WHO Virtual Press Conference on Ebola response

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Speaker Key

TJ	Tarik Jasarevic
BA	Bruce Aylward
UM	Unidentified Male Speaker
JK	Jean-Pierre Kapp
JH	Jan Herbermann
NC	Nick Cumming-Bruce
HB	Helen Branswell
SD	Sarah DiLorenzo
ME	Martin Enserink
SH	Shin
GS	Gabriela Sotomayor
RA	Raphael
MB	Mary Ann Benitez
AG	Anne Gulland
KW	Karen Weintraub
ID	Ilya Dmitryachev
IS	Isabel Saco
TM	Tom Miles
JO	John
UF	Unidentified Female Speaker

TJ Thanks to everyone who came here to WHO Headquarters in Geneva from the press corps and also thanks to everyone who is online right now who dialled in to listen to this press briefing, this update on the progress regarding Ebola response. Just as exactly two weeks ago, we have with us Dr Bruce Aylward, who is our Assistant Director-General and who is in charge of operational response to this outbreak. As usual, just to remind everyone that we will have an audio file available immediately after this press briefing and that we will have a script and some video footage a little bit later in the afternoon. We will be taking questions three in a row, first from the room then from those who are dialling in. If you are online and you want to ask a question, please type 01 on your telephone keypad and that

would you in queue to ask questions. So, I will now ask Dr Aylward to give his opening remarks before we start with questions. Dr Aylward.

BA So, good afternoon everybody and welcome and sorry to drag you up here again today but apparently this is the easiest way to make sure we can speak to you and at the same time have online people who want to ask questions. For those of you who haven't met me, I was just introduced by Tarik and I'm happy to expound on that as we go forward if need be. I promised when I was here the last time that we would try and update you on both what we've been doing every couple of weeks as well as answer any questions. Really, it's a chance for you to ask questions about where things are and if I can't answer them today we'll come back with the answers as quick as we can. And the reason we're doing this today and on short notice by the way, Tarik realised I landed about 24 hours ago and I'm taking off. I was supposed to fly out tonight. It will be tomorrow morning now. So, he said, okay, you promised you'd sit down and talk. So, here I am.

First, let me give you maybe three points I'll make a couple of opening comments on and then, really, I think best to take questions from you, especially in the interests of time. Maybe, the first thing a little bit about the epidemiology, then a little bit about the trends and then a little bit about some of the glimmers of hope and challenges that I want to make sure we're all seeing and keeping track of. First, in terms of the numbers, we'll come out this afternoon with a SITREP with the full-on numbers but basically we've gone over 13,000 reported cases; 13,703 cases will be the number that'll come out in the SITREP at the end of the day today And in the worst affected countries – that's Liberia, Guinea, Sierra Leone – that's 13,676 of those cases. Because somebody's going to ask, it's 6,535 in Liberia, 5,235 in Sierra Leone and 1,906 in Guinea.

UM Could you repeat that please?

BA Yay. The first question. For Sierra Leone, 6,535 – sorry, Liberia – Sierra Leone, 5,235 and Guinea, 1,096.

UM And the total and deaths?

BA The total is… sorry. Total of?

UM Total and deaths.

BA Yes. So, the total in the three countries is 13,676. The total including all other cases reported – the Nigeria case, the Senegal, etc – 13,703. So, we'll release this evening a breakdown so you've got the exact number by country as they stand today. Deaths is just over 4,500 and, again, as you know the…

UM It was almost 5,000 last time.

BA Yes. That's what I'm saying, over 4,500. It is not over 5,000 as of yet. We haven't got the final data file for today. It'll come out on the SITREP tonight. Sorry, you're scratching your head but the number of deaths has not gone down. No. The issue is I don't have the final number that's going to come out on the SITREP. I don't want to give you one number and it's one thing and then it's going to be another one in two hours. Pardon me? Yes, I know. And it's probably going to come over 5,000 at the end of the day in terms of reported deaths but I

haven't got the number and that's why I didn't want to say it's going to land right here. The important thing on deaths and we talked about the last thing for me is not what reported deaths are but the proportion of people that we know are dying of the disease and we know still that the mortality rate for those patients that we can follow their full course is 70%.

A number of you wrote me a note afterward last week saying could you explain that again and again. Again, one of the challenges we have is knowing for every single patient that is diagnosed with the disease what their ultimate outcomes are. For those ones that we do have a record of what their ultimate outcome is we know that 70% are dying. We know that that number is the same across the three countries. We also have some preliminary information – again, it's hard to tease it out – but it does suggest that getting people into treatment centres there is a survival advantage. You know, that's what one would expect obviously. Sometimes it's hard through your data, because of the problems with the data, to see that but increasingly clear that there is a survival benefit if we can get people into treatment centres and keep them obviously hydrated and getting the other minimum care and supportive therapy needed.

The other development, in terms of the epidemiology since we met the last time was, of course, the importation into Mali which I think all of you are aware of. That's some days old now but since that time there's been a full-on response in the country. Again, it was pretty tricky. The case was a young child, as you know, who travelled from Guinea into Bamako, from Bamako up to the town called Kayes and that was on two different buses with a stop in between so the government has been putting in place a herculean effort to track who was actually on those buses, identify those contacts and make sure they're being traced. Right now there's about 84 people that they are tracking as contacts but, again, as most of you are familiar, the big challenge is really chasing those high risk contacts that are very close to or are in contact with the case, and that was primarily family members, all of whom are being traced very, very closely. In addition, the government has taken a number of steps; make sure they've got an isolation ward up and operational in Kayes; make sure they have one in Bamako; make sure the proper PPE is in these places and forward-positioned. They've also done a lot of work to notify every single health facility right across the routes that those vehicles travelled as well as around those to make sure people are, again, oriented to the risk of Ebola and make sure any suspect cases are reported. At this point they are not tracking any suspect cases as of this morning, just the contacts which I spoke about. So, that's sort of what's happening; the big picture numbers, the new importation.

