WHO Virtual Press Conference following the Sixth Meeting of the International Health Regulations Emergency Committee on Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

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Speaker key

GT   Glenn Thomas
DKF  Doctor Keiji Fukuda
HB   Helen Branswell
AP   Agnes Pedrero
KK   Kate Kelland
FJ   Frank Jordans
AG   Anne Gulland
MF   Miriam Falco
TM   Tulip Mazumdar
JD   Joe Decabur
JB   Jenifer Bell

GT   Hello, everybody, and welcome to… well, first of all, good evening, good morning and good afternoon. It's just after 12 noon here in Geneva on June 17th. My name is Glenn Thomas. We're here to have a virtual press conference to announce the findings of the sixth meeting of the MERS Coronavirus Emergency Committee. Apologies for the slight delay in the start, but we will now start straightaway with Doctor Keiji Fukuda, who is the WHO's Assistant Director-General for Health Security. He's going to start with a very short statement outlining the findings from the committee and then we'll start with questions from journalists listening in on this call. So straightaway I'll hand over to Doctor Fukuda.

DKF   Thank you, Glenn. So welcome, everybody, and thank you for joining this briefing on the outcome of the discussions of the sixth meeting of the International Health Regulations Emergency Committee meeting on the so-called MERS coronavirus, which is a Middle East respiratory syndrome coronavirus. Yesterday, the Emergency Committee met by telephone conference in the afternoon Geneva time, and, similar to our previous meetings, the members
of the committee were updated both by WHO, as well as by countries that had had recent MERS infections occurring as to new developments, such as the epidemiology and new case findings and so on. The information session was then followed by a deliberative session, in which the Emergency Committee meetings discussed their guidance to the Director-General.

So let’s go to the bottom line of this meeting. Based on the current information, the Emergency Committee agreed that the situation continues to remain serious. However, they also noted that the recent upsurge in cases, which really started taking off about April, has significantly decreased. They also note that significant efforts to improve infection prevention and control measures were being undertaken in the Middle East, and particularly in the affected countries. And they also noted that there was still no evidence to sustain person-to-person transmission occurring in communities. And so on the basis of those lines of information the Emergency Committee assessed that the current situation does not, does not constitute a public health emergency of international concern.

So let me expand a little bit on the discussion. Now, since the Emergency Committee last met there has been further work to assess the situation, and based on that our current understanding is that the upsurge in cases is primarily related to transmission occurring in hospitals, in essence, primarily related to suboptimal infection prevention and control measures. So many of the cases that were thought to have occurred in the community are really related to infections occurring in hospitals. Based on this, the Emergency Committee focused much of its attention on the need to further analyse what’s going on in the hospital outbreaks and to better understand where is it exactly that infection prevention and control measures are not working. So, for example, they highlighted that patients often meet before they have a diagnosis in crowded areas, such as emergency rooms and emergency departments, and what exactly is the breakdown in infection and prevention and control measures there.

The Emergency Committee also noted some important developments which are worth noting. First, that they did note that the efforts were being made by national authorities to strengthen infection prevention and control measures and that these efforts appear to be paying off. We believe this is a major reason for why the number of cases has decreased. Secondly, they also noted that ongoing investigations into the source of infections are highlighting that there’s a growing sense that camels are a very important source of exposure to the MERS virus occurring in communities.

Now, again, based on this discussion and this information, the committee reiterated its previous recommendations or advice to countries. And so let me just underscore some of these. Some of the guidance given to the Director-General was to continue efforts to strengthen implementation of basic infection prevention and control and to increase education on these measures, particularly among healthcare workers. And again, I want to underscore the importance of basic infection prevention and control. We do not believe that esoteric or unusual means are needed.

Secondly, the committee emphasised its continuing guidance that the critical investigations which are underway should be completed as quickly as possible. So these include epidemiologic investigations, such as case control studies to look at risk factors more carefully, serologic investigations, surveys and animal studies, and that there should also be efforts to investigate where breakdowns in infection prevention and control are occurring.
And as soon as these investigations get finished the preliminary results should be shared as quickly as possible.

A third point of guidance from the committee was that there should be ongoing efforts to strengthen capacities in especially vulnerable countries, and again they highlighted the importance of focusing these efforts in Africa in particular. And they also emphasise the importance of implementing concrete actions to improve some basic public health measures, again particularly in Africa. And these measures include things such as surveillance, infection prevention and control and that it was important to move on these… on implementing these actions given that the… we are on the period where Umrah is going to begin and with the upcoming Hajj later in the fall time.

