WHO Virtual Press Conference following the Meeting of the International Health Regulations Emergency Committee Regarding the 2014 Ebola Outbreak in West Africa

8 August 2014

Speaker key

GR  Gregory
UM  Unidentified Male/s
MC  Dr Margaret Chan
KF  Dr Keiji Fukuda
GS  Gabriela Sotomayor
MK  Makiko Kitamura
CL  Claudia Witte
JC  Jamil Chade
ME  Martin Enserink
TM  Tom Miles
MA  Maria Chang
VI  Vicky
TU  Tulip Mazumdar
LA  Laurent Burkhalter
GO  Gordon
MR  Mark Carlson

From WHO Headquarters here in Geneva, welcome to those who are listening via our audio link. Just to let you know that we are waiting for the imminent arrival of the Director-General, Dr Margaret Chan, and Dr Keiji Fukuda, who will make opening remarks, both of them, before we open the press conference to questions, both from you online and from people here in the room in Geneva.

For everyone here, there will be a transcript of this press conference posted afterwards on www.who.int. The event is being live streamed at this moment on Eurovision, so if you have access to Eurovision you can see the event as it’s happening.

Thank you very much for your patience, and we'll be back with you as soon as the Director-General’s here. Thank you very much.
UM   You are on hold for a virtual press conference from the World Health Organization in Geneva. The conference will begin shortly. Following the conference audio files and a transcript will be available at the following link, www.who.int/mediacentre. Please stand by.

GR   Good morning. Welcome to the World Health Organization press conference here in Geneva. We also have many journalists online for the virtual portion of this press conference. I remind you that for those who are on the virtual press conference, to dial zero one on your keypad to get into the queue for a question, and two short announcements also: the transcript of this press conference will be available online at www.who.int after the event, and also, this press conference is being live streamed via Eurovision.

So, to open the press conference, first of all Dr Margaret Chan, Director-General WHO, will make opening remarks, and then Dr Keiji Fukuda, Assistant Director-General for Health Security and the Environment here at WHO headquarters, will make some remarks, and then we will open the floor to questions. Thank you very much, Dr Chan.

MC   Thanks, Gregory. Good morning, and thank you members of the press for joining us.

I convened this Emergency Committee under the International Health Regulations to gather the advice of public health and risk management experts on the international significance of the outbreak ofEbola Virus Disease in West Africa. This is the largest, most severe and most complex outbreak in the nearly four-decade history of this disease. The Emergency Committee reached the conclusion that the outbreak of Ebola Virus Disease in West Africa meets the criteria under the International Health Regulations for a public health emergency of international concern. I have accepted the Committee’s advice.

This morning I am declaring the current outbreak of Ebola Virus Disease a public health emergency of international concern. The Committee’s decision was unanimous. Its advice to me acknowledges the serious and unusual nature of the outbreak and the potential for further international spread, but also the need for strong international coordination of the response.

In addition, the Emergency Committee agreed on a number of temporary recommendations. I have accepted these recommendations and issue them this morning, together with the declaration of a public health emergency.

Many of these recommendations concern measures to be taken in countries affected by the Ebola outbreak. Others are broadly relevant, pointing to measures that all countries should put in place. All of these recommendations are aimed at containing existing outbreaks and preventing further international spread.

The Committee considered the epidemiology of the outbreak and heard reports from high ranking health officials about the situation in the hardest hit countries, namely Guinea, Liberia and Sierra Leone. They were also briefed on the situation in Nigeria.

The declaration of a public health emergency of international concern alerts the world to the need for high vigilance for possible cases of Ebola Virus Disease, but by no means implies that all countries, or even many countries, will see Ebola cases. Only a small part of the African continent is currently affected.
Above all, the Committee’s conclusions, and my decisions are a clear call for international solidarity. Countries affected to date simply do not have the capacity to manage an outbreak of this size and complexity on their own. Our collective Health Security depends on support for containment operations in these countries. I urge the international community to provide this support on the most urgent need basis as soon as possible.

Seated with me at this table is Dr Keiji Fukuda, my Assistant Director-General for Health Security. Dr Fukuda is responsible for the day-to-day management of the technical response to the outbreak.

Thank you very much, and now let me turn over to Dr Fukuda.

KF Thank you, Director-General, and good morning everybody and thank you for coming to the press briefing.

As you know, we had an Emergency Committee meeting on the Ebola Virus situation in West Africa yesterday, and what I want to do is provide you some details about the meeting, and also the discussion and, importantly, some of the recommendations, which came out of that meeting to the Director-General.

But just to give you some of the background, this Emergency Committee meeting met for about four and a half hours on Wednesday, and then about six hours on Thursday, so it gives you an idea of the intensity of the discussion.

Basically, on the first day, what we did was assess the facts, assess the situation, and then on the second day there was a very intense discussion about how do we take this information, what recommendations did they want to give to the Director-General?

Importantly, coming out of that meeting, what they concluded is that this Ebola Virus outbreak is a public health emergency of international concern, and that it met those criteria, and I want to explain to you why they came to this conclusion.

One reason is that, simply, we are dealing with a very large number of cases and deaths. Secondly, these cases are widely distributed, and we’re dealing with a quite severe disease, but importantly, one of the critical parts is that we are seeing community transmission go on. This is what is different than some of the other emerging infectious diseases that we have dealt with recently, but in this instance the majority of the infections are occurring in the community, among families and so on, and this is an important underlying factor.

