MV Good afternoon. Welcome to the WHO press conference following the fourth meeting of the emergency committee on Zika virus and observed increase in neurological disorders and neonatal malformations.

00:00:15

My name is Marsha Vanderford. I'm the Director of Communications at WHO. Today our spokespersons are the Chairman of the Emergency Committee, Dr David Heymann, Dr Heymann is professor of infectious disease epidemiology at the London School of Hygiene and Tropical Medicine, and Dr Pete Salama, the Executive Director of WHO's Health Emergency Programme.

We will start the press conference with statements by Dr Salama and then Professor Heymann. Following their statements I will open the floor and the phone lines for questions. Journalists on the phone can signal that they have a question at any time during the opening
statements or after that by dialling 01. We don't anticipate having technical problems but in case we have problems hearing questions by phone, you may submit questions to TVStudio@WHO.INT.

00:01:15

Since we also have some viewers on Facebook, we welcome those followers to type in questions in the comment section below the screen. Now it is my pleasure to recognise Dr Pete Salama.

PS Thank you so much, Marsha. Good afternoon. Welcome to this press conference following the fourth meeting of the emergency committee on Zika and complications which took place yesterday. I'll give you a brief background on the committee, the WHO Zika response and then hand over to the committee's chairman, Dr David Heymann for the outcomes of the meeting.

00:01:49

The emergency committee, as you'll be aware, is a mechanism under the International Health Regulations that provides WHO with technical advice in the context of a public health emergency of international concern. The committee provides views on whether the event constitutes, or in this case still constitutes, a public health emergency of international concern. It also makes recommendations on the measures that should be put in place to prevent or reduce the international spread of disease while avoiding unnecessary interference with trade or travel.

The committee's members are drawn from a roster of international experts in fields such as disease control, virology, vaccine development and infectious diseases. As you remember, on the 1st February this year the committee advised WHO's Director-General that the cluster of microcephaly and other neurological disorders reported in Brazil constituted an extraordinary event, a public health threat to other parts of the world which required a coordinated international response. In effect, it met all of the criteria for what we call a public health emergency of international concern.

The Director-General followed the advice of the committee and declared these consequences of Zika a public health emergency. Since then WHO and other partners, particularly those working in the affected countries, have worked together in a coordinated, multifaceted and international response. We've supported this in-country work with guidance on how to control mosquitoes that spread Zika, how people can protect themselves from bites and the sexual transmission of Zika, how health workers can advise women worried about Zika on the risks and the choices at their disposal to manage pregnancy, how health workers can monitor and manage infants born with microcephaly and other complications. We've also provided training and technical experts to support the response that affected countries have mounted.

00:03:57

Working with the scientific community we've learned that Zika has consequences in infants beyond microcephaly to a range of complications from hearing and eyesight complications to seizures, and we now have called this the Zika congenital syndrome. Many entities, both
public and private, are working on the development of diagnostic tests and vaccines and
WHO is helping to coordinate this work through the research and development blueprint.

Yesterday the WHO secretariat briefed the emergency committee on the epidemiological
situation and updated on the activities that have taken place following the temporary
recommendations the committee made at its third meeting on June 14th. Brazil, Singapore
and the United States of America presented their situation and their response.

I'm now pleased to give the floor to Professor David Heymann, Chair of the Zika Emergency
Committee, who will brief you in detail on the results of yesterday's deliberations. Thank
you.

DH Thanks very much, Peter. As Peter said, this was the fourth meeting of the emergency
committee and you will remember at the last meeting there was a change, a nuanced change
but an important change in that there was enough evidence to say that this emergency
committee has decided that the public health emergency of international concern includes
Zika, that the Zika virus is a public health emergency of international concern because it's
been shown that it is now clearly associated with microcephaly and other abnormalities.

At the committee meeting yesterday there was an overview of the current epidemiological
situation of Zika in, first of all, in an overview given by the WHO Secretariat with
information very similar to what you've heard from Peter today. And in addition there were
reports from governments - from Brazil, from Singapore and from the United States.

