Good afternoon, thank you and welcome to WHO for those journalists who are in person and also for listening into this virtual press conference on the Ebola outbreak in West Africa which we will now commence. The briefing will start with opening remarks by Dr Keiji Fukuda, the Assistant Director General here at WHO responsible for Health Security and the Environment and then we will hand over after that to Dr Stéphane Hugonnet, a Medical Officer with WHO, who has just come back from Guinea and after those two sets of opening remarks, we’ll open the floor to questions. Thank you very much, may I remind you that if you want to ask a question please dial zero one on your keypad to get into the queue.

Thanks Gregory. Good afternoon everybody, it’s good to see everybody here. What we’ll try to do in the next few minutes is give you a bit of an overview of where we are in terms of the Ebola outbreak going on in Africa. What I’ll do is provide, I think a broad overview, and then turn this over to Dr Hugonnet who actually just returned from the area a few days ago and he can really give you a bird’s eye view of what’s going on there.
But this is one of the most challenging Ebola outbreaks that we have ever faced and right now we have documented cases, both in Guinea and in Liberia, and the reasons why this is one of the most challenging outbreaks is that first we see a wide geographic dispersion of cases, so this has come in from a number of districts as well as a large city in Guinea, Conakry. Two, as you know when we’re dealing with Ebola, we’re dealing with a quite lethal infection and because of that these kind of outbreaks are often surrounded by a great deal of fear and anxiety, creating rumours and making communications both challenging and very important. So that’s one message I simply want to get across; this is a difficult outbreak and it is very challenging.

The second message I want to convey is that from the start all of the levels of WHO, and so this includes the country offices, the regional office AFRO located in Brazzaville, as well as several headquarters programmes, have been mobilised and very deeply engaged in the response. So in terms of what WHO’s trying to do here, our main purpose is really to support the affected countries in terms of trying to prevent infections, stop infections, stop the outbreak, and then make sure that those who are sick get the best possible care.

So, so far we’ve deployed about 50 experts and support staff directly to the outbreak area, this is both directly WHO staff and then staff being provided by our many partners through the GOARN network. In addition to that we are providing information updates to countries on a daily basis through the International Health Regulations which again is the key mechanism for getting information and communications out to countries when we are facing outbreak and emergency events like this one.

Now in this context, I want to acknowledge some of our partners, we’ve had partners out there who have been there from the very beginning and working incredibly hard and here I want to particularly thank and acknowledge Medecins Sans Frontieres, as you know they have been working very hard to take care of the people who have been sick there and trying to stop the infection. But there have been a number of other organisations that have provided assistance in many different ways and these include CDC in Atlanta, Institut Pasteur both in the Institut in Africa as well as in Paris, the International Federation for the Red Cross, Unicef, Samaritan Purse, The World Food Programme, as well as Tulane University. And then in addition, there are a number of countries that have stepped up again to provide support in various different ways and here I want to acknowledge them; Canada, the Democratic Republic of Congo, The European Union, Italy, Gabon, Germany, South Korea, Uganda, and all of these countries have really stepped up again to provide some support and help in dealing with this outbreak.

Now the third message which I want to convey is really important. Ebola is clearly a severe disease, I mean this is an infection with a high fatality, but it is also an infection which can be controlled. We know very well how this virus is transmitted, we know the kinds of steps that can be taken to stop the transmission of this virus and so this is a virus which is transmitted either through body fluids or by close contact with an infected person. And so if people take the right precautions, this is an infection for which the transmission can be stopped and the risk of getting infected is low with the right precautions. What this means is that outbreaks can be stopped through many of the public health measures being taken. Notably identifying the
people who are sick infected, contacting or tracing the people who have had contact with those people, and then taking careful infection prevention and control measures, particularly in families and in clinical settings where patients are being taken care of.

And then finally, as we’ve seen from, you know, many, many outbreaks, the outbreaks themselves are partly just the disease but they’re also partly the anxiety and the fear that they generate. And so here it’s absolutely critical to get out as much accurate information as possible to the communities, to the countries that are affected, really again to address the anxiety and reduce the rumours as much as possible so people have facts to work with and not just rumours.