Now, in looking at this outbreak, there are a number of challenges of course. One of them is that if we look at the area in which this is occurring in Western Africa, this is an area which has had civil unrest in recent years, and one of the results is that it has left the health systems relatively weakened and relatively fragile there, and that’s a theme that I want to come back to over and over again: Ebola Virus, this outbreak really underscores the importance of having strong health systems. It is really the poster child for why those things are important, and they are not theoretical.

Now, this outbreak has basically exploited the fact that it’s occurring in an area with weak health systems, and by that I mean that there are shortages of health workers, there is a relative lack of training. When we talk about health workers we talk about people who directly give care to the patients, but also people who take care of the hospitals, clean the rooms, and so on. We’re talking about people who conduct surveillance, who run the laboratories. We have seen that there is a
shortage of critical supplies, and so, for example, personal protective equipment is something that health workers will use when dealing with people who are infected, to keep themselves protected, and so this is one of the shortages.

We have seen that in some of the facilities some of the basic needs are unreliable, so, for example, running water or continuous electricity.

And then finally, in this response, there have been a large number of organizations, which have really contributed and put themselves on the line, but one of the critical organizations, for example, which is Médecins Sans Frontières, an important ally and partner with WHO, has been stretched to the limit. They’re the ones who are providing direct patient care in many of these instances, and again, it attests to the importance and the difficulty of this outbreak.

Now, the second point, though, in addition to the importance of the health systems and the underlying weaknesses, the second theme that I want to pick up on is that perhaps one of the most important factors contributing to this is fear, and misinformation. This is critical to understand, because what it is doing is that it helps foster suspicion and anxiety in communities, and when that happens ... we see a situation where people are reluctant to go to health facilities or may be reluctant to bring their families there, and it underscores the importance of communities being aware and understanding. But we also see that this fear impacts other countries. We are now having a lot of questions coming to WHO and I think that the level of anxiety is definitely higher out there.

Now, one thing that I want to underscore, one of the public health and scientific truths about this, is that while Ebola is infectious, and highly infectious in certain circumstances, it is an infectious disease which can be contained. Let me underscore this. This is an infectious disease which can be contained. It is not mysterious. This is something which can be stopped.

To do that, we know some of the critical actions that have to be done. We have to basically stop the chain of transmission, and this depends on identifying everybody who has an Ebola infection, and making sure that they receive the right treatment, and making sure that we stop the chain of transmission.

The second thing, and I'll go into a little bit more detail about this, but the second thing is awareness. We really have to break through so that people understand that this is not a mysterious disease and that there are steps that can be taken.

Now, the approach to stopping the transmission is based on facts. We know a lot about the Ebola Virus. The incubation time is 21 days, so that means that from the time that you get infected to the time that you show symptoms ranges anywhere from about two days to 21 days. This is an important fact to understand, because with this infection, at the beginning, after you may first be infected, you are not contagious to others. So there is a window in which you may be infected, but you are not contagious to other people, and this is a critical factor. But it also means that we have to identify those people who may have infections, contacts, and then we have to monitor them for a full 21 days, to make sure that they don’t develop symptoms.

Now, this virus is transmitted by direct contact with blood, with other bodily fluids, and so if you are not infected but you come in contact with the blood from a person who is infected, or other bodily fluids, and if you’re in contact with that fluid without any protection, you can become infected. But it is not a virus which is spread through the air. It is not transmitted like influenza. It is not transmitted like a respiratory disease. This is why we know how this virus can be stopped, because it’s transmitted through physical contact.
Getting people to hospitals and for clinical care is really important. The experience that we have seen in this outbreak, which has been borne out from the past, is it increases your chances of survival, so when you go into the right clinical environment, and you receive the supportive care, which is needed; so this is fluids, making sure that you have other support, blood pressure support, and so on. This increases the chances of survival, and we have seen that, those differences in different places. But the other important fact is that if you are identified early, and if you get into a clinical setting earlier, you also reduce the chances of spreading infection to your family, to spreading infections in the community. So there are two really important reasons for getting people to clinical care as early as possible.

Now, with people who have contacts, identifying that group of people, the contacts, is really important. I want to underscore again, most people are not going to develop disease. If you’ve had contact, most people are not going to develop disease, but some people might develop them, and identifying that group of people is how we are going to stop this outbreak. So, again, I want to underscore that it’s important to identify people who have been in contact, and make sure that they are under proper monitoring for symptoms for 21 days.

Now, the Emergency Committee in its deliberations organised its recommendations in a way which I think is easy for everybody to understand, and this is one of the ways that they wanted to structure their advice. So, they gave some recommendations for countries which have transmission going on in the country. They gave recommendations for countries which may have received, for example, an infected traveller, but do not have transmission in their countries, or countries which are bordering those countries with infected transmission or with transmission, and they also gave recommendations for all countries. This is how the recommendations were organised.

Let me first go to those countries in which there is active transmission going on and underscore some of the points that they made and some of the points which we are also emphasising.

First, if you are in a country which has active transmission, it’s really important for the Head of State to declare a national emergency. What this will do is provide emergency funding for the activities that are needed. What it’ll do is help initiate the operations, that is, surveillance, the containment, identification of contacts, stepping up the medical care. It’ll facilitate those actions, and we have seen that this has already taken place in a number of the affected countries.