Brazil reported first off that in fact during the Olympics and since the Olympics have been
over and as they're preparing for the Paralympics, there have been no athletes or any
participants who have come to their attention with sickness that is Zika infection. At the same
time, they also described to us the studies that they're doing in Brazil and the concerns that
they still have about one area of Brazil where there's an increase in the number of
microcephaly cases reported as compared to other areas. And they're continuing intensive
study in those areas.

In Singapore they reported very transparently the current situation which is very early, as you
know, it's a week old. They reported a number of cases they've found and they also told what
measures they're taking, especially the intensified measures on vector control in Singapore.

And in the United States they talked about the vector control activities going on in the US as
well as what they've been finding and where they've identified the virus as currently
circulating, and they reviewed some of the recommendations they've made to their
populations as well.

Based on the deliberation that followed after these presentations, and this was in the presence
of five or six, maybe even seven international experts in viral disease, in mass gatherings,
because those experts were also available to the committee, these deliberations decided that
the situation continues to constitute a public health emergency of international concern, and
this is because new outbreaks of Zika continue to be identified in new geographic regions.
For example there was an outbreak identified in Guinea-Bissau and another in Singapore as you know.

So these were the deliberations, the deliberations led to this conclusion and it led to, in fact, some new recommendations. There were many recommendations in the past on research issues and vector control issues that continue to be enforced and should be re-emphasized. But in particular there are knowledge gaps that remain in the full scope of the disease; in other words its natural history, what does infection do, what are all the side-effects and all the effects that occur from infection in a foetus and also infection in adults. As you know there is some new information that shows that there are some impacts of the virus on brain cells and it's not clear what that might mean, this is laboratory tests, what that might mean in humans.

At the same time, the committee wanted to make sure that there's increased research on sexual transmission and also how long the risk is for sexual transmission of the Zika virus. So studies were requested to be intensified in those areas and also, as I said earlier, intensifying to look and see if there might be some co-factors, a chemical factor in the environment or another infection which might be in some geographic areas causing an increase in the numbers of microcephaly cases.

At the same time, the evolution of the Zika virus is very important also to be known and the committee felt that more information needed to be known on the two lineages. You will remember there is an African lineage, an African strain and an Asian strain. And so far the only strain that's really been linked with microcephaly is the Asian strain but the African strain has been occurring in outbreaks for many years and nobody ever really looked. And so the question is, is the African strain also causing microcephaly? And there is some information coming that may be useful in making that analysis. And finally, the question of whether infection with Zika virus in one area, for example in Africa with the African strain, would provide protection against the Asian strain or another strain. And also the same question about related viruses such as Chikungunya and dengue.

And so the committee I guess felt that, I'm sure in fact felt that though we know much more about Zika after the first seven months, there's still an urgent need to continue sustained and global research and there still does remain an emergency of international concern. But there was much discussion in the committee and actually with the Director-General and with Peter about the fact that this extraordinary event is rapidly becoming, unfortunately, an ordinary event and that Zika is beginning to spread, continuing to cause outbreaks in many countries around the world.

So the committee also recommended that WHO prepare for the next committee meeting which will be in three months or less probably, within the next three month period, to prepare how WHO would be able to coordinate within WHO the various groups that are doing such important research on vaccines, on diagnostics, getting together the experts in the world and also those that are providing technical assistance to countries and also those that are developing the guidelines.
One final issue that was very important to the committee was the developing countries or those lower resource countries because though it's been found in Singapore, because they have an extensive, a very highly technical health system, a very technologically advanced health system, they've been able to identify it very early. But in other countries where it might enter at some time, that might not be the case. So there was much discussion among the committee and with the secretariat about being sure that there was special emphasis put on appropriate guidelines and appropriate guidance and technical support to the lower resourced countries as Zika continues to occur in more and more geographic areas.