Now, the last time we met about two weeks ago we talked about two trends that were concerning – well, I guess three trends if we include the continued upward numbers in terms of the disease – but we also talked about the expanding geography of the disease with new districts still being infected in key countries and then the increased transmission chains and numbers in the capital cities that we talked about. So, we talked about that the last time and I think, again, a number of you spoke or called me or wrote to me. Apologies for those who I didn't answer your phones. In fact, I didn't answer any. I did the odd email late last night. But people were asking about, well, what's the situation in Liberia where we hear about a decline in cases and right now there is a huge amount of work going on. The actual number of newly reported cases is beginning to decline in Liberia and the government is really driving a multi-pronged investigation looking at multiple strands of evidence to try and understand is this real, is this a reporting phenomena or is it even a care-seeking phenomena that's changing? And so far, based on the information received today – and, again, most of you are somewhat aware of this – it appears that the trend is real in Liberia and there may indeed be a slowing of the epidemic there. The government, again, is looking at that information and will come out, I

believe, more definitively in the coming days. The big, big concern, of course, is that that information would be attributed to the wrong factors, number one, and then misunderstood in terms of the implications for getting the job finished here. You know, as we talked about last week, there's no such thing as being a little bit pregnant or having a little bit of Ebola. If you have Ebola it's a real bad disease and getting a slight decrease in the number of cases on a day-to-day basis versus getting this thing closed out is a completely different ballgame.

Again, a couple that asked, so I want to address a few of their questions, whether or not what we're seeing in Liberia is real. And what people are looking at right now is what do the admissions look like in the Ebola treatment centres and, as a number of you know, some of the beds there are freeing up in some parts of the country, in particular. Lofa, we've known about for a couple of weeks. It looks like in Monrovia, itself, they've had a freeing up of some beds there. They also look at the lab data, how many lab confirmed cases, which appears to have plateaued; the number of burials being undertaken, which appears to have declined as well. One of the big concerns is does that mean people are not seeking care because they aren't happy with how people are being treated potentially in facilities or how burials were being conducted, etc? But, again, as they've gone and dug into some of the different data informing that, it suggests that in fact it is real. And then the question becomes, well, why? And, again, remember Liberia has been struggling with disease for some time now, there's been a huge effort to inform the population about the disease, to change the behaviours that put them at risk for the disease and probably, most notably, there was a real step-up on the work to put in place safe burials very, very quickly. It's one of those elements of the response strategy we talked about that is scalable very, very quickly and a couple of different NGOs and others were involved in helping the government do that.

Which one of these pieces contributed to exactly what we're seeing right now and how much confidence can we have in this? This is all of what's being looked at and tried to untangle. But, again, I think the important thing from this and this provides a little bit more evidence to what we talked about two weeks ago is with the concerted community engagement, with safe burials, with a big push on getting the right information out through the right channels, you can rapidly get the behaviour changes that are critical to protecting populations and helping them protect themselves and that can translate into positive trend in terms of the disease. And, of course, that's what we're looking for. We're all, as we talked about again the last time, gunning for that 70:70:60 goal which is really all about trying to turn the tide of the epidemic, get the cases on the downswing, so to speak, so that we can move from trying to control those numbers to really eliminating the chains of transmission through very, very aggressive case finding – aggressive is the wrong term – very, very rapid and thorough case finding and contact tracing. So, I think the second important message to share is increasing evidence that these countries can get on top of this and can turn the trends in the disease but they need help doing it and that's where maybe a few comments on a third point.

One of the other things we've been doing since I last meet with you… In fact, I think I was flying out that day to Accra for an operational planning conference where we were really trying to get the key UN agencies around the table, get us all aligned on the strategy because, remember, normally WHO deals with Ebola and maybe UNICEF deal with a piece of it, but on something on this scale we need the full assets of the UN system, the partner agencies, etc, fully aligned on this. And Tony Banbury pulled together the teams. He was in the three countries, listened to the presidents, understood that they want a better alignment behind the major strategies, and I think we had a very, very important and successful alignment right across the UN and key partner agencies on those four big priorities; engaging the

communities, treating the sick, tracing those contacts and case finding and then, of course, burying the dead in a safe and dignified manner. They also got alignment across five enabling functions that were needed to make that happen; the training piece of this, the information management piece of it, logistics piece, payment to health workers or responders, etc. So, that was a very positive planning conference. Tony has been back out to the countries since then, working with the heads of states, with the partners to make sure that alignment now translates even more tightly into what are our capacities against each one of these things in each districts and then how do we make sure those gaps are filled.