The second thing is that they should use national plans and national committees to implement control measures so that these are done in a coordinated and organised way, and so by control measures to make sure that infection control practices are in place, that there are efforts to increase awareness in the community, to make sure that surveillance systems, laboratory testing, treatment, and so on, are done properly. So that’s the second important aspect.

A third aspect is that it’s important to reach out to the communities and to engage them, and to use all sorts of varieties of ways to do this. So, for example, in communities there are many opinion leaders. They may be religious leaders, they may be local leaders, but they are people who really shape the understanding and perspectives of communities, and it’s important to reach out to them so that people really understand that this is not a mysterious disease, and what are the proper steps that can be done to protect themselves and others.

A fourth recommendation is that they should make sure that healthcare workers have access to the supplies that are needed, so again, equipment like personal protective equipment.
A fifth point, which they emphasise, is that it’s critical to ensure the protection of the healthcare workers who are dealing with it, and here, in some instances, we unfortunately have had some tense situations, and so ensuring the security of healthcare workers is important, and also ensuring that patients who are in clinics getting care are not prematurely taken out, so in these instances ensuring security is a critical step.

Now, another important concern which the Committee advised on was the need to really address the anxieties and reduce the spread of this infection. So that they recommended that exit screening is something which is important for those countries which have infection to put into place. So, basically, people who are leaving a country in which there’s active transmission for Ebola should be screened for whether they have symptoms, whether they have fever that may be consistent with Ebola infection.

Again, the majority of those people will not have Ebola, and so once you identify those people, to do an assessment of who is likely to have it and who is not likely to have it, is an important step.

Another important point is that it’s recognised in this current outbreak that we have many hotspots in the different countries, but there has been one consistent big hotspot, which has been where the three countries of Liberia, Guinea and Sierra Leone come together, and that it’s important to put this out, you know, basically to put that hotspot out. And so, what they emphasise is that the way to do that is to reduce and stop the movement of people in and out, but the way to do that is to engage the community and to make sure that in those areas there is good quality medical care, to make sure that there are things such as food, and to make sure that the communities have psychosocial support. In every other Ebola outbreak, in severe outbreaks, we have seen that this kind of psychosocial support is absolutely critical, because communities can be traumatised. And so to put those in place, and this is the way to reduce the chance of infection spreading out, and then, as is appropriate, other extra extraordinary measures can be considered, so, for example, quarantine. But that’s the package, and that’s where the emphasis is. Make sure that people who are in these areas have the best possible supportive care to try to reduce the spread of infection.

Now, travel recommendations, as you know, are an important issue, and here the Committee was clear. So, in terms of people who actually have Ebola infection, that is Ebola cases, these infected persons should be in treatment. They should be kept in isolation while they are potentially infectious, and that they should be in this isolation for 30 days. The reason why 30 days was chosen is that, based on scientific studies, people who have infection can shed virus up to about 30 days. Most people will not do it for that long, but some people have, and so that’s why that time period has been chosen.

Now, for that group of people who have been in contact, and who may have infection, it’s important that they be monitored, as I discussed, to see whether they would have symptoms, and that this monitoring be done for 21 days. During that period of time these people who have had contact should not travel. They should not travel outside of the country. But let me be clear about who is a contact. We’re not talking, for example, about healthcare workers or laboratory workers, who are wearing proper protective equipment, and who are protected from contact with the virus. This is not a person who is a contact. A person who is a contact is someone who would have been exposed to the virus in unprotected conditions. So I want to make that distinction clear.

Now, there is a group of people who are called probable cases, or suspect cases, and I don’t want to get too technical here, but basically, these are people who could have infection, and because of the situation and the epidemiology, or the conditions of that instance, are thought that they could have infection, and so these people also should be isolated until they have two blood tests done, at least
48 hours apart, which are negative, and then we are confident that they are not infected, and so this is another specific recommendation.

Now, another area which I think has received a lot attention, and has been important to address, is what to do about funerals and burial rites, because we know that this is one of the ways in which the virus has been transmitted in the communities. When somebody dies, many of the practices are that there's a lot of touching, physical touching of the bodies, and so again, this can put the family members at risk here. And so, what the recommendation is that countries should ensure that the burials and the funeral rites are conducted in accordance with health regulations to reduce the risk of infection. They should be done with professional teams, which help them to make sure that those things are done safely, but they should also be done in a way, which is culturally sensitive. All communities are not the same in terms of how they think about funerals and burial rites, and they also have to take into consideration the feelings of families. You know, when somebody dies, families are very emotionally involved, and so you have to take all of those things into consideration.

Now, the final point that the Emergency Committee made for countries that are affected is that these countries should work closely with airlines, and again they're quite aware of the importance of air travel to these countries, and that they should work with airlines to make sure that there is the provision for adequate and appropriate medical care for the airline crews that go there, and that there is harmonisation between the airlines in the countries, in case there is something which needs to be investigated; that there are mechanisms for identifying who’s on planes, exchanging information, and so on, and so basically using something called Patient Locator Information; how do you identify who’s on the plane quickly, so you can do the investigations that you need to do.

Now, if we go to that second group of countries, that is States with an Ebola case, but no known transmission going on in the countries, or that group of countries which are physically bordering the countries with active transmission, basically, if you identify a suspect or confirmed case, the recommendation is that you need to treat this as a health emergency. You need to jump on it right from the beginning, so within the first 24 hours; make sure that prevention and control measures are started. Make sure that you set up the monitoring to stop other transmission, and that you get investigation teams out there, really to jump on it very fast in the beginning.