So that was the summary of the committee and I think the committee, we've been in touch this morning and the committee is very pleased that the Director-General has actually accepted all of the recommendations that were made by the committee. Thank you.

MV Thank you, Dr Salama and thank you, Professor Heymann. As we open the floor to questions and the phone as well, please remember to dial 01 in order to join the queue to be recognised. We're going to take two questions at a time. We'll start first with journalists here in the room and then we will go to the floor. Are there questions here please to begin? Marta Gomez from EFE, go ahead please.

00:13:15

MG Marta Gomez, EFE. I want to ask Dr Heymann if you can elaborate on what you said on the relation about immunity from one strain to the other and the relation with Chikungunya and dengue fever. Thank you.

MV Thank you. And another question from the room please. We don't have another from the room but I know that Helen Branswell from STAT is on the phone, so Helen, if you can ask your question please.

HB Thank you for taking my question. Dr Heymann, could you please elaborate on what you, the comment you made about looking for co-factors? In the past, when WHO has been asked about this, the response was that it didn't seem like there was a co-factor involved. What are you thinking about? Is it trying to figure out why Brazil's numbers are so much higher than everyone else's?

DH Thanks for these questions. I'll start to answer them but I think Peter will certainly be able to complement what I say. The relationship of immunity or the question of immunity; I think it's best described by telling you that back when smallpox still existed there was a vaccine that protected against smallpox infection. That vaccine was a vaccinia virus; it had nothing to do with the smallpox virus. It was a related virus, an orthopoxvirus, and that virus created immunity not only to vaccinia, which was what was in the vaccine, but also to smallpox. So that's what we're talking about; does infection with the African strain for example protect people from infection with the Asian strain? So that's the question that's being asked, one of the questions.

00:15:18

The other is, is there a need to really look at the immunity response in these two different... This is basic research, this is long-term research, is there a need to look at these two viruses if indeed they are causing different effects, in other words if it's only one that's causing
microcephaly and other neurological deficits, is it necessary to look at both of these viruses to see why one is different from the other? So those were some of the questions that were asked and those are the questions that are under research and certainly WHO will be trying to make sure that that research is going on.

The second issue on the co-factor, I'll answer briefly and then I'll turn it over to Peter. I think that WHO, I have not followed closely what WHO has said but every time we've had an expert committee meeting there's been a discussion about the possibility of co-factors and the fact that though it doesn't look like there is, there needs to be full and complete research, including the case-control studies, that can eventually identify whether or not there is a co-factor, and this is particularly because of the difference in the manifestations in different countries.

PS Thanks. Just to add, David, in relationship to the question on immunity, this is actually a real life question now because in Guinea-Bissau we have confirmation that the cases of Zika are due to the African lineage. So the question becomes, does the African lineage cause the same kinds of neurological complications, whether it's microcephaly or Guillain-Barré syndrome, as what we've documented with the Asian lineage?

So it's an outstanding question and indeed in a place like Guinea-Bissau, as I said, a real life question because there are cases of microcephaly in Guinea-Bissau and now the work is ongoing to see are they linked epidemiologically and through lab confirmation with cases of Zika? So it's a real life question for Guinea-Bissau today with real life implications.

In terms of the issue of co-factors, it is an outstanding question, there's no doubt. And in the scientific community there's still a lot of work, including case-control studies, going on in Brazil, particularly in the North East, to help try and explain the variability in the incidence of complications. So there is certainly huge variability and we have to answer the question, is that simply because the virus has gone through the population at a different time, so there's just a time lag and we're just waiting for the complications to catch up with the infection, or is it really because there are other factors at play that make one part of the world more likely to result in complications than another?

So that is an outstanding question. It was discussed yesterday by the committee and I know the government and partners in Brazil are looking into those issues as we speak.

MV Thank you. I'd like to recognise Marina Wentzel on the phone please.

