: are they occurring mainly in the urban areas or rural areas, thank you.

**Keiji Fukuda:** I think there’s a ratio. I don’t happen to know it right now. I think that we can get you that information but I can’t give you a specific breakdown in those 79 cases. I think that there are probably more person to person transmitted cases than there are sporadic cases but let us check on the numbers and we’ll get that to you and then, you know, the cases that we are seeing that are community cases are more urban-based, are happening in towns; some of them are bigger towns, some of them are smaller but not particularly on isolated farms or anything like that.

**Gregory Hartl:** There’s a lot of questions: I have Simeon and then Catherine and then Jonathan and Lisa and then [inaudible].

**Simeon Bennett:** Why are you convening the Emergency Committee now? The outbreak has been rumbling on for ten months or so, so why now and not earlier, and also how satisfied are you with the level of information that you are getting from Saudi Arabia in particular?
Keiji Fukuda: So, you know, if we look at this overall phenomenon which, you know, in retrospect started back in the earlier part of 2012, you know, I think at the beginning we weren’t quite sure what we are dealing with and we simply didn’t know whether this is an outbreak which would be unusual but would basically disappear so at that point it seemed a little bit premature to call together an emergency committee. On the other hand, having gone through some big events in the past like SARS, you know, H5, the H1N1 pandemic, we also didn’t want to wait until we’re in the midst of an emergency condition and then pull everything together really quickly so here it’s almost a luxury. You know we have a situation where we understand that this virus continues to be persistent, it continues to be there. You know, even though the numbers of 19, 21, 22 are not enormous numbers, still they’re steady numbers and so looking at that, you know, in discussing we thought, well, we simply don’t know what’s going to happen so let’s just be prudent. It’s easy to pull together the people, it’s easy to update them and have the deliberations now rather than wait until we’re in the middle of an emergency so it’s really, you know, it could have been last week, it could be two weeks from now but it’s, you know, that gives you a sense of the overall timing.

Then in terms of the information, you know we have been to Saudi Arabia to work in a joint assessment of the situation and I can say that in general, from what we’ve seen, the Saudi Arabians have done a good job in responding to the outbreak, you know, in terms of the basic activities that you should do, in terms of investigating, you know, they have teams going out in the communities. In terms of the hospital associated outbreaks they have very extensively brought in investigators both from the outsiders and from within Saudi Arabia, and then in terms of infection control measures, you know, actually stepping up infection control efforts within the healthcare facilities; they have done all of that and I think that also within Saudi Arabia they’ve taken pretty good steps to provide information within the country. You know we are working with them and others. You know there are a number of other investigators to try and provide as much information as possible, as quickly as possible, and in as much detail as possible so, you know, we’re always working with countries and investigators to, you know, provide as much as they can so here, you know, I think that, you know, we are seeing more information come out but I would like to keep pushing on everybody to provide even more information but this is really across the board. You know we do have a number of different groups which have been working, not just with Saudi Arabia but with some of the other affected countries and we would love to get just as much information out as possible.

Simeon Bennett: If I understand what you’re saying then, you’re saying they’ve done a good job of sharing information within the country but you would like to see more information forthcoming from out of Saudi Arabia for the rest of the world?

Keiji Fukuda: Well, I would like to see more detailed information about the overall situation known. Every time we have an emerging infectious disease, you know, whether it’s a coronavirus or new influenza virus one of our pushes is to try to get as much information as possible so, you know, in this regard as you probably know we, for example, held two scientific meetings in Cairo, and again what this was, were meetings in which we brought everyone together, the affected countries, the different investigative groups and then, you know, to request everybody, please let us let everybody know what you’re seeing right now so I think that this is not so much a
Saudi-specific issue for me as it’s just a quest against across the entire community working on this to come out with as much information as possible.