The second thing is that it's important for these countries to go ahead and make sure that they have the right surveillance and preparedness measures in place to anticipate. Nothing may happen, but you should be prepared.

Then, finally, if it turns out that you identify somebody who may be an Ebola infected person, and then you do begin to see transmission, then you need to follow all of the recommendations that are given to affected countries.

Finally, the Emergency Committee ended with some deliberation on measures for all countries. So, for all countries there were about five or six recommendations. The first one is simply to say that WHO does not ban... does not have any ban on travel or trade. WHO does not have any ban on travel or trade. But it does have the proviso that if you are infected, or if you are a contact, these people should not travel, as I discussed earlier. So, I want to make that clear. There is no general ban on travel. There are some specific instances when individuals are infected that they should not be travelling.

Now, a second provision is that countries should be providing to travellers, again, relevant and up-to-date information on the risk of Ebola, what's going on with the situation, and so that individuals can also take measures to protect themselves.
A third recommendation is that the countries should make sure – these are countries that don’t have cases – should have good surveillance that can pick up suspect Ebola cases. We know in the globalised world that people can travel anywhere, so all countries should be prepared to identify potential cases, and they should also make sure that they have access to proper laboratory, diagnostic laboratory testing.

A fourth recommendation is that the general public needs to be informed. They need to be kept up to date. They need to understand what steps are being taken to reduce Ebola infection.

Finally, that there should be all efforts made to manage the situations in which a healthcare worker in one of these countries may become infected, and to make sure that that situation can be managed. They didn’t go into too much detail about it, but they underscored that this is an important issue that has to be dealt with.

So, with that, everybody, that’s much more detail than I normally go into, but this is such an important outbreak that I wanted to make sure that you understand what issues the Committee discussed. So, with that, I’ll stop, and turn it back over to Gregory.

GR  Dr Chan, Dr Fukuda, thank you very much for the opening remarks. Before we open the floor to questions to the room here, just to repeat, a couple of housekeeping announcements, as I mentioned, broadcast video is available on Eurovision, as well as from other agencies that I see here in the room.

Finally, we will also be distributed an edited video later, just for those who need video. The transcript will go up online.

Now, to open up to questions, I see Gabriela Sotomayor in the room, please, Gabriela? Microphone please? Thank you.

GS  Thank you. Gabriella Sotomayor from Mexican News Agency. Dr Chan? Louder?

MC  Yes.

GS  Okay, you mentioned international solidarity in this case, so could you be concrete what do you expect from the international community? Thank you.

MC  Thank you so much. As I said, the three countries that are most affected by Ebola Disease are countries that have very weak health system capacity. They don’t have the financial capacity. They don’t have enough doctors, nurses, and of course, you know, the laboratory technicians that have to be part of the whole package to respond, and of course, a simple thing, even like PPE, protective clothing, they do not have them. And yes, they do have some, but they don’t have the amount that is required to scale up in order to contain that. So it is important that the international community comes together to contain this outbreak in the three countries, because this is good for the three countries, and as Dr Keiji Fukuda has mentioned, these countries just came out from years of conflict and difficulties. They are actually beginning to have some development, some positive changes, and if we do not, in global solidarity, support these countries, these countries will be set back for many, many years. So it is important that we do that.
But I have to tell you that we’ve been meeting with many countries, and they are very generous in terms of their commitment, and now it is important that all these commitments are translated into action.

GR    Thank you. Makiko Kitamura from Bloomberg.

MK    Good morning. Dr Chan, the World Bank and the African Development Bank have committed funds already this week. Can you tell us how those funds will be distributed? And then, to Dr Fukuda, is there any evidence that this particular strain of Ebola has a higher virulence, or is it a different strain altogether?

MC    Thank you, Makiko, for that question. In fact, I was in touch with President Jim Kim of the World Bank Group, and we discussed how the... of course, subject to the World Bank Group Board of approval of the $200 million that the World Bank Group pledged to support the immediate response, and also, after that, building the health systems, and also to provide safety net for families and for communities that are affected. And of course, the details will come out, and we will work together, and I want to welcome and thank the World Bank Group for their very timely announcement, and of course, to work with us very closely to coordinate the responses so that we do not have duplication and confusion to the countries.

At this point in time, as I said, many think this outbreak requires very high degree of commitment, but also commitment to be coordinated in a manner that is not causing more confusion. Timing, efficiency, and coordination are paramount. At this point in time I think MSF, US CDC, Red Cross and Red Cross Group, as well as UNICEF and other UN agencies are really working very well under the coordination of the World Health Organization.

KF    Sure. Makiko, just to address this quickly, there are five basic strains of Ebola Virus, and this one is related to one called the Zaire strain. This is a strain, which first appeared back in the 1970s, and so, it shows some differences in terms of its genetic sequences than the first Zaire strains that were identified, but basically it’s from that family, and we have seen that it’s... right now the overall mortality is ranging somewhere around 55-60%. If you look at the entire picture, and so this is within the range of severity that we’ve seen with other Ebola outbreaks.

We have not seen this kind of spread before, so I think it’s a little bit too early to say whether this virus itself is the reason for that spread, but it is the virus that we have dealt with in the past.

MK    Thank you.

GR    Claudia, German Television.