MW Yes, hello, I'm Marina Wentzel. I'm a freelance correspondent with the BBC World Service, BBC Brazil. You just mentioned that it's an extraordinary situation and is quickly becoming ordinary and now the live question is how much other co-factors could be involved in the microcephaly complications that we have seen so far, only strongly happening in Brazil? Have we been too over-cautious in the months before the Olympics when we raised the flag of the Zika too high and then could that eventually have had an impact on the low show up and turnout that we have seen in the arenas?
MV    Thank you. We'll take another question before response. May I recognise Lisa Schnirring from CIDRAP News please?

LS    Hi, thanks for being available today. I had another question about the lineages. Is there any information yet about the one that's involved in the Singapore outbreak? And also a confusion I have is are you still talking to lineages, sometimes in the research reports they seem to single out the American strain from the Asian strain so just was wondering if you could clarify that. Thank you much.

PS    I'll take the first question on the Olympics. Certainly I don't think the government of Brazil or WHO or the emergency committee was over-cautious in relationship to the Olympics. This was and still is a new manifestation of an old disease and we're still learning an enormous amount about that and as we've discussed in the previous questions, there's still a lot of outstanding research issues and outstanding research agenda to give us a fuller understanding.

So I think because of that we are right to be cautious and let's remember that the risk assessment officially from the emergency committee and WHO was very much that there would be a low risk of amplification of Zika by the Olympics, not a significant risk which is what the risk assessment had outlined. And I think so far the data to date at least has really validated that assessment, that the risk is low, in fact we don't have any confirmed cases of Zika amongst travellers or amongst indeed the athletes. And while we're still entering now the phase of the Paralympics which start, as you may know, on September 7th, we are optimistic that the same risk assessment will hold and there will be little additional risk posed by the Olympics given the fact that we're still very much in the low season for transmission of vector-borne diseases, particularly those transmitted by this particular mosquito vector.

So I think it was right to be cautious, I think the low risk assessment has withstood the test of time.

DH    As far as the Asian strain, the Asian strain was first identified in the Pacific islands in 2007 and this is the same strain that's gone into Brazil and into the Americas and this is the strain that has been associated so far with microcephaly and other neurological disorders.

The question about Singapore, when we asked the Singapore government yesterday about the genetic sequences, which is what will tell you which virus this is, they have not yet been able to complete all the work, this is very recently identified, and so they anticipate that they will have the information later this week or this weekend or early next week. So I think that the work is going on in Singapore. They are sequencing the strain and then they're getting the normal comparison that you have of this strain with other known strains to make sure, before they make an announcement, that they know what they really have.

PS    Maybe just to add that the way the government of Singapore has handled the outbreak in Singapore really represents in many cases a role model. 115 cases have been confirmed, remembering that the first case was only confirmed just a little over a week ago, so within that period of time there's been an enormous amount of epidemiological work, of lab work, of
public health work including vector control, a detailed follow-up including retrospective analysis of cases in Singapore, and really we have to congratulate the transparency and the quick reporting that the government of Singapore has implemented in the case of this outbreak and hope that all other countries can do the same. And I think we can also say that the government of Brazil has followed a very similar model and very successfully given us quick and comprehensive reporting.

MV Thank you. Let me call on Christine Vogel from Finance Magazine please.

GV I think you may mean Gretchen Vogel from Science Magazine.

MV Please go ahead. We may not have said that but you have the floor.

00:24:06

GV Okay, good. This is Gretchen Vogel from Science Magazine. Are there any data that are getting us closer to understanding what the real risk is to pregnant women? There was hope this spring that studies in Columbia would help to get it out but so far, as far as I can tell that hasn't been the case. Is it 1% of affected pregnancies, as the early data from French Polynesia suggested, or is it closer to 30%, as the early results from the [unclear] suggested, less than 1% given the relatively small number of affected babies in Colombia? There seems to be a really important question for which there just aren't very good data.

MV One more before a response, Lisa Schlein from Voice of America please.