**Gregory Hartl:** Catherine.

**Catherine Fiankan:** Yes, my question in fact completes the question of my colleague: I want to know, you said that in fact you will have the possibility to allow this, the establishment of the emergency committee will allow the [unclear] to get more information from the outside so I would like to know exactly what will be the difference now. Is there a problem of communication? Is there a problem of communication until now? What will bring the, what will be the consultations from the outside bring that you haven’t had until now?

**Keiji Fukuda:** Sure, it’s a good question, so the Emergency Committee itself does not necessarily bring in more information. I mean on a daily basis WHO’s working with many different organisations and partners to bring in as much information out into the open as possible, but what the Emergency Committee does is that it is a formal group. These are experts who are not from WHO but they’re from many different organizations and they come from, you know, they’re geographically very dispersed and it’s a way of looking at the information, not from within the organization but from the outside. You know if we ask outside experts on a formal basis can you help us assess the situation, can you help us, can you give us some recommendations on what you think we, WHO, should be making in terms of recommendation, so it’s really – how should I put it – another perspective, you know, an important perspective of independent experts giving guidance to the organisation and that’s what the Emergency Committee really does.

**Fiankan:** A follow-up because you already, you also said that it will allow to have very [?] communication with the countries that have cases and provide more details and information. Does it mean that until now, one, you haven’t been able to get all the information that you need?

**Keiji Fukuda:** No, what I said is that when the Emergency Committee meets the countries which have cases now, the affected countries, will be able to directly provide their input to the Emergency Committee so there’re no intermediaries, they don’t have to go through WHO; they can just directly tell the Committee what they think and then the Committee can ask the countries whatever questions they have so really what we’re trying to do is sort of facilitate very direct questions between the committee and the affected countries and then the committees can take that into consideration in providing guidance to WHO, so I hope – is that clear?

**Fiankan:** Kind of.

**Hartl:** Lisa.

**Lisa Schlein:** Hi.

**Fukuda:** Hi.
Schlein: In the not too distant future there will be a Hajj pilgrimage to Saudi Arabia to Mecca: are you worried about that because it is contagious. Right now it’s limited but it might become limitless if this happens and what sort of advice are you giving to the Saudi Arabians in that regard, and then if I may hit you with a few mini questions, many mini questions, I would, you do say that right now the situation is not acute but are you concerned that in fact it might accelerate and become more than acute? I suppose this is why you’re having the committee meeting but that’s one thing. And then what are the symptoms and the treatment? I’m interested in knowing that how it is treated and whether people go for help sooner rather than later their chances of survival are better, and I’m so sorry, but the last, I know Saudi Arabia’s most affected; are most of the other affected countries in the Middle East as well?