CL    Claudia Witte, German Television. Morning. I have two questions. The first is many reports from the ground of these affected three countries indicate that all the measures that you have been proclaiming right now are basically known, but they are not implemented properly, so what does the declaration of this health emergency change when it comes to implementation? And the second question would be, Dr Chan, you’ve been mentioning a couple of days ago that the Ebola outbreak was out of control, and MSF has been telling that for weeks and months now. What exactly does it mean if the Ebola outbreak is out of control? Thank you.

MC    Let me thank you for those two questions. Yes, we learn from the last almost 40 years. An Ebola outbreak happened in previous countries like Uganda, DRC Congo, and the list is clear, and those outbreaks were stopped and contained. So you are absolutely correct to say that. We know
the interventions and the measures to stop the Ebola outbreak. The challenge for all of us is getting the right level of understanding.

Dr Fukuda referred to some of the anxiety and the fear factor that are driving people, running away, instead of coming as early as possible to seek treatment in the healthcare centres. It is also very clear from the current outbreak that in locations where affected or infected individuals come forward early they actually have very good chance of survival. So getting the right messaging out is extremely important.

Now, the second point is I did say that the outbreak is moving faster than we can control it, and that again goes back to multiple factors, one of awareness, and it’s no secret some of those governments themselves accept that there was denial, okay, and if you don’t accept Ebola is real it’s very difficult to mobilise the assets of the entire government to bring the Ebola outbreak under control.

But the declaration of PHEIC, Public Health Emergency of International Concern, will galvanise the attention of leaders of countries at the top level. I personally visited Guinea last week and had face-to-face meetings with the three Presidents, from Guinea, Liberia and Sierra Leone, and impressed upon them they need to take the leadership, because the Ministry of Health alone cannot address the outbreak. It is only the Heads of State, Heads of Government who can bring the total asset of the government to bring to bear to stop the outbreak, and I think they are beginning to do that. But I need to qualify that, recognising that weaknesses in the health systems that Dr Keiji Fukuda referred to. It is now for the international community to come together to support these three countries.

GR    Okay, thank you. One more question from the room, then we'll go to our online participants. Jamil Chade. He's back there.

JC    Yes, Jamil Chade, e O Estado de S. Paulo. Dr Chan, two questions. First, there's no travel ban, but what we see airlines already basically banning travelling to these places. What do you recommend that the airlines, should they go back and do the service of flying to these countries? So this is the first question. And secondly, in some of the places public meetings have been cancelled, namely churches, church services, football matches, etc. I don’t see this in the recommendation, so is this something that should not happen, or life can go on, basically, as normal? Thank you.

MC    I will take the first question, and then invite Dr Keiji Fukuda to take the second question, actually, which was also included in our temporary recommendations.

WHO, I mean, on the advice of the experts in the Emergency Committee do not recommend travel or trade ban. Now, you are correct that before the recommendations came out, which came out this morning, some airlines to certain affected countries have cancelled their flights. One of the recommendations is that we need to... we encourage the government in affected governments to touch base with the airline companies and to explain what are some of the measures they can take to protect the crew members as well as the passengers.

On our side the World Health Organization will, and actually has been, in dialogue with ICAO and with IATA to provide the necessary science and evidence, so that the airlines understand how to continue their service in an appropriate manner without imposing additional risk to both passengers and to the crew members. But you need to look at the total package of the temporary recommendations. When they come together, I think the risk of continuing the airline is so minimal that it’s... We need to understand stopping the airlines flying to these countries will hurt the economy of these countries.
Guinea and Sierra Leone, and that is where much of our efforts was focused on in trying to stop this.

Ministers, as well as the rece... to increase regional awareness.

KF

Thank you, DG. Actually, I apologise. I omitted talking about mass gatherings, which is covered in the advice from the Emergency Committee. Basically the advice from the Emergency Committee is that those countries which have active transmission should consider postponing any mass gatherings, and it's worded, should consider, for two important reasons.

On the one hand, it's clear that if you have people coming all together, and they can come in from anywhere, you can potentially increase the chances that you would have transmission. On the other hand, it's also clear that sometimes people have to come together because it's really important, and countries need to make the decision about what are events that they could postpone, hold another time, perhaps a recreational event, whereas, if they have an important meeting of people that have to get together, then these meetings do have to continue, so it's to recognise both of those things.

Thank you.

GR

Thank you both. Now we'll go to the first question from online. Martin Enserink from Science Magazine, go ahead please.

ME

Thank you. This was the first meeting of the Committee. I was wondering [inaudible] why [unclear] convened for... be declared a public health emergency? And my second question, there was some rather alarming testimony yesterday at a Congressional hearing in Washington by Ken Isaacs, the Vice President of Samaritan’s Purse, who said that the actual number may be much higher than the official numbers, in this case. He said there may only... they may be two times or even five times higher than we know. What is your comment on that?

GR

Thank you, Martin.

MC

Martin, the connection is not optimal, but I do hear your questions. Let me share your two questions with Dr Keiji Fukuda. You mentioned that why we called the Emergency Committee only recently? That's the first question. Keiji, you'll respond to that. And the second question is the Congress hearing of the subcommittee in US is that the actual number is much higher.