LI Thank you, hi. I'd like to ask you specifically about the situation in the United States. It appears that Zika is now rooted in Florida and concern is mounting throughout the country that there might be a wide spread of the virus throughout the country. I'd like to know if you share this concern, whether it is warranted. What measures need to be taken in order to get quick control over the disease? And also when Ebola was a huge problem in Western Africa and there was concern, the United States was so off the mark in approving money for that disease and the same thing seems to be happening in Zika where the congress is a little bit slow off the mark in approving the amount of money asked by the CDC in order to get a handle on Zika. I'm wondering whether you think this is a mistake, whether money is really needed.

00:26:04

MV Thank you before we respond just a reminder if you’d like to ask a question please dial 01. So two questions, one on the risk to women and one on the status of the US.

PS I didn’t hear the first part of the second question it was in relation to Colombia was that correct could we just confirm?

LI Are you asking about my question, I asked, I said that the Zika virus appears to be rooted now in Florida in the United States and I’m wondering, there’s great concern about the disease spreading in the United States, I’m wondering whether you share this concern. What measures need to be taken to gain control over it and whether money which has been slow in coming is necessary in order to gain control over the disease. And then since you called me back I have a question I failed to ask and that has to do with Africa. If you could then follow
up with an answer regarding the situation in Africa and whether you have concerns about Zika there or whether since it has been in Africa in previous years whether there’s a certain immunity which exists in the continent.

00:27:26

PS So, on the first question, on the risk to pregnant women, we don’t have a definitive answer today. We do believe the risk is relatively low but it’s significant. And the risk is particularly in the first trimester that we’re most concerned about. As well as that - as we referenced in an early response – we’re really waiting for the data on issues around co-factors and on ensuring that we have enough data points from enough countries that have relatively mature epidemics so that the numbers that we can quote over time are stable. So really it’s still an outstanding question but we can say conclusively there is a risk, the risk is relatively low but significant and it’s particularly in the first trimester.

In terms of the second question on Florida and the US, yes, there are certainly concerns as have been expressed by CDC on two particular communities within Florida that have seen fairly large numbers of cases in a short period of time. There has been money to CDC and through CDC to the State’s health departments that has been distributed and that’s allowed the public health community to respond particularly on enhanced surveillance and on vector control. There’s more to be done in all of those areas and I know that colleagues at CDC led by Tom Frieden are really leading the charge and of course additional resources I’m sure would be helpful.

00:29:10

In terms of further spread, yes, a risk, as we said and the US is no exception wherever there is a competent vector, in this case particularly aedes aegypti, there is a risk that the virus will spread.

On the question about Africa, as you know we now have confirmed cases in two African countries, in Cape Verde where we have cases from the Asian lineage and in Guinea-Bissau where we have now confirmed cases from African lineage. As we referenced earlier, for the African lineage we still need to confirm the relationship between microcephaly and we also have an outstanding research question around the levels of baseline population immunity and the cross-immunity with the other lineages so there are still outstanding questions.

I think, though, the bottom line message for Africa and for other parts of the world where health system capacity may be lower than where we’ve seen Zika, particularly in the Americas, is to ensure the preparedness is in place to deal with the complex set of complications that may occur as a result of Zika virus infection. And that’s something that WHO and partners are really wanting to work with the African countries and other countries where we have low health system capacity for preparedness.

DH I would just maybe… Peter’s covered the topic very well, I would just say that often in the committee discussions when we’re looking at the risk of microcephaly and other neurological disorders in the foetus we’re comparing this to what happened with rubella before the 1960s before a vaccine; rubella as you know is German measles. And with German measles if a mother in the first trimester, or a pregnant woman in the first trimester
was infected it was 85 to 90% sure that that child when born would have some type of a defect.

00:31:21

And that’s why it’s so important to be looking for defects other than just microcephaly in children who are born now; that’s why one of the recommendations was to intensify research on the natural history, what’s called the natural history of infection. But still, even with what data we have today, the risk as Peter said is very, very low and that’s fortunate, but it’s still a very important disease, especially if it’s your family that’s involved. And until there’s a vaccine we won’t have an effective means of preventing infection.