And the fourth point that they wanted to underscore strongly was the importance of raising awareness about MERS infections, particularly among pilgrims who are going to be going on Umrah or on Hajj and to especially raise the awareness that those with chronic medical conditions are at higher risk from more severe disease. And they also wanted to emphasise that the medical delegations accompanying these pilgrims should be made aware of how this disease may present, to be looking for the development of potential cases of MERS and to emphasise education about personal hygiene and in basic infection prevention and control measures.

So in summary, if we look at the next steps, WHO will continue to interact closely with the Emergency Committee and the Emergency Committee itself will be reconvened. If the current situation does not have any dramatic changes we anticipate that the committee will be brought together again in about three months, so in September of this year.

So with that, Glenn, let me stop and we can take questions. Thank you.

GT Thank you, Doctor Fukuda. So before we open the floor for questions, just to mention that there will be an audio recording of this press briefing, which will be posted on our website soon after we finish. There will also be a transcript of the press conference, which will go on our website possibly later today. It'll take a little bit longer than the audio transcript. And we're also producing video material from this press briefing, which will also be available for your use.

For journalists on the phone, if you have a question, please, all you need to do is tap zero one, zero one, and then you'll be put in a queue so you can then pose your question to Doctor Fukuda. Before you ask a question, can I just ask everybody to identify who they are and which media organisation they represent? We'll take our first question. Our first question is from Helen Branswell from the Canadian Press. Helen, can I have your question?

HB Hi. Thanks very much for taking my questions. I have a couple, if I could please. Since the last time the Emergency Committee met there have been some serious changes in the health ministry in KSA and I'm wondering if WHO has received any indication from that country that they are now willing to conduct a case control study to try to get to the bottom of how people are contracting MERS.

And my second question relates to the case that Bangladesh has reported. Has WHO received any information? Do you have any sense whether that's a true case?
DKF  Sure. So thank you, Helen. Let me address both of these in the order they were asked. We've been in close contact with the Ministry of Health in Saudi Arabia. And in addition to going ahead with a case control study they have a number of different studies, either underway or planned. So they are clearly planning on doing case control studies, and I believe that some of these are already underway. So yes, there is a very clear recognition by that administration about the need for them and they are moving ahead.

And then in terms of your second question, we are aware that there is a potential case of infection in Bangladesh. As I understand right now, the testing picture is not completely clear and that confirmatory testing is underway. So that's the latest information that we have on that situation. Thank you.

GT  Next on the line is Agnes from AFP in Geneva. Agnes, can you introduce yourself and your question?

AB  Yes, Agnes Pedrero from AFP in Geneva. I would like to know if you could give us the last figure you have on the number of cases in the world, cases and deaths in the world and in Arabia, Saudi, and also how many countries have been affected for the moment?

DKF  Anyes, I have some of this information, and the others I would want to confirm, and we will get it to you. But as of today, we have been informed of about 701 cases worldwide, so this is the total number of confirmed cases reported to us. And then our current understanding is that at least 249 people infected by the MERS virus have died, so this is a case fatality of about 36%. And then I think that in terms of the numbers of countries that have been reported with MERS infection, these are countries both with infections occurring in the country and then travel-related cases. Rather give… rather than give you the wrong number, if we can come back to you we'll give you the specific number on that. Thank you.

GT  Next we have Kate Kelland from Reuters. Kate, can I ask you for your question?

KK  Hello. Thank you for taking my question. Yes, a, sort of, rerun of both of those questions. The first one, on the case numbers and deaths, why is it that there is such an enormous discrepancy between the WHO's data on this and, for instance, the European Centre for Disease Prevention and Control, which since June 5th has been reporting 815 cases of MERS and 313 deaths, which I believe in itself is not necessarily desperately up to date? Why is there such a mismatch in these figures?

DKF  So, Kate, the numbers which are reported by WHO are the numbers which are reported by countries under the International Health Regulations. So what the International Health Regulations stipulate is that countries in these situations formally report numbers to WHO, and these are… so we are reporting laboratory-confirmed cases of MERS infection which are formally reported to us by the government. So if you go to the media, if you look at other sources of information you would come up with different numbers. I'm not sure exactly how the European CDC puts together its number, but this is the source of information for WHO. Thank you.