Now, as we have been saying, people do not come forward to seek treatment early. It is understandable, and I do expect we will begin to see more cases coming forward, because now that they know that early treatment gives them a much better chance of survival. Based on the experience in Guinea and in other... in Guinea, in particular, so, we are encouraging people who have either been in contact with people with Ebola, to come forward, so that we can provide contact tracing and supervision, and if indeed they develop diseases we will take care of them as soon as possible, so we do expect to see more cases, and we do believe that there are more cases than what is being reported, and this is often the case with a disease that has such high fear factor and anxiety factor, and some level of denial.

KF

Martin, let me augment what the Director-General said, and address your first issue. As you know, this outbreak has been going on now for a couple of months, or a number of months, I should say, and that in fact there has been an extensive effort by the organization to address the outbreak, and so since March there have been over 200 experts from WHO and from our partner organizations, deployed through WHO to the region, and then there have been a number of efforts to increase regional awareness. So, for example, the meeting that was held in Accra, with the Health Ministers, as well as the recent meeting between the Director-General and the Presidents of Liberia, Guinea and Sierra Leone, and that is where much of our efforts was focused on in trying to stop this
at a sub-regional basis, and in these countries. But I think that recently it became increasingly clear that there was an increasing risk for other countries in the region, in the whole region, and then I think that with the identification of the travel-related case, in Nigeria, that it’s clear that there could be travellers going to other parts just outside of the region, as well as inside of the region. So, all of these were the reasons for why we first responded, and moved to convene an Emergency Committee now, really to mobilise global resources and attention. Thank you.

GR  Thank you very much. We’ll go back to the room now. Tom Miles, Reuters.

TM  Thank you very much. I wanted to ask about untested drugs, which are not mentioned here, but obviously there’s been a lot of media coverage of this question. Was this raised during the meeting? I know that you’re going to have an Ethics meeting on Monday to consider this question, so there’s obviously no final decision taken yet, but is there provisionally a possibility that untested drugs could play a part in the response?

And I also wanted to follow up, just a little, on the question of the practicalities of tackling the disease. In terms of health workers on the ground, MSF says they’re overstretched, and reports are that a lot of local national health workers don’t want to get involved, or many have been affected by the virus, so, in practical terms, how can you bulk out the numbers of people who are on hand to tackle it? Thanks.

KF  Let me start off with addressing the issue about untested drugs. So, yes, this was discussed by the experts on the Emergency Committee, but we did not talk about any specific drug, but the particular situation.

So, in this situation here, where we have a disease in which the care is supportive, and then there are unapproved drugs out there which may potentially help with the clinical care of these patients, this is an important option, or a potential approach to at least treating some of the people who have the disease. But the problem is that these drugs are not approved for widespread use, and they are definitely not available in any kind of quantity. They’re available only in very small quantities, so this immediately raises the issues about what you do in the situation. Unapproved drugs, very severe need, and then the very small supply, and so it raises a host of questions about what are the considerations that should be looked at? What are the ethical issues? What are the scientific issues? What are the medical issues?

So, in recognising that, that’s why on Monday we will convene a meeting. The meeting will be a virtual conference, and it will include both ethicists and scientists to really develop a framework for how we should approach this, because this is not a single drug issue; it is really a framework, which is potentially applicable to options as they come up, and so that was the discussion. This is what WHO will be doing in the next few days, and then we hope that that will provide solid directions for how to move on this group of issues.

MC  Let me take your second question. It is true that MSF, in my discussion with the President, and also with her team, we admit that they are really under tremendous stress, and they are doing a great job, and, actually, this applies to many organizations, and CDC is coming forward, and provides a lot of people on the ground to support the data management, the surveillance and contact tracing, and WHO is also sending, mobilising the staff in head office, in the regions, across the regions, to respond to this.

Now, there is always a limit, and that’s why we need to have international experts deployed by WHO and our partners, but at the same time we need local healthcare workers.
Now, you put your finger on the most difficult issue. The local health workers were not paid and insecurity from the community, riot and violence, and these are some of the factors driving the healthcare workers away, and not reporting to work.

Now, in my meeting with the three Presidents they were, at least, in their joint communiqué, they agreed to mobilise resources to pay the healthcare workers, and I also would like to mobilise the international community to provide the material support, like PPE, strengthening the quality of care, laboratory support, so that the end-to-end service is provided in the kind of quality that can protect healthcare workers. Because at this point in time about 140, 150 healthcare workers were infected; 80 of them died. So, if we don’t give them the protection it is not fair.

Also, we need to provide them with security so that they can work in the hospitals, in the clinics, and that’s why, let me perhaps take this opportunity to underscore the Presidents’ commitment, the three Presidents’ commitment, to mobilise either police or military really to protect healthcare workers too, because if they don’t get the protection, and to work in, to do what they are best at, they will not be coming to work. So I think we need to take, as I said, the total package, as recommended, into context, and I’m sure with the commitment of the international community, and working together, we will have a much better chance to bring this Ebola outbreak under control.

KF Tom, let me just add one thing, because on top of everything that the DG said, there are additional responses going on. So as I mentioned, MSF has really been at the forefront of providing clinical care. But, for example, some of the countries in the region itself, particularly countries like Uganda, Gabon, I think Congo, have also provided healthcare workers to go into the affected areas.

As we speak there is a team from the Red Cross, which is in Kenema, which is Sierra Leone, one of the most hard-hit areas, and that team is literally clearing out the space right now, to provide clinical care. So there are other groups, which are coming in, and we will continue to reach out and try to mobilise those as much as we can.