So with that, let me turn this over to Stéphane who can really provide us with more details about the situation. Stéphane?

GH Thank you very much Dr Fukuda. Just to remind journalists online to dial zero one on their keypad to get into the queue to ask a question and to remind all of you that the WHO website is www.who.int and that very shortly after this briefing is over we will be posting an audio file with the complete press briefing on the website. Okay, over to Dr Hugonnet, thank you very much.

SH Thank you. Good afternoon everyone. So I will start with giving you a brief epidemiologic update then I will follow up with trying to explain what WHO is currently doing to control the outbreak and then as I’m just returning from the field, the Guinea Forestiere, I will tell you what’s going on there and what are the main challenges and gaps.

So a few numbers, first we just received an update a couple of minutes before this meeting about the figures in Guinea. So far there are 157 cases including 101 deaths. Out of those cases, 67 were confirmed. 20 of the cases were from Conakry. So this is for Guinea. In Liberia, we have 23 suspect cases, seven deaths, five were confirmed. Yes, Liberia 23 cases, five confirmed, seven deaths. And there are three other countries for which there were rumours of suspect cases, namely Sierra Leone, Ghana and Mali. So in Sierra Leone there are two probable cases, meaning patients who got infected in Guinea and travelled and were buried in Sierra Leone. Nobody had been confirmed in Sierra Leone, so so far there is not Ebola case in Sierra Leone. In Ghana there was a rumour about the suspect cases that has been investigated and it turned out to be negative for Ebola, so in Ghana there are no Ebola cases so far. And in Mali, there were nine suspected cases, we just received yesterday the results from CDC Atlanta but two of them they are negative and we are still waiting for other biological tests for the other patients. So up till today there are two affected countries, Guinea and Liberia. I think we should note just a few comments on that. We should not focus too much on the figures and the numbers because this changes every day - a patient arrives, is suspect, then he’s investigated and then he might be discarded or confirmed and the number changes every day. I think most important is the trends and the geographical spread of the infection, but this is just to give you an idea of the magnitude of the programme. So clearly this is an international outbreak with two affected countries and obviously there is a risk that other countries might be affected, therefore we absolutely need to remain vigilant.
So what are we doing? As Dr Fukuda says, about 50 staff are currently deployed in this area and 17 are about to go very shortly – 50 there and 17 to go shortly. Either WHO staff or staff that have been recruited through the GOARN system – the GOARN meaning the Global Outbreak Alert and Response Network. We are working on several areas, on epidemiology and surveillance, this is to identify cases, identify the contacts, follow the contacts. We are working on infection control to prevent transmission from patient to health care workers or from patient to patients or from health care workers to patients in health care facilities. And to do so, among other things we have been sending a large amount of personal protective equipment to the affected countries and surrounding countries. We are working on clinical management, also Ebola is an extremely severe disease, close to eight or nine patients out of ten are dying, there is no prevention, there is no specific treatment, but still symptomatic treatment is extremely important, such as rehydrating patients when they are vomiting, giving pain killers when they have pain, keeping the electrolyte balance okay and keeping the nutrition okay because this disease is a wasting disease. And this also obviously the efficacy of that is not by far 100% this helps. We are working on laboratory and confirmation of the cases, two mobile laboratories have been installed, one in Conakry in the Donka Hospital, from Institut Pasteur Dakar who provided the equipment and the staff, and another one in Guéckédou, the epicentre of the epidemic, this is a European mobile laboratory and I’ll give you more information about that a little bit later. We are working on communication, on logistics, and on social mobilisation.

Among the partners and the help that we are receiving, I would just like to mention that there is a great deal of collaboration across African countries, people, specialists from DRC, from Uganda and Gabon, are or have been deployed to the affected areas to support the response in West Africa and I think that’s quite important to mention. Those people they are experienced with the haemorrhagic fever outbreaks and they were very willing to support the response in West Africa where this is the first Ebola outbreak.