KK  And I had another question, please, on the kinds of studies that are being undertaken in Saudi Arabia now. Could you tell me, on…? You say that they're now going ahead with a case control study in Saudi Arabia. Could you tell me who's… can you tell me any of the people that are leading that study? What are the names of the investigators? Are they
working with international assistance? You know, are they working with a team from CDC or Columbia or… do you know who's running that study?

DKF  Sure. Well, you know, I think I can tell you that the Ministry of Health is running all of the studies. And basically, in Saudi Arabia they have centralised and strengthened their efforts to investigate the MERS situation. There are a number of other organisations and individuals who are working with Saudi Arabia on these investigations, so, for example, WHO has staff in-country. The centres of… Centre for Disease Control and Prevention in Atlanta has staff in-country working with Saudi Arabia and with WHO. And there are others, I think other academic entities and investigators who are there working with Saudi Arabia. So I can't tell you which individuals are running which studies, but there are clearly a number of investigations now underway.

KK  And sorry, one more follow-up. Can you tell us…? Obviously you've stressed the need for a speedy outcome, you know, so as soon as the results are available. Can you give us any idea of when those might be available?

DKF  Kate, I think that it's going to clearly depend on the kind of study which is being done. You know, for example, to do a good case control study, it's not something that you can do within a few weeks. And so it's… whereas studies looking at viruses and analysing those things can be done much more quickly. So it will really depend on the type of investigation. But what we are stressing is that this kind of information from the different studies is really critical to filling in the gaps of knowledge that we have and it's really critical for us to provide better guidance on how to avoid infection with this virus.

KK  Okay, thank you.

GT  So just a quick reminder, if you are listening in and you have a question all you need to do is tap zero one on your phone keypad and then you'll be put in a queue to ask your question to Doctor Fukuda. So next on the… in the queue is Frank Jordans from AP. Frank, can I have your question please?

FJ  Hi Doctor Fukuda. You said yesterday that were adding 38 deaths to Saudi's toll, so I'm wondering what is the total toll there now and how many of the previously unreported deaths from Saudi are you still reviewing. And finally on that, what's your understanding of how these figures were initially overlooked?

DKF  Frank, so in terms of total numbers specifically for Saudi Arabia, again I would like to come back to you to give you specific numbers because I don't have them off the top of my head and I don't want to be inaccurate here. So we will do that. We'll come back with those numbers to our understanding. I think that my understanding is that, you know, the catch-up on the numbers related to Saudi Arabia has to do with a combination of factors, how quickly different laboratories and different physicians and different hospitals and so on reported numbers to the central authorities confirming those, tabulating those, and then the fact that some of these were collected and put down on paper rather than captured electronically and so on.

But what I have seen and know is that the Saudi government has made an extensive effort really to catch up on all the numbers and to provide them as quickly as possible, so we are seeing a lot of movement here. Thank you.
GT  Next on the line is Anne Gulland from BMJ. Anne, can we have your question?

AK  Hello there. Hi. Thanks for taking the time. My question was also about Saudi Arabia. I mean, are you confident now that the Saudi Arabians are providing up-to-date figures and, you know, that will continue to do so and that there won't be this problem in terms of a mismatch between numbers and actual numbers and the numbers they provide?

DKF  I'm confident that the government of Saudi Arabia has really significantly strengthened its efforts to stay on top of the numbers and to conduct the investigation and a willingness to report those numbers I think is clearly there. So I see a big area or a big amount of improvement taking place.

AK  Have you... is WHO putting anything in place at all to, sort of, make sure that their reporting is accurate and better than it was?

DKF  Well, we have staff who are based in countries and they are working on a daily basis with the Ministry of Health there and, you know, the interactions with their colleagues in Saudi Arabia are very good. And so we have the sense that discussions are moving quite freely.

AK  Okay, thank you.

GT  Okay, next is CNN's Miriam Falco. Miriam, can I have your question?

MF  Hi there. Good morning, or good afternoon in your place in the world. I've got a few questions. One, you [?] sort of addressed the numbers, the discrepancy, much bigger numbers that the Kingdom of Saudi Arabia is reporting versus what you guys are reporting. Again, what's the lag? Is there just such an overwhelming amount of confirmation that needs to be done?