Fukuda: Okay, so that’s a good group of questions. These are good questions. I think they’re what a lot of people are thinking about so for me, try to take them in order. So in terms of the Hajj, are we worried and how are we working with Kingdom of Saudi Arabia on this? Well, you know, the Hajj is an event which everybody knows will be occurring and it brings a lot of people into Saudi Arabia but in fact, you know, there are other Umrah’s going on, Ramadan is underway and so in fact there are already a lot of people coming into Saudi Arabia and going out of Saudi Arabia. And in terms of are we worried? Yes, I think we’re always worried in a globalized world that infection can travel quickly from one country to another. I mean we see that with the evidence of the some of the infections in Europe being related to travel to the Middle East but, you know, when we look at the overall situation it’s not just the worry about that that we have to take into consideration. If you disrupt travel, if you slow travel and so on you also create another set of stresses and concerns and really problems and so I think that in looking at the situation we try to balance both of those things. So when I mentioned earlier that right now the overall pattern looks like we’re seeing a patchwork of sporadic infections with some local transmission, this is pretty different than seeing infections sweet through communities and so given all of that, the advice that we’ve been giving to Saudi Arabia but also other countries is that we don’t think that we should try to slow travel or disrupt travel right now. I mean the penalty for that would be very high and it’s warranted in some instances but in this instance what we have asked national authorities to do is to work with the medical community so that they know about this infection; they know that if they see somebody who comes in with a severe pneumonia, and particularly if they come in with a severe pneumonia and have been travelling to the Middle East, that they really look and see whether this may be the reason for that disease, this coronavirus, and at the same time to get the message out to travellers going to the Middle East, so they may be travelling for the Hajj, they may be travelling for business reasons, also to know that if they go there and they become sick, you know they should really be especially careful to seek medical attention if they’re really feeling pretty sick. So when you say are we worried about things becoming acute, well, you know again as I mentioned, in general there are three possibilities. This could begin to become much gentler or disappear; it could sort of stay at this current level of infection; or it could become much worse in the future. We don’t really know. But you know in that situation we always try to take what we think is the most prudent steps to be ready for everything. You know? And here in this situation, if it just disappears, then we’d be happy. But if it becomes more severe, then something like the Emergency Committee can help us. So yes, we’re always trying to be prepared for if situations get worse. And so that’s almost a standard operating way in this kind of situation.
In terms of symptoms, in general this coronavirus causes respiratory disease. And so what we have seen is that in general people develop fever, they develop cough, but the really important thing is that they develop things like difficulty breathing, and when they get examined they have evidence of severe pneumonia. In some instances, particular people who are severely compromised, we have seen that they have initially developed other symptoms. You know, for example, there was one person who was severely immunocompromised who first developed gastro-intestinal symptoms, but then that person also developed respiratory illness. So in general what this appears to be is a respiratory infection. And then for those people who develop very severe illness you begin to see failure of other organs, so people may also develop renal failure, kidney failure, but people can go on respirators and so on. But the basic infection is a respiratory infection. The basic pathology is that you develop a pneumonia-like picture, and then if it’s very severe, then you’re going to end up on a respirator and are going to have all of the potential problems associated with that.

Then in terms of infected countries…

Schlein: I asked you about the treatment; whether they’re getting it... you know, how, and whether getting it early it gives a person a better chance of survival.

Fukuda: So in terms of treatment right now we do not have any specific medicines. You know there is no corona or MERS Coronavirus specific medicine and we don’t have any kinds of vaccines. But you know we have quite good ways of treating people who have respiratory illness, general methods of treating people with respiratory illness. And so right now the treatment is, you know, what’s called supportive treatment. There are a number of studies going on trying to look at whether medicines can be developed for this, and there are also other studies looking at whether we can use antibodies to treat this infection. But I would say that right now those are in the realm of studies and research. They’re not really applicable for the regular doctor or regular hospital when a patient develops this.

And then in general, yes; it is better to be detected or to be examined earlier than it is later. Because, you know, if you do have the suspicion... if there is a suspicion that you have, you know, coronavirus infection because of how your history has been and how your X-rays and examination may look, then in general it is better to be seen earlier so that you can be treated earlier for the development of pneumonia and so on. And also what it does is allow the doctors and health authorities a chance to lessen the likelihood that you’ll transmit infection to somebody else. So there are number of reasons to try and detect this earlier.

And then in terms of affected countries, so we have affected countries both in the Middle East – I would say these are Jordan, Kingdom of Saudi Arabia, Qatar, and also United Arab Emirates – and then we have had one country in northern Africa, Tunisia, which has had a travel-related case. And then we have four other countries in Europe. I would say this is France, Germany, Italy, and United Kingdom that have had travel-related cases. And so those are... that’s the universe of affected countries right now.

Schlein: Thank you very much.
**Hartl:** Still a lot of questions, Jonathan, then we’ll try to go over to you, and talk.

**Jonathan Fowler:** A slightly Hajj-related question, but not completely. You’ve talked about the pool of affected countries there. I mean obviously Hajjies and people who go to Saudi Arabia generally from Islamic countries like Sudan, Afghanistan, Pakistan; they’ve come from countries where the health systems may not have the capacity to track this virus in the same as, I don’t know, European countries, or even Saudi Arabia. Are you concerned, one, that maybe cases are not being identified; and two, are you doing anything… has WHO to build capacity to track the virus in those countries?