So a few words on the situation in Guinea Forestiere. So Guinea Forestiere is the South-Eastern part of the country, it’s roughly 900 kilometres from Conakry, bordering with Liberia and Sierra Leone. There were initially four affected districts, actually one district is not fully affected, just patients became ill in Macenta, they travelled and were hospitalised in Nzérékoré, they died in the hospital there but this did not result in further human to human transmission. And just to illustrate what Dr Fukuda was saying about the mode of transmission, also clearly this is a transmittable disease, it’s fairly easy to block the transmission. No transmission occurred in those hospitals and one of the reasons is that in one of the hospitals they have, as a habit, to wear gloves and wash their hands before and after every patient’s contact and not only Ebola contact. So I’m not saying that this only prevented transmission but I think that’s important to keep in mind that it’s not that transmittable and I’ll come back to that a bit later.

So currently there are three hotspots, the main one is Guéckédou and this is where we think the outbreak started, followed by Macenta and Kissidougou, so in those three areas there are active transmission chains that still produce cases. There are two isolation wards or centre for case management managed by MSF, one in Guéckédou and another one in Macenta and we did install the laboratory in Guéckédou within the
MSF compound. The maximal capacity of the laboratory currently is 50 samples per day, roughly, which is more than enough to deal with samples coming from this area as well as samples coming from Liberia. A couple of days ago, over 30 samples were shipped from Liberia to Guéckédou and this worked perfectly fine and that was very helpful. So there are, obviously there are a number of challenges and difficulties and gaps. The main gaps I think are the social mobilisation, so meaning to sensitise the population and try to make them understand what we are doing and adhere to the Public Health Recommendations and Public Health Actions that we are implementing and certainly we’ll discuss that a little bit more in detail after that.

Outreach, so far the system was relatively passive in the sense that the patients were coming to the hospitals, now we need to go more to the villages to identify the cases, to identify the contacts and do an active follow up of the contacts and this is critical to block, to interrupt the transmission chain. And infection control, there are extremely important infection control measures taken in the isolation wards managed by MSF but the infection control needs to be strengthened in the other hospitals and in the peripheral health centres.

So clearly in Guinea Forestiere the outbreak is not over, this is the epicentre of the outbreak and as long as this is not controlled there, there will be cases being exported from Guinea Forestiere in the rest of the country and likely, like it happened in Liberia, in other countries.

So I think I’ll stop here for the moment and we’ll take some questions.

GH Dr Hugonnet thank you very much, we’ll open the floor to questions first here in the room and then to those online, state your name please if you would, go ahead?

IL It’s Iloytchic [?] for Russian News Agency Tass. You mentioned that the outbreak is not over, that it will go to other places and other countries because it is still there; you are talking about these three focal points that you mentioned?

SH Yes, I’m talking about this plus Conakry, obviously they had cases and the first case in Conakry got infected somewhere in Guinea Forestiere, arrived in Conakry and this resulted in further transmission chain. But I think most of the cases are in Guinea Forestiere and patients from there move to Liberia and import or export the disease in Liberia.

GH Okay, thank you, next question. EFE. And I think we want to make just a correction if we can before, the numbers actually from Liberia are 21 cases with ten deaths, correct? 21 cases with ten deaths from Liberia and of those 21 cases, five are confirmed and all five have died – the five confirmed cases are all among deaths in Liberia. Thank you, over to EFE.

EF Yes. Mr Fukuda, please, you said challenging outbreak, why – what is different from the former ones, what do you expect is going to happen? Thank you.

KF Well I think with this outbreak there are a couple of notable features about it, one is that it is spread over a number of different areas and so we have two countries involved, we have rumours coming in from other countries and so it’s not just one
single location. Second is that we have not had an Ebola outbreak in this part of Africa before and so that’s another complication where, you know, they don’t have that kind of experience there. And then three, you know, whenever you’re dealing with Ebola and particularly if you’re dealing with Ebola in multiple places, it does create a lot of rumours and I think that much of the work of addressing an outbreak is really trying to counter rumours quickly enough so that people don’t get misled. And then finally we have had cases occur in Conakry, a big city, and so that is, you know, it adds an extra dimension about control measures, so all of these things taken together add up to a quite significant outbreak.

GH Thank you very much. I think we will go to a question from the journalists online and remember journalists, if you have a question dial zero one on your keypad to get into the queue. The question comes from Miriam Falco of CNN, go ahead please Miriam.