GR Thank you very much, Drs Chan and Fukuda. We'll go back to online, first of all, and we'll take several questions at once, in order to try to group them, and go a bit faster. So, Maria Chang, from AP, can you give us your...?

MA Sure. I was actually trying to squeeze in two as well, if that's okay. My first question goes back to this issue of the outbreak being out of control, which MSF has been saying for a while, and given that the first cases I think were reported in Guinea in March, I'm wondering if the response from WHO and others was insufficient at the beginning. Did we not pay enough attention to this? Did we somehow fall down on the job? And should it not have been contained when it was in one or two countries, versus the three or four that it's in now? And also, regarding some of these measures taken in West Africa, including bringing in troops and blocking off the epicentres and suspending civil rights, does WHO have a position whether or not that's justified in the current context? Thanks.

GR We will also take questions from Vicky at NPR. Go ahead, please.

VI Do you know what the percentage is out of the number of people who get infected that actually then go on to develop symptoms? And I have a second question.

GR We missed the first half of your question. Can you repeat it please?
VI Oh. Do you know what the percentage is out of the number of people who get infected actually then go on to develop symptoms?

GR Second question, please.

VI Oh, can you hear me?

GR Yes. Go ahead, please.

VI Oh yes, do you know what the percentage is out of the number of people who get infected or have contact that actually then go on to get sick and develop symptoms?

GR Your second question?

VI Oh, the second question is, is Guinea the only state out of those three that hasn’t declared a state of emergency?

GR Okay, thank you. And then one more set of questions from online, Miriam Falco at CNN, go ahead, please.

[Pause].

GR Okay, Miriam Falco? No, she's dropped off. So, Drs Chan and Fukuda?

MC Thank you. I will take some of the questions and invite Dr Fukuda to provide the technical points.

Maria, you asked a question whether or not some of these measures are appropriate, in terms of civil liberty, and I would like to bring to your attention that the IHR 2005 stressed, in Articles 3 and 32 very clearly that whatever measures, health measures that we are recommending, we need to address it in a human rights approach, and taking into consideration the proportionality and the necessity of the measures that we need to recommend, on a risk based assessment to bring the outbreak under control, and we need to, of course; it's very clear that to respect the dignity of the people, and to give them the proper information, and inform them, and the reasons why all these measures are taken.

Now, the second question coming from Vicky, I think all three governments have declared that at the Presidential level they have Presidential level committee to look at it as a matter of national emergency. All three affected countries, not just Guinea.

KF Let me again augment, Vicky. In terms of the percentage of people who get infected, or who are infected, and then develop disease, and then the percentage of people who are considered contacts, who go on to develop disease, basically, the vast majority of people who are infected are likely to develop symptoms, maybe not every single person, but the vast majority.

I think more important here is that the people who are considered contacts, basically that will vary from location to location. But overall we see that about 10% of people who are considered contacts will go on to develop symptoms, and so about one out of 10 persons, and so, while we need to monitor all 10 of those people, again, only a minority of them will actually develop infection. So, thank you.
MC I think, Maria, your first question, I would like to come back. Yes, this is an issue we need to address, and taken into the context that MSF is stretched, and so is WHO. Let’s be very frank. WHO is, at this point in time, or actually, for the last few months, dealing with four Level Three humanitarian crises; they are the biggest, meaning the highest level of crisis, and these are Central African Republic, South Sudan and Syria, for example, and of course, at the same time, we are dealing with three outbreaks, Ebola, MERS-Co Virus, and H7N9, and we have actually mobilised all assets in WHO, and as I said, we are extremely stretched, and of course, we appreciate the mobilisation of other partners. Other partner organizations are equally stressed and stretched.

The most important factor is that governments affected need to send a very strong signal that the local healthcare workers’ contribution is appreciated, and they are properly paid, security is provided to make sure they can work quietly, and do what they are best at, and without local healthcare workers coming back to work, and provide service the international community, there is only a limit how many people can be deployed through WHO, through MSF and through other countries. Thank you.

GR Okay, thank you. We’ll take two more questions from online then come back to the room. Africa Online, please, Johnson Odoye, go ahead. He’s gone? Okay, BBC, please go ahead. Tulip Mazumdar?

TU Oh, hello, yes, [unclear]. You mentioned about putting the hotspot out, you know, the main three affected countries, by restricting the movement by getting the community on board, giving them food supplies, psychosocial support, are you talking about getting the military and police involved there? You said that quarantine should be used as considered necessary. What do you mean by that? How would that work in practice?

KF Let me address that. The basic idea is that in that region you have a lot of transmission going on, and that area has been the reason why it has seeded other hotspots in the affected countries, and so trying to stop the transmission in that area is a priority, you know, it’s a disease control priority. And in doing that, one of the basic things that we would like to reduce is the number of people who have infection travelling out of that area, and so what you need to do there is make it safe for people to be there, and so that’s the whole emphasis on making sure that communities are aware, that the healthcare provisions in that area are good, but also people have things such as adequate food, and that there is psychosocial support. Those are the key elements, because in general people would rather stay home. They would rather be near their families when they are under stress, and we need to facilitate and make that happen.

There are instances in which there need to be some security. In these areas sometimes the healthcare workers do need to have some protection. We want to make sure that patients are not taken out of hospitals, and in these instances security may be needed, and I think, on a country-by-country basis, they can also look and see whether the use of military or other people to help reduce travel out of that region is warranted.