**Fukuda:** No, this is a really good question. Yes, I think it’s fair to say that the levels of surveillance and the ability to find cases are not the same across our countries, and certainly some countries have stronger health systems than others. This in general is one of the main areas of the work of WHO in general. You know, for example, if we put this current situation aside and just look at the International Health Regulations, this is a major mechanism for trying to build capacity in countries, and some of the capacities that we try to build are surveillance capacity, laboratory capacity so that different pathogens can be detected, communications capacity so that countries can report to their own populations information that’s needed, but also to get it out to other countries. And so this, I think, is really just another situation which points out why those capacities are so important.

We are working specifically in this area in relation to this virus. You know, for example, a lot of the initial work has gone into diagnostic tests, developing those, and then getting those out to laboratories in different countries, and then putting out case definition, putting out guidance to countries about what to be looking for: if you find something, you know, what to do, you know. So this is all helping to build their capacity to deal with the issues. But I think their capacity-building is really a very much a bread and butter issue for us, and something that will take a long time to address.

**Fowler:** Are you doing specific work with countries that are likely to send large groups of pilgrims to the Hajj, or is this something you’re doing generally?

**Fukuda:** I think that we are… It’s fair to say that we’re doing both. You know a lot of the questions that were coming specifically to us about travel are coming from countries that will be sending a lot of pilgrims, you know, to the Kingdom of Saudi Arabia. And so for the countries that specifically ask for help, and so you know again these are countries who ask for either more in-depth guidance or assessment, you know, we will go on missions to provide that help. And I think that we have had two other technical scientific meetings in Cairo specifically, because it is in the Middle East, and specifically to bring all those countries together. And so we are focusing a lot of our efforts right now in that area. But again we recognize that since travel is simply so globalized, you know you have to also be working with everybody else, so we’re trying to cover everybody else at the same time. But I think it is fair to say that a lot of our attention is really focused on the countries sending in pilgrims, and then the countries in the Middle East.
Japanese journalist: [gives his name]. Can I consider that some recommendation is already issued on Tuesday, next Tuesday, when the first emergency committee meeting is convened, and this recommendation could include something like a travel restriction or some special inspection in the airport?

Fukuda: It is possible… it is possible that the Emergency Committee would go ahead and make recommendations on Tuesday. You know that’s possible. As I said, I can’t second-guess how quickly they will work, and I certainly can’t second-guess what kinds of recommendation they might make. I do think that it’s probably most like that on the first day they will be hearing from… directly from the countries that are affected, and they’ll also be getting a lot of information about the situation in general. So my guess is that most of their time is really going to be focused simply on understanding what is the situation. So it is possible, although I don’t think it is so likely, but it’s possible. Again, I can’t guess how quickly they’ll move.

Japanese Journalist 2: Hi. I thank you. Hiromago Matashi [?], from a Japanese newspaper. I have two questions: one on the Emergency Committee; and the other is a general question. But the Emergency Committee that is held next week, would that be held under the new guidance that the WHO released last month? And if so, would there be… I believe the last guidance on phase-setting that has been released last month, would be more focused on the risk assessment and response, so in the next meeting on Tuesday would are you guys talking more about the social, economic assessment, the risk that this MERS would pose?

And second, about the patent, because I believe the Saudi Arabia’s officials were a little bit angry at the last Health Assembly about the patent issue. So I believe that the… involving the WHO has been sort of assessing and evaluating all this problem and sort out what the issue is. Could you update on this? Thank you.

Fukuda: So the guidance that was put out on risk assessment [?], this was really on pandemic influenza guidance. So those guidelines were really an update of the… I think it’s about the third or fourth update of the pandemic influenza guidance that has been put out there, so again for a different situation. And so I think that when the Emergency Committee meets, they will in essence be doing a risk assessment. You know we’re going to ask them look at everything. Ask whatever questions you need to ask, and then tell us what you think the situation is and how we should respond to it, so kind of a risk assessment, but separate from the other guidance.