Maybe a last point and then questions is when people come back to us again and again on gaps, you know, the gaps remain what they were when we spoke the last time. We are making real progress on trying to build out the clinical care capacity and we are now gunning for a total of 56 Ebola treatment centres across the three countries and that would be for a total of about 4,700 beds. At this point we've got 15 of those fully functional. We've got commitments for both the build and the staffing of another 22 of them and there's 19 of them for which we're still looking for primarily, for a medical team or a medical team to be actually able to manage and run the facilities and of those 14 are in Liberia and about five in Guinea. And with Sierra Leone right now we have tentative agreements on most of the facilities, the Ebola treatment centres that are set up there. So, when just the existing capacity is in place that will be just over 3,000, about 3,100 of the 4,700 targeted. There's also been progress on the burial teams. I don't have the exact numbers. The scale-up in Liberia has been the most impressive so far. And, yes, maybe stop there. So, the gaps, foreign medical teams to be able to staff those things still the gap that I talked to you about but we have more onboard or more being discussed than we had the last time we met. Every week there's one or two additional either NGOs, governments, rapid response teams that are saying, look, we need to understand more about this but we're willing to look at how we can help and that's a positive, really positive, really important trend.

Oh, the other important thing that's happened since we met the last time was they opened up the first what they called a CCC or community care centre in Port Loko in Sierra Leone and this was a joint piece of work really driven by government but lot of support from UNICEF, in particular, get the kudos for helping get that set up and also with WHO support as well. But the big takeaways from this first community care centre and remember this was about getting very small-sized facilities out in communities where they could isolate and hopefully care for patients much closer to the communities which was something that was wanted and using a slightly different model than the classic ETCs. But the feedback from the community, extremely positive, extremely welcomed. So, that's just up and started and actually there's a call this afternoon to try and look at, okay, what are we learning from this and what are the implications for the scale-up now of other CCCs that would be around the country to screen people with fever, treat simple fevers if they have them, test for Ebola and then, if necessary, isolate and eventually, hopefully begin referring those to other centres. So, those are some of the trends, developments since the last time we spoke but maybe I'll stop there, Tarik, and see if there's questions that I can help address.

TJ Thank you very much, Dr Aylward. So, let's start with questions here from the room. We will take three in a row; if you can just identify yourself. Okay, I see Jean-Pierre first.

JK I just wanted to ask you if you could repeat the figures for the 56. I mean, if I do my counting I don't get to 56 for the three…

BA Oh god, did I do the math wrong? Sorry, Jean.

JK And the other thing is what time would the 3,100 beds be ready and, with that, would you met the 70:70:60 goal?

BA Right. Okay. So, the total number right now targeted is 56 for a total of 4,707 beds. There are 15 up and functional right now. There are 22 additional online. These ones that we're tracking additional online is to have them all open by end November – that's the target date we're gunning for – and then 19 additional, most of which would be built by then. And then the question is can we get them staffed in that timeframe? So, a lot of work right now is really looking at who may be able to staff which ones, obviously. And, in terms of is that capacity sufficient to hit the 70:70 goal? It's going to depend a little bit on where the disease is. The target figures are built around projections of possible cases, usually built on the worst-case scenario. So, if we see positive trends in other countries like we're seeing in Liberia, we should be able to comfortably meet that target but right now I think, Jean, our biggest goal is to push real hard to get those beds open. The goal would be to be overcapacitated because the numbers are worked out at a 70% isolation capacity and obviously the higher the proportion that you can get isolated the faster you're not only going to bend that curve but get it on a downward swing that much more quickly.

JK Bruce, what is the current capacity?

BA The current capacity is 1,047 beds that we know are open and functional across 15 treatment centres across the three countries.

TJ Thank you. Jan, please.

BA Sorry, you had a second question, Jean. Did I answer it? Oh, yes, would it meet the capacity? Yes, okay.

TJ Okay. So, what if we take two questions in the room. First Jan and then Nick.

JH Jan Herbermann. I write for some German media outlets.

BA You were sitting on that corner the last time.

JH Yes, that's right.

BA Right. Okay.

JH Coming closer to you. On Liberia you said that there might be a decrease in cases, so what might be the reasons for this decrease and are you hopeful that this is a stable trend or is it just a one off?

TJ Okay, Nick please.

NC A week ago Keiji Fukuda said the transmission was increasing exponentially. We now have, as you mentioned, over half the beds in Liberia empty. The general mantra has been that the disease was expanding faster than the response. Would you now be prepared to

say that the response is beginning to get the upper hand on the epidemic and, if not, what are you looking for before you're prepared to say that?

BA Right. Excellent questions. You guys talk faster than I can write, so if I don't answer the question just ask it to me again. So, first of all, in terms of Liberia, I think cautious optimism that the rate of new cases is slowing down is the right way to word that. I'm not trying to be evasive at all but I think you've all seen how this disease has behaved in other places like Guéckédou where you've seen cases go up, cases go down, cases go up, cases go down. And I'll come back to how I interpret that in a little bit. The reasons for it, Jan, to your point, is one of the things that they're trying to untangle in the country right now but I believe what they're going to see is first of all there was a rapid scale-up in burials and safe burial practice in the month of September which hopefully is part of what we're seeing. There was a huge push on information, general awareness in the communities and remember our goal here or the goal of everyone involved in Ebola is to reduce the number of contacts that any positive Ebola case has and an awful lot of that can be done with simple behaviour changes. So, I think what we're probably seeing is a combination of those two pieces along with the fact that they were isolating cases in huge numbers, remember, in their treatment centres, etc, earlier in September in particular. So, this will always be multi-factorial. You need all three of those pieces functioning to get your numbers coming down and coming down well.