Also, is there any real difference between the recommendations for pilgrims this year versus last year? Because I believe last year at this time we were talking about the same thing, just lower case count and we didn't have the information we do now about the camels, which leads me to my third question, which is obviously camels in Saudi Arabia and several other countries, play a huge part. You can't just extract them. But knowing what's known now, even one of the descriptions you had of a recent case and the interaction that a patient had with a camel, are there any new recommendations for folks living in Saudi Arabia as well as travelling to, to help reduce potential infections?

DKF  Sure. Okay, Miriam, let me take these. Again, I think that in the past there has been certainly a lag between the numbers being counted in Saudi Arabia and reported to WHO, and I think that was due to a number of different factors, some of which I discussed already. But again, I think that it's very clear that the Kingdom of Saudi Arabia is making a very strong effort to catch up on numbers and report them. So I think that... you know, I think we've seen significant willingness and progress here, so I think that, you know, gaps in the future should really be minor.

Now, in terms of recommendations to pilgrims last year versus this year, well, I think that we now have a much better understanding about some of the sources of potential infection
related to this virus. So we know, for example, that in hospitals you can have transmission in hospitals related to poor infection and control measures, and so you can see that the attention to that has increased and there has been much more in terms of recommendations about needing to improve infection prevention and control measures. And then secondly, we have a better understanding that camels are an important… very important source of exposure in the community and so there have been recommendations made stressing basic personal hygiene about if you have contact with camels, you know, to make sure that you wash your clothes or wash your hands carefully. For people who are working with camels, such as veterinarians or people working, you know, in other positions in the camel industry, to do things such as leaving your clothes at the workplace so that you don't inadvertently carry infection home. And then there's been more emphasis on basic food practices, and so we believe that, you know, well-cooked food, for example, or pasteurised milk is not going to be contaminated by this virus. You know, those processes will deactivate or kill the virus. And so there's more recommendations being made there.

And so the recommendations to pilgrims is incorporating all of that, so I think it's really expanded beyond where we were last year. And then in… so I think that that covers the recommendations, both to pilgrims, but it also covers some of the newer recommendations being made related to camels. So thank you.

GT  Next on the line is the BBC's Tulip Mazumdar. If I can have your question, Tulip.

JM  Hello there. Thanks for your time today with doing this, very helpful, as always. I just wanted to find out, you… I mean, it does feel like things are more under control than the last time this Emergency Committee met, certainly April/May time. You're still describing it as very serious. Can you just outline why that is?

DKF  Sure. I think that there is still a number of questions that we don't understand about this virus. On the one hand, we know that infection control measures can control the… or really reduce the chances that they will be spread in hospitals, and so this is a very critical finding. On the other hand, we are not fully sure of how does this virus travel from camel to people. Are there other potential sources of infection? Are there environment sources of infection? And what needs to be done to make sure that we're providing all of the recommendations needed to protect people?

And then finally, you know, the big gorilla in the room is always does this virus have the potential to change and really become much more transmissible person to person? So we still don't have a good handle on that.

And so at a period of time where we're beginning to understand some of these things better, but we continue to have infections occurring in countries, we continue to have some travellers who have infections go to other countries, and recognising that some of these countries can be very vulnerable in terms of not having strong infection control practices or surveillance and the fact that this virus still kills a significant percentage of those it infects, it's still a serious situation. Thank you.

GT  Okay, and next on the line we have a follow-up question from Helen. Helen, can I have your question please?
HB  Yes. Thank you very much. Keiji, when I asked you about Bangladesh you said that WHO was aware that there's a potential case there but that confirmatory testing is underway. Can you tell me, is that being done within the country or have they sent samples outside of Bangladesh to the reference lab for confirmatory testing?

DKF  Helen, my understanding is that the virus has been sent outside of the country to a reference laboratory, so that's my understanding of the confirmatory testing underway.

HB  Thank you.

GT  Next on the line is Joe from the Voice of America in Washington. Joe, can I have your call please?

JO  Yes. Thank you very much. Two questions. First, could you outline what precautions you would like to see the African countries take? And secondly, why is it so hard to determine how this virus might be spread from a camel to a person?