MI Hi thank you for taking the questions. Number one, to your last comment Dr Fukuda, the fact that cases occurred in Conakry, are they spreading or are these just people getting sick and going to Conakry and then getting healthcare workers. And then how would you characterise, and either one of you could answer this, is this outbreak slowing down, have you been able to stem it or is this still continuing as it has been? Has there been any change given all the efforts that have been put into it so far?

KF Okay, Miriam thanks for the questions. Let me address the second one first and then the other one I’ll turn it over to Stéphane to give you a more detailed picture about Conakry. You know our expectation is that we’ll probably continue to see cases for some number of months. And then because we’re dealing with Ebola, what we typically try to do is look and make sure that we go through a couple of incubation periods to see whether the outbreak is really over, so we are clearly seeing some transmission occur right now, I think it’s a little bit premature to say whether we’re beginning to see a decrease in the transmission or not but we fully expect to be engaged in this outbreak for another two/three/four months something on that order, until we’re comfortable that we’re through it.

So Stéphane let me turn to you for Conakry.

SH So for the first question, there definitely happen… transmission did occur in Conakry, so a patient arrived there, was ill, has been hospitalised, healthcare workers became ill, so clearly it was not just imported cases from Guinea Forestiere, there was transmission chain in Conakry and the work now is about identifying the cases, their contacts, and following them up.

I think maybe if I can complement what Dr Fukuda says, most of the cases that are now being identified can be linked to a known transmission chain which means that we are, I wouldn’t say that we are completely on top of this outbreak, but it does not happen that the case occurs and we are unable to link into a known transmission chain, so the surveillance works as well as it can and this is rather reassuring.
Okay, next question please, we’ll also take it from the people online, Sara di Lorenzo of AP, go ahead please and then we’ll come back to the room after that, go ahead please Sara.

Hi can you hear me?

Yes, go ahead please.

Okay, great. I have two questions; the first one is I know there are some experimental drugs and vaccines, is there any thought that they might be tested on people who are sick now because I know that you don’t often have human cases so it’s hard to do human trials? And the second is you mentioned rumours and I’ve seen stuff about, you know, eat two onions a day and you’ll protect yourself or combine Nescafe and all sorts of other things, just a little bit more on that – how do you fight those, how much of a problem are those kinds of rumours and do you see people who think that they’re protected because they ate two onions?

Thank you.

[Inaudible]. Do you want [overtalking]…?

I get the second one.

The onion, oh, will you?

[Overtalking].

Yes, Sarah, let me address this first, and then see whether Stephane has other points to add, but again, starting with your second question, yes, these kinds of rumours can really be harmful for people. I mean, if they believe that eating onions or taking some sort of food is protective, this is going to make it less likely that they’re going to be actually doing the kinds of infection prevention measures which they need to do.

You know, basically, you want to be physically separate from the virus, and this is really why, for us, it’s so important to counter those kinds of rumours, and to try to get out accurate information about how you might get infected, and most importantly, how you can prevent from getting infected. And then in terms of human trials for any new vaccines, yes, there are vaccines under development or under consideration, I should say, as well as medicines, but right now we do not have any plans to conduct any trials in these kinds of circumstances.

Right now, our overwhelming emphasis is on identifying any potential cases out there, trying to find them, again, trying to break any chains of transmission, and then trying to get people into the right clinical care. That’s where virtually all of our focus is right now.

Stéphane, anything you want to add, about the…
To complement what I was saying earlier about Conakry, just to make it very clear, all the cases in Conakry, they are all related one to each other. So the transmission chains are identified, and we know what is going on.

Thank you very much. So we’ll come back to a question from someone in the room, just for journalists on-line, if you can dial zero one, if you do have a question, to now Gunilla von Hall from Svenska Dagbladet.

Yes, Gunilla von Hall, Swedish Svenska Dagbladet. I have two questions. There have been attacks reported on the weekend against health centres in the south, you probably know more about this. Can you explain what this was all about, and how you can stop this from happening? I guess this is connected with the rumours and fear.