MV Our next two questions will be from the phone, the first one from Jamil Chade at S. Paulo; please go ahead.

00:32:07

JC Hello, my question is about, of course, the situation in Brazil and especially the issue of funding. Brazil is going through a crisis and it is known that many of the services have been cut especially in the social sectors. How much of that is a concern to you? Have you received any assurances today by the Brazilian delegation or the participants from Brazil that actually there will not be any cuts in funds and how do you see this going forward?

MV And the second question then from Sabrina Tavernise from the New York Times.

ST Thanks for taking our questions. On the Brazil Olympics question, just kind of curious how would you guys know or how would Brazil know if there were no cases? I mean, most of the cases are asymptomatic. Is it just a sort of a guess that we think there are no cases? How certain are they that that’s actually the case?

DH I’ll speak to Brazil, what the Brazilians told us about their programme of surveillance and looking for the disease among people who were sick during the Olympics. They gave us the figures; the number of people who presented to health facilities who were either Olympians themselves or who were spectators at the Olympics. And they gave us very convincing data that showed how many people attended for illness and how many of those people had Zika and there were no people who had any evidence of an acute Zika infection.

00:34:01

And it’s right to say that the asymptomatic cases would not be picked up during the Olympic but there will be certainly some cases that are symptomatic despite the fact that 80% are asymptomatic and they were not found, nor had they been reported in people who have returned back to their own countries. They haven’t been reported to WHO and WHO has a surveillance network which is looking for that.

PS I think you’re quite right in suggesting that the majority of cases, indeed we think up to 80%, they are asymptomatic but as David has outlined in the context of enhanced and active surveillance in Brazil the fact that many people have been tested, there’s been no confirmed cases; and indeed, through WHO’s work under the International Health Regulations and the notification of all the IH focal points around the world we also have not
heard back from any of them, that even the delegations going home are reporting symptoms or confirmed cases.

So that gives us a fair degree of confidence that certainly there’s been no large scale transmission. Now of course you’re right there may be a few cases that come up either now or after the Paralympics but certainly we feel fairly confident that the risk assessment that there’d be no significant increased transmission due to the Olympics is fairly much on track.

00:35:31

On the first question, I haven’t been in direct contact - I have only arrived recently myself - with the Brazilian delegation, but they did brief us yesterday at the Emergency Committee and certainly it does appear that the response in all facets to date has been robust, whether it’s the preventative side and the vector control and management or the clinical care side and follow-up of pregnant women and women with complications has been robust. But I’m not in a position to give you further details today.

MV We’ll take a question from Facebook now, Gillian Morrison is asking, are we expecting Zika to be seasonal or will it remain constant? And a second question then from the phone, Swedish Radio, Johan Bergendorff, please go ahead.

JB Hi thank you for taking my question. I wonder about the study of the vehicles, researchers showing that it could be another vector also, except for aegypti and culex vector and I wonder about your reactions to that study and if you think that the vector control should be done in another way to meet that vector as well.

00:37:00

PS On the two questions, the answer to the first question is yes, with a caveat. Certainly it will be seasonal in the sense that we expect that the cases will follow the seasonality of the vector density and particularly aedes aegypti in this case. So that’s one of the reasons why of course we didn’t expect a very high transmission during the Olympics and Paralympics because they’re the winter months in Brazil. Now of course in other parts of the world where we have summer we can expect an increase in the summer months. Having said that it’s not impossible to have transmission during the winter months, we just expect it will be at the lower level.

On the second question on vectors you’re quite right that Zika virus has been isolated from other mosquito species but the question remains outstanding as to whether other mosquito species beyond aedes aegypti and albopictus can really transmit the virus and that remains the outstanding research question.

MV Professor Heymann to add? Okay then we will go to our follow-up questions, one from the room and then one from the phone. So Marta from EFF or EFE please go ahead.