To the question of am I hopeful? I'm terrified that the information will be misinterpreted and that people would start to think, oh great, this is under control. That's like saying your pet tiger is under control or something. This is a very, very dangerous disease. Any transmission change in any area can rapidly result, through a couple of dangerous events, in many, many more cases. You've all seen that. A couple of burials go wrong in a couple of places, etc, you start a whole set of new transmission chains and the disease starts trending upwards again. What you really want is once these numbers start coming down like this is you really want to make sure you can move from that sort of control where you're just bringing your overall numbers down to really gunning for elimination of chains of transmission and that means switching from simply finding the cases and finding some of their contacts to really being aggressively tracing every single contact associated with every single case and then being able to make sure that any new suspect cases can be rapidly isolated and their contacts traced, etc.

So, the strategies that get you to here right now are not the strategies that get you to zero, necessarily. Safe burials and some behaviour change can get you to here but if you want to close-out the transmission chains completely you need to shift to extremely aggressive and thorough case finding and contact tracing. You remember in one of our earlier conversations the real goal in this first 60 days is to try and get the heat out of the epidemic in as many places as possible so you can have enough manpower, then, on the ground, enough beds on the ground to be able to ensure the classic epidemiologic approach of contact tracing and case finding is in place.

So, to the last question, do we feel confident that the response is now getting the upper hand on the virus? I think that, yes, we are seeing a slowing of the rate of new cases, very definitely and this is due to the factors that I already said but the danger now is that we move, instead of a steady downward trend that gets us down to zero, that we end up with an oscillating pattern where the disease starts going up and down, areas starting getting re-infected and not. So, again, what gets the heat out of this thin and slows it down isn't necessarily what's going to get us to zero. I'm taking off… I was hoping to take off tonight.

Couldn't get on a flight so I'll be taking off tomorrow, hopefully into the three countries and then finishing in Monrovia really because by then we expect that they'll have a good sense of what got them to here, how do they adjust strategies now going forward and take advantage of this.

TJ Thank you very much and we will now take three questions from journalists online. I will start with Helen Branswell from Canadian Press.

HB Hi. Thanks very much for taking my question. Bruce, you were saying in terms of gaps that you need more foreign medical workers and that you have 19 Ebola treatment units that you'd like to get up and running but currently there aren't staff for those. One of the problems some countries have identified, Australia most notably but also Canada, is concern about repatriating medical workers if they get infected and the fact that there is very limited capacity to fly people out of those countries. Only one company is doing that. Is this something WHO can help with? Are you looking for other carriers who might do this type of work?

TJ Thank you very much, Helen. I will now ask Sarah DiLorenzo from Associated Press to ask a question. Sarah, can you hear me?

SD Yes, I can hear you. My question, to be honest, was about Liberia. You talked a lot about the trend but I'm wondering if you have any specific numbers to give us. What is it that you're seeing? Do you have any numbers to put to this decline?

TJ Thank you very much, Sarah, for this question and I will ask Martin Enserink from Science. Martin, if you hear me, can you ask your question.

ME I can hear you. Thank you for taking my question. It still seems to be a bit of mixed message, Bruce, because you said that the number of cases now is well over 13,500. That's a huge jump from the last situation report four days ago; more than 3,500 new cases, if I'm correct, which is one fourth of the total of all cases. So, how can we reconcile that with your somewhat optimistic assessment?

TJ Thank you very much, Martin.

BA I'm always surprised when anyone says I have an optimistic assessment when we're dealing with Ebola in three countries and it was Martin, was it?

TJ Martin, yes.

BA And what I mentioned the last time was looking for those glimmers of hope that we're seeing this thing slowing down and turning around and then building on that. And what we always want to be looking at is where are we seeing some kind of progress, some kind of slowing? What are the factors behind that? Because we know the Ebola treatment centre capacity isn't up right now so if other things are getting this thing slowed down, that's really, really important because that's going to help us adjust to try to stay in front of this thing. Let me deal with your question first. In terms of the jump in the number of cases, one of things that we've talked about in the past on this is that with the huge surge in cases in certain countries, particularly in September and October, people got behind on their data. They ended up with huge piles of paper in terms of cases, etc, and we knew and I actually said to you the

last time, we are going to see jumps in cases at certain times that are going to be associated more with new data coming in but it's actually on old cases. And a couple of days there were about 2,000 additional cases in, if I remember correctly, it was actually the Liberia case report but most of these were old cases because remember they got swamped a couple of months ago with a lot of new cases and just got behind on their data, so a lot of that is about reconciling new data. If we look at sort of a seven day rolling average number of cases which have been around 1,000, just under that, about 900, there hasn't been a big change in that in the recent weeks. So, yes, thanks Martin for pointing that out. I'm surprised no one else jumped on that but that jump in cases is sort of a bolus of underreported stuff historically and the data getting caught up. Right now, to try and keep you up to date, what the countries try and do is here's all the cases that we know about in their situation report and then as that get entered into their electronic systems then the data gets updated historically and most of what you're looking at is a couple of weeks old.

Going to the second question I was asked about numbers around the decline in Liberia. I've seen some numbers that suggest that they've seen an over 25% decline on the week-on-week cases but really this is what people in the country are right now trying to untangle and that's why I'm really responding to the questions around are there really empty beds? Yes, there are some empty beds there. Has the number of burials appear to have reduced? Yes, it is has actually reduced. How does that translate into actual numbers? That's what we're trying to figure out, so that's the best way to state that. But all data point in the same direction.