My second question is, how are you reasoning about travel recommendations? At what point would you issue some kind of recommendation, how are you thinking around this? Thank you.

So yes, indeed, there was quite a serious incident in Macenta over the weekend, I can’t remember if it was Friday or Saturday. A couple of days earlier there were threats and protests in Guéckédou as well, against MSF. And this is something that we see probably during every Ebola outbreak, and this is related to, I think, the fear of the population of the disease, and of what is going on in the health facilities.

The difficulty in terms of communication is to try to explain to the population that if they are ill, they should go and seek care in a health centre, or in a hospital, isolation centre. However, the mortality rate is extremely important, as I was saying, nine out of ten patients will die. So, you know, if we look at that from the population’s perspective, why would you go to a hospital if you have more or less zero chance to get out of it?

Especially in families where several members have died, and that’s unfortunately how this outbreak, how this disease evolves. I remember in one family, in Macenta, five people of the family died. So how can you explain that they should go and seek care? So there’s a fear, and there are wrong accusations against those providing care, for instance MSF, and they say brought the disease.

So they are not very keen to go to the hospitals, and this translates, this can translate in sort of aggressive behaviour. So that’s one of the critical areas of work, this is social mobilisation, and sensitisation of the population, to try to explain what is going on, to try to explain the added value of going to the hospital, for the patient, because it’s not a fatality. Some patients do survive, and symptomatic care is important. So this is for the patient, but this hospitalising the patient is important as well for the family and for other people living around, because it limits transmission.

The other question you asked was about travel recommendations. Why wouldn't we make them here, how do we think about them? So, you know, for almost any outbreak that comes up, regardless of the disease, this comes up as a question, would travel recommendations make a difference, and, you know, the reason for that
is clear. If you stop people from moving around, if you stop all travel, you can theoretically stop the spread of infection.

But I think it’s also clear, if you do that, there’s a very big cost to that. I mean, if you stop people moving around you stop food, you stop travel, you stop people having contact with each other, and so we usually look at these things and say is it really going to help the outbreak, help control the outbreak? And in a specific disease like Ebola, you know, this is an infection for which the incubation period is about 21 days, and so during that time, how do you know who is infected or who’s not infected?

And so can you stop all of that? And so in this particular instance we don’t believe, we have not issued any travel recommendations, and we don’t think that stopping people from travelling is going to help in this situation. Whereas we think getting the right information out there, you know, is the really, one of the critical aspects.

And then while I have the microphone, I just want to amplify on one point that we had made earlier, just so that there’s no confusion. When Dr. Hugonnet and I were talking about the outbreak, and saying that we expected the outbreak to continue for a while, this is really based on experience with other outbreaks, and taking a look at the size of this one. You know, we are not particularly predicting its spread into other countries, or moving out of that area, but I just want to make sure that that points is very clear.

But what we are saying is that along with our partners, and along with the countries that are affected, we have to be thinking realistically, how long are we going to be dealing with this kind of situation, what sorts of resources would be needed, how much attention is needed, what’s the effort? And so this is really how we’re looking at this issue. So I hope that’s clear. Thank you.

Thank you, Dr. Fukuda. Next question is on-line from Maggie Fox. Go ahead please, Maggie, NBC.

Thanks. Can you tell us a little bit about what people are doing out of ignorance of prevention measures that’s helping spread the virus?

What prevention measures, what do people that spread it…

So there are three situations and three groups at risk, at extremely high risk of getting the disease, and all the interventions that are being done are focusing on these three groups. So one is health care workers, so the health care workers are at very high risk of getting the disease, and this proved true again in these outbreaks. I don’t have the figures, but I think in Guinea, 14 health care workers got the disease and died. So health care workers, because they do receive patients, they do not necessarily have or use correctly the personal protective equipment, and get the disease. So that’s one group at risk, health care workers.

The other one is the family contact. Imagine patients living at home, the rest of the family lives at home with him, and some of them do care for the patient, and have direct physical contact with the patient. And this increases dramatically the risk for the household contact. And the third group are those attending funerals and, depending on the local practices, they have direct contact with body fluids of the
diseased patient, and very systematically this is something that amplifies the epidemic.