MG What about the cases of Colombia? We’ve been waiting for many months for women to deliver and it was about the end of June/July. Now we are in September, do you have any results any increased cases microcephaly or other neurological disorders because it was an outstanding question there for months, I think?
MV And then our follow-up question from the phone is from Gretchen Vogel from Science Magazine.

GV Unfortunately one of the only tools available to fight Zika is a vector control but the evidence that vector control, at least spraying, has any effect on dengue transmission and other mosquito transmitted diseases is fairly thin. I wonder if there are studies going on to try to get a better idea of which vector control methods, if any, are having an impact on Zika transmission rates.

DH I’d just say a word on vector control; vector control is not the only tool we have. In fact the most important tool is understanding by everyone about how the disease is transmitted and how to prevent mosquito bites and this is just good public health; good common public health. And until people understand that they have to assume responsibility for this on their own, protect themselves using repellents, long sleeves, long pants, making sure that they stay away from areas where they could be bit by mosquitos if they’re pregnant, this is the most important tool that we have; knowledge and information.

PS Vector control has always been a difficult game. It’s always been very difficult and that’s why the Emergency Committee recommended that there be intensified research on vector control again even though it’s been recognised in the past. It’s been emphasised again and this includes many new and innovative ways of controlling vectors that might in the end prove to be feasible. So that was the answer that I had on vector control maybe you could add something on vector control in Columbia.

In terms of Colombia I don’t have a great deal to add except that both the US and Singapore and I believe other countries are now considering novel techniques such as ultralow volume spraying of insecticide. And so it will be very important to be able to evaluate those new techniques so that we can add to the evidence base on the different kinds of vector control strategies. But really to underscore David’s point, this is one element of prevention and only one element.

MV Our next question is from Jamie Keaton from AP and then we’ll take one from the phone.

JK My question, I have two questions, first, sort of, follows-up on the flipside of Marta’s question which is what evidence or what… do you have any better understanding as to why we’re seeing so many more cases in Brazil as opposed to other places? Have you got any
elucidation on that? Is there something else going on that could be affecting that? And then the second question has to do with… I’d like to go back to comments that you both made independently, you mentioned this reality question of whether there’s a link between the African strain and cases of microcephaly.

You suggested, Dr Heymann, that maybe there is some evidence of that link or is it just coincidental at the moment that, for example, in Guinea-Bissau that we’re seeing both Zika and microcephaly? If you could tell us whatever you know on that to answer that question.

00:42:59

MV The next question is from the phone, Sandy Lamart, please go ahead.

SL Hi there I have two questions; one, it appears that Cuba has been amazingly successful in its war on the Zika virus, perhaps more so than other countries, and have had you any input from Cuba or what is your opinion on their fight against the disease? And also I’d like more clarity on the co-factor issue please, are you speaking of co-factors in terms of other diseases such as dengue, are you looking at nutrition issues? What are some of the co-factors that you’re investigating?

PS So maybe on the Guinea-Bissau question, what we know is that there have been four confirmed cases of Zika virus and the virology suggests they are African lineage. In fact the microcephaly cases in Guinea-Bissau were detected even earlier than the Zika virus. Now we are still working with the Government and WHO and partners to really assess whether that was just a reporting bias or whether really these cases of microcephaly - and there are five, I believe in total - were epidemiologically connected to the Zika virus infection.

So that work is ongoing, so at the moment we don’t know the answer, but as soon as we know we’ll certainly release that information.

DH The other issue was the Cuba success and I’m afraid we were not briefed by Cuba yesterday at the meeting so we don’t have any information from the Emergency Committee and I don’t believe WHO yet has information. It’s possible that PAHO, the Regional Office for WHO in the Americas has some information and they will certainly share it with us.

00:44:59

The linkage - I just go back to one more thing about Africa. It’s not even known, as Peter said, how large outbreaks have been in the past of Zika virus in humans because they’ve not been detected; they’ve not come under surveillance screen or the radar screen as something which has been unusual in Africa, at least they have never been reported as outbreaks. And if you remember, the first case of Zika was identified in monkeys, it had nothing to do with human infections. This was in Uganda and it took about ten years until the first outbreak was found over in Nigeria in humans.