TJ And there was a question on repatriation.

BA Oh, yes. Sorry, Helen. Yes, thanks. That's a really important question, the one about medevacs, repatriation of medical workers, etc. Again, we've all talked about the multiple challenges to getting foreign medical teams and additional international assistance into the countries and one of the key ones all along has been the challenge around medevac, being able to get people out if they got sick and to somewhere where they could get the level of care that they wanted. This is a huge priority for WHO and for UNMEER – well, we're part of UNMEER – but for UNMEER and also for the Global Ebola Response Coalition that David Nabarro is heading up. And, Helen, we are definitely, the Director-General and myself, everyone in every forum that we are working with, those countries that have the capacities to manage cases, we are advocating for, pleading for additional beds and predictability in terms of our ability to medevac people who need to be treated outside the countries. So, a very, very aggressive advocacy effort on that and that is being listened to.

The United States has published on its website, the USAID website, its policy on medevac now and the work it will do to try and facilitate medevacs from some of the countries, Liberia, if I remember, in particular. The United Kingdom is also working to make sure there's a medevac policy for people working with their facilities and the broader group; the facilities they built but also the broader group of responders now, as well. And probably most important has been the work by the European Commission, the European Union, to try and put together what they refer to as an integrated medevac system that really looks at what is capacity right across Europe, both in terms of hospital beds, in terms of flight capacity and then how can they set up a roster system, make that available to WHO to help coordinate with the countries with the responding agencies, medevac as needed. So, yes, we are all working on that piece. I'd love to say it's 100% in place. It isn't completely locked-in. There's still who actually qualifies across what scope of work that they would be doing to be repatriated to

where, etc. A lot of the detail is still getting sorted. The current status of play is usually up on the websites of one of the three groups I just referred to.

So, Helen, to your question, yes a huge amount of work ongoing. Definitely still going toward the right direction but we're not there yet with the completely predictable system that people want to see in place as they commit. Now, that said, more and more NGOs and others are looking at the data and saying, okay, all the international workers that have become infected, they have actually gotten taken out of the countries if they've required care outside, etc. So, they are looking at that and feeling that there is some predictability to this. One last point on this and sorry to run on on it but it's such an important issue. The solution here is not simply medevac. It's really a multi-pronged approach. The first is safe practice in these places to cut down the rate of infection and every single time somebody, a health worker is infected, really doing a thorough investigation to understand what's happening. How do we adjust the processes to reduce that risk? Is it happening in the facility, in the hot zone, somewhere in between, at the triage site outside?

And then with each time that happens new things are being learned, new adjustments are being made and agencies are sharing the information. And, for example, MSF, they do a fantastic job if something happens to try and understand that and then not just share that internally but also across any others working on the response so that that information is shared and we can adjust. So, one piece of it is safer practice and building on the experience that we learn but the other one is building in-country capacity to be able manage responders, really, with world class care so that they don't have to be repatriated to be treated and, in fact, ideally they would get as good treatment or better in-country because of the fact that there is more experience dealing with the disease; they're dealing with it earlier, you're not having to transport, etc. And the UK has put in place a dedicated facility in Sierra Leone for that which they hope to open this week, if I remember correctly, or next and then similarly the US such a facility in Liberia. So, solutions are being found so that the need to medevac becomes the last resort rather than the first resort. Helen, does that cover the question?

TJ Well, maybe we can't have Helen. Let's go for three questions here. I have Shin, I have Gabriela and I have gentleman that I don't know really the name. So, Shin would you please start?

SH Thank you, sir. You said in treatment centres, the death rate is slightly better than 70%. What is it, let's say, 50% or 60% or something like that? Secondly, we understand there is discrepancy between the data collecting and the cases occurring. Do we have a WHO study of the actual rate of increase of the cases? Do you know what I mean?

TJ Thank you, Shin. Do you want to reply to this?

BA I didn't get the second question.

SH Okay, the second question, the data that the WHO correct or disseminate is sometime old cases, right? Do you have a study of the real trend of the number of cases developing?

BA Yes. That's fine.

TJ Okay, thank you, Shin. Gabriela.

GS Thank you very much. Well, my first question is in that line. WHO observed in the last updates that Liberia, the cases were underreported, so what changed? Now they are counting or..? And then you mentioned that you are going to the region so I'm wondering if you fear that Swiss authorities could take the measures of current mandatory quarantines. How does that affect your organisation?

TJ Thank you, Gabriela. Could you please introduce yourself.

RA Raphael from the German television, ARD. I have also two questions: the first one, in which way would you assess the current situation as hysterical? And the second question, can you briefly summarise what is today's most important message? Which steps have to be done now?

TJ Thank you very much, Raphael.

BA Okay. So, first, in terms of survival rates for hospitalised and non-hospitalised patients: if we look at the rough data, it suggest about 60% survival rate in the Ebola treatment centre, it's about 80% outside. Now, you have to be really, really careful with data like that because the question, of course, is are the people with the better survival chance being actually brought to hospital in the first place or are the more severe cases not making it to hospital, etc. So, this is one of the things that, again, we're trying to untangle. If I thought that this is definitely very, very clear, there's a 20% survival difference I would say, bang, this great news, this is what we know. But if we have news like that we're going to call a press conference and tell you. But the trend seems to be as we get more and more data that there definitely is a survival benefit. Quantifying that is still a challenge but it definitely appears that less than 70% are dying if they're actually in a treatment centre and I think most of the major agencies are seeing data around that. It's not a huge survival benefit. It's not where we'd like to see it, obviously, but it seems to be trending in the right direction.