So in this outbreak, we observed those three at-risk situations. Health care workers, people attending funerals, and family contacts.

GH Thank you very much, Dr. Hugonnet. Next question is from Jennifer Yang, Jennifer, go ahead please.

JY Hi there, thank you very much. I have two questions, one just following up on the previous answer, Dr. Hugonnet, the burial rituals in Guinea, can you sort of explain what people are doing that is specifically amplifying this outbreak? I know in past outbreaks there are traditions and customs where people touch their deceased loved ones, and are getting infected this way.

My second question is if someone could please explain more specifically what is being done to counteract the rumours and the misconceptions that, for example, MSF has brought Ebola to Guinea, what is being done at this moment specifically to try and counteract that?

SH So for the burial, I think it’s, what happens is exactly what you were mentioning. People, they do have a direct physical contact with the dead, with the diseased patients, and have contact with the body fluids and get infected like that. So regarding the second question, as I was saying, there is a lot of work on the sensitisation of the population, and we have, in the field, in Guéckédou, an anthropologist who is working very closely with MSF, and the local population, attending the funerals, attending the ambulance when the ambulance outreach to get patients back to the hospital, and trying to, and explain what is going on, and why this is being done.

Something quite important, really, to burials. There is a right balance to find between safe burials and human burials, and burials with humanity, and the thing is obviously not to focus, I mean, we need to do both. The risk is to be too much on the safe side, and not human at all, and this is being changed with the work of our anthropologist, much more attention is given to the ceremony as a whole, and to the family of the diseased patient.

And this, I think, will hugely help the acceptance of MSF within the community.

GH Thank you. Are there any more questions from the… Sorry, Keiji, excuse me.

KF Yes, Jennifer, if I can just add one other example to what Dr. Hugonnet mentioned, you know, some of our staff there, for example we have an expert epidemiologist, Dr. Philippe Barboza, who is there, who is also giving local interviews on the radio, and so using, talking with the local reporters about what are actually the… what’s the situation, and who kinds of things can be done. So basically a lot of local outreach in addition to trying to outreach more internationally.
Any questions from the room? I will take, before we go back to seconds, so to speak, we’ve got more on-line. Gretchen Vogel, Science magazine, go ahead please.

Thanks for taking my question. I wondered if you could say anything about the suspected case in Liberia of a hunter that has supposedly not had any contact with anyone from Guinea, and whether that’s been clarified, whether he really did have Ebola, and whether that was a sort of new chain or new index case, or if that’s been clarified to, with some other explanation.

So this hunter has been tested, and was negative.

Thank you. Next question. I guess EFE, you had another question from here?

Yes.

Go ahead please.

Several times, the fact it arrives to a capital, to a big city, is a problem… could you please develop why this is a problem? And as well, coming back to the beginning of this outbreak, you mentioned there’s a first time that it arrived to this part of the world, but it’s been in central Africa, quite nearby, how do you think it arrived there, through an ill animal, or are you not aware, or would it happen by hunters, or how come… I know you are not focused on that now, but could you give us some ideas? Thank you.

Well let me start with the big city. Whenever we’re dealing with an infectious disease, you know, they tend to transmit more easily when people are closer together, and another thing about infectious diseases is that when people have more frequent contact with each other then it’s easier to transmit. So that is always our concern, it’s just that once you get into populations which are dense and people are, you know, interacting with each other in a close way, in the way that you do in cities, that it can make it easier for the infection to transmit.

And it can also make it easier for, or more difficult to actually identify contacts, because everyone you have contact with is not necessarily people that you are going to know. So these things tend to be a little bit easier when we’re in a rural setting, and we have a less dense population.

And then in terms of your question why here, now? I mean, we don't know. We don't know. I mean, whether that meant that there was some movement of animals, whether that meant that there was some kind of precipitating event, perhaps some kind of, I don't know, hunting event or something, which we don't know about right now, but you are right, right now, this is not the main focus of our work, it’s really trying to get at how do we stop this?