So, you know, it’s just not known but circumstantial evidence because Africa has never reported these as being a cluster of something unusual that they’ve not recognised, if it’s occurring or it isn’t occurring, one of the two. But there’s lots of work to be done in Africa and I think that’s why the committee was being very cautious in what they said about countries to help these countries understand what their real risk is. And that’s a very clear
activity for WHO and its partners to be working with those countries and hopefully that will occur with appropriate resources behind it.

00:46:16

MV  Do either of you wish to comment on the question of why there are more cases in Brazil or what kinds of co-factors are being explored?

DH  Well, the co-factors, you’ve given a good list of some of and there are certainly… it could be all the way from genetic or nutritional factors that involve the individual to environmental contaminants, to other co-infections. So there are a whole range of co-factors which must be eliminated if you are going to be able to say for sure, with certainty, that there is no co-factor. So it’s a very… as you can see, a very broad and complicated research matter and this is the type of research that is going on in Northern Brazil.

Then there’s also the possibility, and I’m sure Peter will talk more about this, about just the fact that there’s now increased concern and so people are looking harder. But clearly Brazil has had a major increase in microcephaly based on what they had from baselines in the past but Peter will be able to say more I’m sure.

PS  I don’t have anything to add, I mean, it is a large number of cases in North East of Brazil and again we need to understand over time is this partly a factor of a time lag between when the infection hits a country and when we start documenting the cases of complications or is this truly something to do with significant co-factors. And as David has outlined those co-factors could be other diseases. They could be co-factors intrinsic to the population themselves.

MV  I think we may have time for another question, we don’t have anyone in the queue so we’ll give everyone a chance, one last chance to dial 01 if they’d like to ask a last question. As we’re waiting just want to note to everyone that directly following the conference we will send to the media a list of links to our audio files that are broadcast quality of the press conference that’s just concluded.

00:48:21

In addition, video excerpts will be available for TV broadcast if anyone would like to contact the WHO media staff. Later today or early tomorrow we will post a transcript of today’s session and again if you would like to ask a question please dial 01. And we now have two questions and these will be the end for our press conference. May I call upon Tom Clarke, please, on the phone?

TC  It’s Tom Clarke here from Channel 4 News in London, thanks for taking my question. There has been some speculation that there has been - as awareness of Zika virus has expanded - the women have had more access to terminations of pregnancies early in the trimester. Could it count for the difference in microcephaly cases outside of Brazil where there wasn’t awareness, nor access to terminations? Has that factored in your discussions? Is it seen as a potential explanation to some of the differences in the number of microcephaly cases?

00:49:31
MV And the second question is a follow-up from Helen Branswell; please go ahead.

HB At one point in time WHO said that it had learned that Colombia was not reporting microcephaly cases if the baby wasn’t born live; that if there was a termination or a foetus was lost before birth and it evidently had microcephaly, then they weren’t counting those as cases of microcephaly. Have you had reassurances from them that they are now counting it in the same way as other countries are? And if I said Brazil I mean Colombia.

PS On the first question obviously it’s not an easy issue to get hard data on, so it’s really not a question we can answer definitively. We have heard the same speculation. It wasn’t a major topic of discussion at the Emergency Committee meeting yesterday. But the WHO position is that we support women to have the range of information and the range of contraception that should be available to them to make their own informed decision of course in accordance with national laws. So that’s really the position of WHO on that issue.

In regards to Colombia and all countries, yes, we are working on really standardising the case definitions and the reporting and we have had some assurances that that’s the case.

00:51:08

MV Do you have anything to add?

DH No.

00:51:11

MV I’d like to thank our spokespersons and the journalists and others for joining us for today’s press conference by phone, Facebook, Periscope and in the room. Please check the WHO website for postings of the media statement and links to other resources. Thanks again goodbye.