Then in terms of the patent situation, so I think that the whole issue of how you respond to an outbreak in an outbreak situation raises a lot of questions for us. I think patents is one of the issues, but it also raises additional issues. And here’s the basic problem, I think. That, you know, normally in science we work through well-accepted ways. You know we put out information through publications; we go through the peer review process, and so on. And also scientists often try to patent whatever inventions or whatever things that they’re working on. So this is really how science works in a regular way. But when you have an urgent situation, what I request to everybody is please move very quickly. You know we don’t have time to work for things to come out slowly, so please get information out as quickly as possible. So in the current situation I think that we don’t have a good enough assessment to comment on the specific situation, you know, so I can’t really tell you this is what is right here or
wrong there. But what I can say is that the whole issue of what is the relationship of intellectual property and patents, this has really been a difficult issue for responding to outbreaks in general. You know this is not the first time this kind of issue has come up. And if you have worked with us on, for example, like the pandemic influence of preparedness framework, you know that much of the discussions in the four years were exactly on this kind of issue. And so it remains a very, I think, difficult area for countries to come to grips with right now. So I would say that it’s an important issue, and I think that right now how to handle it has not been worked out fully among all the countries. And so I think will be ongoing work.

**Hartl:** Thank you. Two more questions. At least Tom and Frederic, and then maybe John, but we’ll see. Two at least.

**Tom Miles:** I wanted to ask several questions, sorry. First one is just, I wonder how often you’ve had these emergency committees in the past, whether this is the first one since SARS or if you can give any sort of context for how rare an event this is.

Second, I know that WHO has a kind of control room for these emergencies. Are you activating that or will you in the future, what would trigger that?

Third question, in terms of what these experts might recommend or what they might look at, obviously, I guess, they’re going to be looking at SARS and what worked with SARS. So can you give any idea of what did work in combating SARS and therefore what might be the sort of approaches that they would take?

And lastly, I just wondered if there’s been any kind of approach to look at the environmental factors of this disease since it’s obviously all happening in, you know, one part of the world which is very hot. And what about air conditioning, for example, just as a layman’s guess? Are you looking at things from that end as well as trying to peer down a microscope? Thanks very much.

**Fukuda:** Okay, good question. So in terms of how often, just to remind you, the Emergency Committee is convened under the International Health Regulations so basically what that means is that the International Health Regulations envisioned the need for emergency committees to be stood up every once in a while. And so the International Health Regulations themselves were adopted in 2005 after SARS occurred but really came into force in 2007, that’s when they were actually implemented.

The first time we used the emergency committee was during the 2009 H1N1 pandemic. That’s when we called it so this will be the second time that we will have convened an emergency committee. Anyway, it’s the second time.

So in terms of the control room we have something called – it’s basically an emergency operating centre – we call it the SHOC room – I think, Strategic Health…

**Hartl:** Operations Centre.

**Fukuda:** Operations Centre. Thank you, Gregory. So anyway, we have the SHOC room, a nice acronym so basically the staff that have been working on this
have been working out of that room or using that room a lot for the past few months and so, yes, we have been there. But, you know, when you say, are we using it, oftentimes people think about using it on a 24/7 basis and so if we’re in the middle of a pandemic – you know, so during H1N1 in the beginning part of it, we were in it 24/7. So we’re not in that room 24/7 but we are in there every day.

And the reason why we’re in there is that the communication capacities, the ability to bring everybody together and just deal with things is much easier operating out of the Centre than it is in multiple offices.

In terms of what is the Emergency Committee going to look at, well, I mean, a couple of different things they have to look at is, you know, hopefully they’ll look at just what’s first, what is the information that we have right now, you know, what are the specifics, what do we understand about the current infection and the outbreak, what is it that we don’t understand? And then I think you’re right; they’ll probably look at past outbreaks to see whether there’s any precedents that they should draw upon and the SARS outbreak, since that was also caused by a highly pathogenic coronavirus, is something that I’m sure that they’ll look at.