So, you know, it would be nice to know, at some point, you know, why are we seeing it here now? Is there some fundamental change going on?
Okay, thank you. Next question on-line from Jan-Dirk Hebermann, and then we’ll come back to the room. Jan-Dirk, go ahead please. Jan-Dirk? Okay, I think, until we get that sorted out, Stephanie, you had a question, Reuters?

ST Thank you. Can you say, Keiji, how many contacts you believe potentially might be out there, who would have come in contact with these infected people, or suspected, or even confirmed cases? And how successful have you been in sort of finding them, identifying them?

KJ So Stephanie, let me turn to Dr. Hugonnet for that, I don't know if we have an estimate.

SH Yes, so…

ST At one point it was 400, that was last week.

SH This is 600 and something contacts that have been identified, and you can imagine that it’s extremely challenging to follow them up, because in theory what should be done is to have a daily contact with them to figure out if they are still healthy, or have any sort of symptoms, mainly temperature. And this is extremely difficult, because the setting is difficult, and the people are moving a lot. The general population, the cases, and the contacts as well.

So it relates as well to what I was mentioning at the beginning. We need now to be more, on the outreach side, more active to identify and follow up the contacts.

GH Okay, thank you very much. Next question on-line is from Tulip, and Tulip, I'm not going to abuse your family name, but you’re from the BBC. Go ahead please, if you can give your name. Tulip? Okay we’ll go to John Zarocostas in the room please, go ahead John, please.

JZ Yes, John Zarocostas with McClatchy Newspapers. I was wondering if you could give us the case history, I think the first one was in the 70s, mid 70s, what was the case load compared with now? Is this the highest peak in the history of the disease? And secondly, has this disease been weaponised in the bioweapons field by the great powers. Thanks.

SH I think… do you have the figures [overtalking].

KF No, John, we have the figures from the preceding outbreak, so Uganda in 2000 and 2001 with 425 cases. So that would be the largest one. And then again, we can get you the numbers for the other outbreaks which have occurred.

JZ There were confirmed cases, was it?

KF These, I think, are considered cases. I don't know if every one is laboratory confirmed, because many of them are, you know, we’ll have people who will die who look very much like they have it, but won’t be lab tested, and so…

JZ So this is much bigger [inaudible]. ?
KF  Bigger than the one that we’re dealing with right now, so far.

GH  Uganda was 425.  [Inaudible].  ?

KF  I’ve just been handed some of the other outbreaks.  There have been a number of other outbreaks, for example, one in 2001 in Gabon with 124 cases preceding, or about the same time as the one in Uganda.  There was an outbreak in Democratic Republic of Congo in 2007 with 264 cases.  Again, we can provide you with a listing of the different outbreaks, rather than reading them off one by one.

JZ  Okay.  Has the disease ever been weaponised?

SH  I don't think so.  I don't know.  I know that this is definitely one of the, you know, suspect agents in the, I think, first category of weaponised… yes.  Russia.

JZ  Okay.

GH  So do we have a question on-line again?  Chris?  Jan Haberman?  If you can go ahead please, Mr. Haberman, are you there?  Okay.  So any more questions from the room?  Jonathan Fowler.

JF  Jonathan Fowler, from AFP.  Could you tell us more about the weaponisation?  What kind of period was this done in?

SH  I have no idea.  Do you?

KF  No, I don’t have any details on this, and so I simply don't know.

GH  Gunilla?

GV  Yes, may I ask one question, there was a case, a report about an Air France plane that came from Conakry to Paris, and there was a suspected patient, or person, on board, but in the end, just to get that confirmed, it was negative?

SH  I was in that plane.  I was maybe considered as a contact, but I still feel quite all right.  I think that the flight was delayed from Paris, and if I'm… if I understood the story correctly, I think the passenger in another flight was sick, in the toilet, vomiting, vomited, and this generated some anxiety.  Nothing more than that.

GH  Okay, thank you very much everyone for joining us today, thank you Dr. Hugonnet, Dr. Fukuda.  Just to, before we sign off, to reiterate that very shortly after this briefing is now over, there will be an audio file posted on the WHO website, www.who.int, and there also will be a TV package that’s being put together and sent out.

Thank you to everyone.

KF  Thank you.
SH  Thank you.