On the second question, on the old versus new cases, no, what you see in our SITREPs as they come up with the data – you see your data curves and the cases by country, etc – that gives you that combination of all the data that we have officially reported from the countries as of today so it's both all the new cases but, plus, if old cases are reported we will add them in and that's why you'll see sometimes jumps in the numbers with some of the older cases as people catch up on data or whatever. And I think as they build stronger capacities in the countries, etc, we'll see less and less of a lag time on some of those older cases. We study these data every single day. We look at these data every single day and then we try and get the numbers out to you at least twice a week in a detailed SITREP, so it contains all of that information.

Gabriela, about your question in Liberia. We were worried about underreporting of cases about possibly even some suppression of cases in some areas, etc. The big thing that people have been trying to untangle over the last week is irrespective of whether or not there was some underreporting or underdetection, I think, probably a bigger issue. Has there been any big change in that where the problem now is they're just not reporting? That doesn't seem to be the case. It seems that whatever was happening in terms of reporting challenges or problems is there's been no big change in that in one direction or the other. Obviously, as case numbers go down you expect that those proportion of actual cases reported is going to go up; again, too early to know if they're really getting there yet.

In terms of my travel. No. I don't know of any discussion by the Swiss authorities to do anything any different. If anything ever changes I'll just spend more time in the countries where we need to be trying to finish it. So, I'm not going speculate on the behaviour of the Swiss but I think they've really taken a risk-based approach to any of the policies here. I didn't understand the question about… I understood the word hysterical but was that referring to me or was that referring to..?

RA No. Would you assess the current discussion and the current situation as hysterical?

BA I wouldn't be characterising the situation as hysterical. I see that term used all the time. The reality is when you go into these countries or you go to some of the countries that aren't affected or have had a case and are accused of being hysterical, you know, life goes on in the streets. People make bold and brash statements in the press, etc, but I think the general populations you're not seeing hysterical behaviour anywhere. And, again, remember more and more people are becoming familiar with what Ebola is, about the consequences of this disease, what it's all about and with that we keep reaching new populations that have been a little bit sheltered from what this disease is or any potential risk to it so the initial reaction is, oh my god, this is horrific, etc, etc. But with time people come to understand, basically, it's hard to get Ebola and that calms things down a little bit and then they start to understand, actually, in our country survival is much higher on this disease and actually you can manage this disease quite safely and effectively. Things happen, mistakes have potentially been made but overall that general assessment won't change. Any time you're dealing with something so dangerous, so new for many, many people it's a function of time and information and it takes time and I think we've got to be really sensitive to that reality.

In terms of the most important message from today, you guys will tell me afterward, I know. You surprised me last week, a little bit, or a couple of weeks ago. But I think, for me, one of the important things is there does appear to be positive information or positive trends from now, you know, more areas of Liberia than had been seen previously. Last time we spoke it was Lofa, one county, one area of the country that looked like a positive trend. Now, it looks like we're seeing a positive trend more broadly and this is happening even before the full Ebola treatment centre capacity, etc, is in place. That is obviously a positive thing. Why? What are the lessons learned? But most importantly, if that is the case, how do we exploit that by increasing the rate of case detection and making sure these are in the Ebola treatment centres, make sure that the contact tracing is actually happening and really shift gears from that idea of control and basically just get the numbers down to try and get this thing eliminated? And if this trend is real and those numbers are going down and that capacities are building, then that's exactly where you want to be. You're going to hit that sweet spot soon where you've got enough capacity to close out transmission chains, chain-by-chain; that's hard, hard grinding work.

TJ Thank you, Dr Aylward. We will take a last round from colleagues online. So, I will call first Mary Ann from the Standard, Hong Kong. Mary Ann, can you hear us?

MB Sorry. Hello?

TJ Yes, please go ahead, Mary Ann.

MB Oh, yes. I'm calling from Hong Kong and the main questions that we've been asking in the past few days as Dr Peter Piot has been visiting Hong Kong is how soon can we have a

vaccine and how soon can we have also treatment? And the third question is this quick test because in Hong Kong it takes about three hours before Ebola can be diagnosed. Can you just give us the latest updates on those, on the scientific front? Thank you.

TJ Thank you very much, Mary Ann. This issue has been dealt a lot last week by our Assistant Director-General, Dr Kieny, but we will try to help. Anne Gulland from the British Medical Journal. Anne, can you hear us?

AG Oh, hi, yes. Thanks very much for taking the question. It was about the number of beds. Dr Aylward, you said that there were empty beds in Liberia and you're probably going to say you can't give me the numbers but I wondered if you could give me a sort of round about figure. Also, do you think that with these new treatment centres opening up and these positive trends in Liberia that maybe they won't be necessary in that country. Thank you.

TJ Thank you very much, Anne. And the last question comes from Karen, from National Geographic. Karen.

KW Hi. Thanks for taking my call. I was interested in exit screening. We've been told that the borders, major crossings at the borders are all being checked, people being checked for temperature. How is it that the toddler was able to get out of Mali? I understand she was bleeding from the nose pretty early on in her journey. Why was she not caught when leaving Guinea?

TJ Thank you, Karen.