But again, I think it’s important for everyone here to understand, you know, this is similar to SARS in some respects and different than SARS in other respects so they’re not exactly analogous situations. So I think that, you know, the Committee will, you know, have to be judicious to see how much it draws upon previous experience. But in terms of asking what worked with SARS, I mean, SARS was also another situation where there was no specific vaccine, there was no specific medicines but it was brought under control and it was really brought under control using basic public health control methods; quarantine, isolation, rapid communications, sharing of information, when patients were sick isolating them, using infection control methods. And so, you know, these are methods that are, for public health, really bread and butter methods and so that’s really what controlled and basically got rid of SARS.

In terms of environmental factors, yes, we’re very aware that we don’t understand how people are getting infected and again, it’s possible that there may be direct exposures to some animal. It may be that there may be some environmental factors, perhaps there’s some local contamination that people are being exposed to, you know, in the environment. It may be that there are certain factors which contribute; for all I know, heat may contribute, dryness may contribute; we don’t know those things right now.

So I think the people looking at how are people getting infected are pretty aware of those possibilities and some of those are being looked at but right now we’re looking at even more basic things; you know, can we find an animal reservoir, if you ask people, what is it that you did in the ten days or so before you got infected, are there any clues to what may have led to your infection so… But there has also been a lot of discussion about, how long does the virus last in the environment, if it’s outside of the body does it die quickly, does it stay viable for a long time and so on?

So this is the kind of work which is going on but anyway, there’s no clear answers about that right now.
Hartl: I think we’ll do one more question. Frederic.

Frederic ???: Yes, thank you. You said before that the H7N9 is still of concern but the fact that some live markets have resumed, does it mean that the level of alert has lowered or is it still possible that you convene such an emergency committee for that outbreak as well?

Fukuda: So, yes, for us H7N9 very much remains an important concern. I think it’s fair to say that right now we don’t see H7N9 activity, you know, we had that burst of activity with 120 and – I don’t know – 130 cases earlier and then right now during the summer time we have really seen no new infections occur.

But this is, as you probably know, this is a normal pattern for influenza viruses and it doesn’t mean that the viruses disappear. For whatever reasons, both avian influenza viruses and seasonal influenza viruses tend to get a lot quieter during the summer time. And we also know that this infection can be in poultry and we’re not, we can’t easily detect it so we are very mindful that when the year gets to the colder months, whether it’s the autumn or the fall or potentially the spring, that we may then see, you know, new H7N9 cases and it’s possible we’ll see them in other countries.

You know, again, we don’t know what’ll happen but we’re definitely aware of those possibilities and so right now I think that it’s probably premature to think about constituting an emergency committee for that but we are very much focused on trying to make sure that we can detect any new H7N9 cases and then we’ll act accordingly.

Hartl: Okay, can we do one more? Okay, John, last question, thank you.

John Zarocostas: Yes, Dr Fukuda, can you elaborate of the seven or nine – of the 42 fatal cases, how many have been due to renal failure and what are the medical records showing as the cause of the renal failure?

Fukuda: John, we can – I think we can get you the information, I don’t have off the top of my head but I think probably – it’s not really even such a straightforward question in that some of the patients who have been infected had renal failure before they had any infection. Then we have other people who got infected and then ended up on respirators and then, you know, once you end up on a respirator you often have multiple organs begin to fail and so then that can contribute to their death. But at that time, you know, you’re having people who have lungs which are not working, their kidneys are not working and so it’s hard to give you, you know, it’s hard to give a definitive answer that it was renal failure which led to that person’s death.

So what we can say right now comfortably is that a number of patients have had renal failure, either pre-existing or because of their multi-organ failure but – and we can try to quantify that but again, it’s not such a straightforward question because of those reasons which I just gave you right now.

Hartl: Okay, thank you very much, everyone.

Fukuda: Thanks, bye.