DKF  Sure. Joe, in terms of precautions, I think that in the African countries we have two important conditions. One of them is that there are a sizeable number of people who travel every year to Saudi Arabia and to the Middle East as part of pilgrimages and then as part of other reasons for travelling. And secondly, in the African countries there are some basic capacities which remain limited. And so some of the basic capacities are things such as surveillance, and in the healthcare facilities, standards for infection prevention and control can often be suboptimal. And so we know that this is true and so some of the specific recommendations or precautions that we would like to emphasise related to those countries has to do with the fact that these areas are the key things to strengthen and that the time to strengthen them is now because we are on the eve of the Umrah starting and in a few months the Hajj will be starting.

And then in terms of why is it so hard to figure out how does the virus go, for example, from camels to people, you know, it's taken quite a while to try to get a sense of where does this virus exist in the first place and so there have been a number of studies done among different animal species, and most of those studies have been negative. And then once we've had findings occurring in camels, and so detecting fragments of virus, detecting antibodies in camels, there has been the need to do a number of different studies to confirm in fact these are not unusual or isolated findings. And now that we understand that camels in a number of different countries have been infected it still will take a significant amount of work to find out what exactly is the way that the virus goes. And so, for example, is it because camels sneeze? Is it because that there may be a contamination or virus in things such as milk products? Even if we find virus in these things it still doesn't tell us exactly that this is how people are getting infected.

So again, this will require case control studies. This will require a number of different studies to figure out how the virus actually moves. And so in the end, answering what seems like a relatively simple question requires a large body of studies, done typically not just in one place but in multiple locations.

JO  Thank you.
Just a quick reminder that we have issued a statement on the web and on our global media list of the findings of the sixth Emergency Committee meeting on MERS. That went out about an hour ago, so the findings are available on the web right now. And again, a reminder that if you want to ask a question tap zero one and then you’ll be put into a queue. We are coming near to the end of our press conference, but we still have a few questions and a little bit more time. So my next person on the line is Frank I think, who has a follow-up question.

Concerning a word that you used. You said you do not believe that esoteric or unusual means are needed to prevent infection. What did you mean by esoteric, if that is indeed the word you used?

Sure. Frank, what I meant by unusual measures is that in terms of infection control there are measures which can be implemented virtually anywhere. So if you have access to water, you know, washing your hands with water and soap, or a next level above that would be washing your hands with some kind of alcohol-based hand cleanser and so on. And so there are a number of different infection prevention and control measures which can be undertaken which would be relatively basic, meaning they can be done almost anywhere. Then there are infection control measures which become increasingly difficult to implement, so if you need negative pressure rooms, for example, to prevent infections or if you need to take airborne precautions, for example. All of these become much more difficult for many institutions to implement.

So what we are seeing here with MERS, which is very critical, is that the implementation of infection prevention and control measures, which are relatively basic, that is which can be implemented almost everywhere, is what is needed. And this is an important message because what it tells everybody, and particularly countries, is that regardless of your level of resources there are significant steps you can take to reduce the chance of infection spreading.

Okay, thank you, Doctor Fukuda. We now go to Jenifer Bell from UAE, who's a reporter with one of the newspaper in United Arab Emirates.

Thank you. Thanks for taking my call. International infection experts from the WHO recently visited the UAE to help better under the MERS here, especially given the flurry of cases in Abu Dhabi between late March and early May. Can you describe the success of that visit or what you found out when you came here?

Well, again, the visit was quite good. The interactions between the mission and their colleagues in UAE really pointed out some of the findings that related to the cases in UAE. And I think, similar to Saudi Arabia, there is I think a really strong sense on the part of national colleagues of the importance of sharing information, being as open... being more open, implementing infection prevention and control and other control measures. So I think that the sense of the mission was that, you know, we are really moving ahead more quickly in both of the countries.

Thank you.

Thank you.
GT If you do have any follow-up questions or any questions that we haven't been able to take from you, please do get in touch with WHO, the media enquiries office or myself or any of my colleagues, and we'll happily follow up and respond to your questions as soon as we can.

Again, just a reminder that there will be an audio recording of this press briefing placed on the web in the next five or ten minutes or so, which you'll be able to access, plus a transcript, which will come out later today, and some video highlights.

So before I go, I'd just like to thank Doctor Fukuda again for taking part in this press briefing. And we will be updating you, as we do on a regular basis, around the situation on MERS. Thank you again and have a good day.

DKF Thanks, everyone.