BA Okay, thanks. First of all in terms of how soon we'll have new vaccine and therapies and diagnostics, that was covered in some detail last week and maybe, Tarik, you can follow-up on that point. I worry, simply, that I'm going to give you different numbers and Marie-Paule Kieny is running that area of work but as you know huge effort to get, particularly, the new vaccines into trials, phase II trials late this year, really for large-scale use by mid next year at latest. I mean that's the general timeframes and every day we're trying to look at where can we cut space, time on these and shorten them. A few thousand doses of vaccine sounds like a lot but remember we're dealing with very big countries here, a very large response population, a huge number of contacts, etc. So, we have got to get the classic strategies functioning and relying on those to get the job done.

And on your question, actually, I was just thinking about to the last one I was asked about the most important message and I thought actually there's two and I've written them down because I only gave you half of the answer. I think the first one is that the evidence that the Ebola control strategies can work at scale. That's probably the most important message because a lot of people… in the course of this outbreak we've heard we're seeing Ebola on scale, etc, that we've not seen previously but, yes, but now what we're seeing is the classic Ebola strategies, burials, education; you know, education, education, engagement, engagement; of course, treatment capacity, contact tracing. We're seeing that potentially working, we know, in Lofa county and areas like that but now potentially on a larger scale in Liberia; real important message.

And the second follow-on in that is invest heavily in those strategies, to your point Anne. My god, the single biggest mistake anybody could make now is to think, well, do we really need all those beds? Absolutely because remember what you're looking at is treatment centres that

area geographically located across these countries in hot spot areas and what you're seeing is care seeking really is related in some ways to how close those facilities are to their communities, whether they can get it nearby, etc. So, having those across the country is absolutely critical. The other thing to remember is you may have 4,707 beds and you may have 4,707 patients. It doesn't mean they are where those beds are, so in any one geography you've got to be overcapacitated. So, the real goal here, Anne, is to get your geographic footprint and those 56 facilities that is the right footprint. And then you want to be able to be scalable within those, so a lot of these are designed as 100 bed facilities; run them at 25 beds, run them at 50 beds and remember the smaller you're running those facilities, the better. We had huge facilities out there running hundreds of beds. That is dangerous and difficult. So, part of this allows us to get to a safer way, also, of managing cases and improving the care.

Anne, you asked about the number of beds. We're all seeing reports in the media and we're not tracking right now on a day-to-day basis the exact numbers but what we've heard is over 100 beds in different facilities empty and people have seen bigger numbers than that still. Again, that's such a moving target. I think we need to be very, very careful about it. I would definitely not be reducing capacity in terms of number of beds. But the number of beds that you have active and maintain active at any one time may change as you scale to the burden of disease.

Karen, on the exit screen, excellent question and I can't answer it today. I don't actually know what happened on that border crossing, which one it was, etc, but I'm sure that's part of what the Malian authorities are going back and looking at as they try… as part of their investigation of this. And, again, as we said earlier in this, the key here is not whether or not something wrong has happened, it's like, okay, something happened, now how do we go back and make sure, double-check, triple-check our systems and try and improve them so that it doesn't happen again. And in terms of what symptomatology the child was actually showing at the time that she crossed the border, I simply don't have those details so it wouldn't be helpful to speculate, I think. I think someone was agitating badly down that end to get a last question in which I'm fine to take, Tarik, if need be.

TJ Okay, we will take a last three questions here from the room and then we will have to wrap-up.

BA Yes, or we'll be late for something else.

TJ Yes, exactly. So, three questions. I have Ilya, I have Isabelle and I have Tom because he was asking his question.

ID Ilya Dmitryachev, Russian News Agency, TASS. Could you make a clarification for better understanding? You are talking that these improvements in Liberia, you take this conclusion because you analysed the number of burials. Are you analysing a total number of burials, not only Ebola-related burials? And then how do you distinguish? Do you have some specific approach to distinguish one from the other because we are not talking about the deaths from the hospitals? And with which numbers are you working with, like total burials for example? Thank you.

TJ Thank you, Ilya. Isabel.

IS Yes. Isabel Saco for the Spanish News Agency. My question relates with the vaccines but in the way that if you are already setting up some preparedness for the second phase of the clinical trials in Liberia and eventually in the other two countries. Also, relating to time, because we were told that the plan is maybe to begin this second phase in December which is in four weeks time or six weeks and we are entering in a very critical time in the year, which is Christmas, and I am just thinking if you are taking this into account, in staffing.

BA You want to know if I'm taking a Christmas vacation?

IS Yes, right. With staffing?

BA Not likely.

IS No, I mean staff in your capacity to call people to these countries and to make them stay in December for the end of the year.

TJ Thank you, Isabel. Tom, last question.

TM I wanted to follow-up. Tom Miles from Reuters. I wanted to follow-up on the question about Mali and exit screening. But, I mean you sent teams, or the WHO sent teams to Mali and Ivory Coast to check their preparedness. We haven't heard back about what they found yet we heard you were reasonably confident and then hours later we had a patient in Mali who then died, so obviously there are some gaps. Can you tell us anything about what was found and what can be improved? And, also, can you say something about Sierra Leone because you're talking a lot about Liberia and we're kind of extrapolating from Liberia to talk about the three countries. We know Guinea already but Sierra Leone has a had a very murky data and is it in any way sort of looking the same way in Sierra Leone as it is in Liberia? Thanks.

TJ Thank you.

BA Okay. Sorry, I didn't catch your name.

ID Ilya.

BA Sorry?

ID Ilya.