But I want to emphasise again, the vast emphasis is on making those areas safe for people to be in, and this comes across, I think, clearly in the Committee recommendations and deliberations. Thank you.

GR Okay, thank you very much. Now, from the room we’ll try to take two or three questions and group them together, so these three... State your name, please. I don’t know you.

UM [Unclear].
GR      No, sorry.

LA      Laurent Burkhalter.

GR      Thank you. Go ahead, Laurent Burkhalter, then afterwards...

LA      So we’ve seen footage from these areas with aid workers really safely protected, masks on, protective gear, yet there’s been a number of deaths in this community of workers. So does the zero risk exist for these aid workers, and if not, how can we reassure people from other countries, from fully developed countries, that these few patients that have already been brought to the US and Spain, will not contaminate aid workers in their own countries?

GO      Thank you. Gordon [?] [Unclear] from [Unclear] News Agency. So, an Ebola outbreak on record happened as early as in the 1970s, and now it’s been almost four decades, so no effective vaccine or medication has been produced or introduced to target this virus. Why is the reason, and how long will it take before we can get any effective medicine?

The second question is contrast this outbreak with the previous two, namely in 2000 and in 1976; how come the number of people dead or contracted with the virus has been higher, a lot higher, actually, than the previous two times? Thank you.

MR      Hello, Mark Carlson from Associated Press Television. A follow up to your responses from earlier about crowd gatherings, you discouraged local crowd gatherings, but you’re also encouraging air travel, which can be 100, 200 people together on a close flight. You said it would hurt economically if you had any recommendations towards stopping air travel; why the two conflicting messages?

GR      Okay, thank you very much. Dr Chan, do you have...?

KF      Actually, Greg, let me get started on these, and then... go with this. And so we... I think that first... Yes, the question from Swiss TV. Yes, there have been a number of healthcare workers who have gotten infected, and then a substantial percentage of those have died. What it points out, when we look at those people who have gotten infected and died, these are not people who are wearing personal protective equipment, and who are taking the proper safeguards. In fact, many of these infections occurred before it was known that there was Ebola there. Healthcare workers had unprotected contact with these patients, and again, it just drives home the basic point that universal infection prevention and control is critical, hospitals, clinical services need to have these in place before they know they have an outbreak, and that’s where a lot of the infections occurred.

There are infections that occurred after the outbreak was known. Again, it’s because of inadequate infection prevention and control. Sometimes it’s due to fatigue of the healthcare workers, and so on. But the personal protective equipment, taking the proper measures, when that happens, we know that the healthcare workers can be handled, and work with patients safely, so, this is very clear, and so it’s why there’s so much emphasis on improving the basic health systems and making sure that the training is in place.

Now, how do you ensure that workers don’t contain, or don’t spread virus when they go back to their country? Again, people who are working with patients, who are working on the response, if they are properly protected they will be protected against infection. They have a very low risk of bringing infection back to a country. We have seen an instance where two aid workers did go back to
a country, and who had infection, but again, the proper infection control measures can make sure that infection does not spread out.

So, I want to underscore that again, this is a disease, an infection, which is very clearly known about how to stop transmission, and so that’s one important point.

Now, a second question, which came, that since the early 1970s we’ve known about the disease, but we don’t have effective vaccines and medicines, and why is this the case? I think it simply comes down to the fact that there are many diseases for which this is true, and in the past the Ebola outbreaks have been relatively small, they have been relatively isolated, and it, in essence, has not been enough to lead to the development of commercial medicines and vaccines, and so on. I think it’s a simple reality here.

We have seen a large number of cases and deaths, and again, I think that there are probably a group of factors related to this, for example, we have seen that this outbreak start in an area in which three countries come together. There is a lot of cross-border traffic, which goes on, a lot of movement of people. We have seen that this has seeded, and gone into different communities, making it much harder than in the past, when we tended to have isolated outbreaks, which were easier to control. So there are a variety of factors like that which contribute to why we see more cases.

Then, in terms of the mass gatherings and the air travel, I don’t think that there’s a contradiction here. Let me give you the reason for why the mass gatherings, and then the reason for the air travel.

With the mass gatherings, so for example, if we imagine that we may have a big football game going on, you can have tens of thousands of people come from everywhere, from affected communities, non-affected communities; everybody simply comes together. And it’s in recognition in that kind of situation you could potentially have transmission, and so if that kind of gathering is not really... It’s something, which can be postponed. A football game can be postponed, or other things can be postponed, then it would be prudent to do so, and I think that’s one recommendation there.

But in terms of the air travel, again, as the DG mentioned, if you are a person travelling to these countries, for most people who are going to be going there, for business meetings or to visit families, or to do that kind of business, they are at low risk for getting Ebola infection, and so we don’t believe that a general ban on that kind of travel makes any sense at all, and yet a ban on that kind of travel will directly have an adverse impact on the community, on the anxiety, and so on, and so we see that there is a lot of adverse effects there.

So, these are not really contradictions. It’s thinking through what is the risk of each of these events, and then how do you deal with it appropriately. Thank you.

GR      Okay, thank you.

MC      Thank you.

GR      Thank you, Dr Chan. You’ll go that way. Thank you very much to all of you, very much, both online and in the room, for coming. That wraps up our press conference here on Ebola Virus Disease and the declaration of a public health emergency of international concern.

We will be posting an audio and written transcript online at www.who.int, and video clips will also be made available.
Thank you very much.

MC    Thank you

KF    Thank you.