BA Ilya. In terms of what evidence is there in Liberia and, again, my understanding is they will pull this information together and bring it out. I'm just really responding to questions that I'm being asked repeatedly about the situation there. But it's not one source of information that is leading to the conclusion and, in fact, there were two weeks of people scratching their heads saying is this a real trend, the downward trend? And what they've looked at is the Ebola burials. They've looked at other burials, as well. They've talked to funeral home directors or whatever the appropriate term would be there and all of them, the data from all of those seemed to align that there are less Ebola burials right now. The second piece of information they've looked at is around the ETCs, the Ebola treatment centres or units, and there they look at both the admissions rates, new admissions as well as bed occupancy rates and both of those are seeing a downward trend. The third piece of

information they're looking at is what they call their viral haemorrhagic fever database which is the reporting of the cases from all sources and, again, seeing a downward trend in that. And then the last piece of information is the lab confirm level, what are the labs actually seeing in terms of cases and, again, a plateauing and slight declining in cases there. So, again, I think we need to be careful here. This hasn't dropped off a cliff like this. What we're seeing is a reversal of that rapid rate of increase to the point where seems to be a decreasing rate right now. Now, is that going to be sustained? Is that going to upward tip again? There's a huge risk that it wouldn't be sustained simply because the full capacity needed to track all cases, do the contact tracing, etc, etc may not be fully in place but, again, the trend positive.

On the issue that you asked about, about the trials, you know, we're really in an extraordinary period in history here and the people working on this outbreak and this response recognise that and I'm trying to think if anyone took a summer vacation. I don' t think they're even thinking about Christmas right now but I think if there's an opportunity to be involved with something as exciting as roll out of a potential vaccine that could help turn the tide on this we're not going to have any shortage of people that want to be part of that. And you guys met Marie-Paule. She laid out to you some of the planning of this and she's a very, very meticulous planner on this kind of thing, so if anybody is going to get it right, it's going to be someone like her.

And then on that last question, Tom, sorry, about Sierra Leone. Yes, apologies, it was simply that everybody only asked me what's going on in Liberia the last 24 hours. So, in Sierra Leone we're still seeing a continued rate of increase in cases. We are not seeing what we saw in Liberia, certainly, yet. Now, that said, we reported the last time that we met a positive trend, a downward trend in Kailahun which was right in one of the hot spot areas and the tri-border area of the country. That remains very positive, very few cases there. We're also seeing in Kenema cases came down; they're plateaued a little bit, not driving right down but they have gone back up yet. And, again, it seems to be a similar picture to what we saw in Lofa county on the other side of the border where it is the implementation of the classic strategies; real engagement of the community in terms of finding cases etc and ensuring no risk behaviours, that are making that different; so, that's positive.

A lot of what's been driving the upward surge in cases recently in Sierra Leone has been more of what's happening on the other side, the western side of the country. You've seen the cases have gone up in Western Area, that's that area around the capital as well as the capital, itself, up into Bombali and then the district just above that. So, yes, we're seeing, actually, this thing burning quite hot in parts of Sierra Leone still right now.

TJ There was one question, preparedness.

BA Oh, yes. Sorry about that. Yes, the preparedness piece. Again, I think you might know, Tom, the preparedness team was on the ground when this case actually came in, so they quickly repurposed into a rapid response team and fortunately they were able to do both. And then we surged some additional capacity into the country to help the government. So, I didn't get the specifics on what they found on the preparedness side, Tom, because I was too busy understanding what are you actually doing in terms of this response. But, again, we learn every time something happens like this. This case was not detected in Bamako where a lot of the work on the preparedness had been done in terms of the stockpile of PPE, in terms of isolation centre capacity, etc. So, it raises immediately, you know, we learn from that, okay, where might be a couple of other places we should have isolation capacity as we go forward

in the highest risk countries? How do we look at forward positioning some of the PPE in the right places around countries?

One of the pieces, by the way, that I've been impressed with as I investigated and got some further information around the Mali case, you know, we were talking as well with Mauritania and Senegal about their response. It was really impressive. In both countries they had immediately attuned to the case, immediately boosted the surveillance for suspect Ebola in the areas on their borders, in particular, in capitals. Immediately, if I remember, both pre-positioned PPE closer to the border areas in case a suspect case was isolated or identified at a border crossing and then working with their border crossing capacities to make sure that they understood and reinforced the screening if they were doing that for anyone entering. So, that was reassuring, as well, and I think that's the kind of thing that you want to see; very, very rapid action at any risk area to put kind of capacity in place.

TJ Thank you very much, Dr Aylward. Let's just do a last small question from John.

BA This is going to be one that keeps you here to five o'clock, isn't it. Yes. Hey, John.

JO No, no. I was wondering if you could give us the death figures that went along with the case loads that you just mentioned?

BA Yes, Shauna, have we got the death figures that are going out this afternoon?

TJ We are still getting them.

JO And your projections that you gave us two weeks ago, five to ten thousand early December; are you revisiting that?

BA Yes, what we're going to do is as new information comes available, every two weeks or definitely every month we will look at, okay, are the trends… we'll re-run the models and look at the trends and see if those are actually changing. We haven't done that yet and some people have said, well, shouldn't we be looking at the capacity needed? Remember, for the reasons that I explained, we need that geographic footprint out there to be able to manage cases in any parts of these countries. You need teams to staff every one of those things. What you need to be able to do then is scale those as necessary to the burden. So, again, it would be a huge mistake for anybody to think, oh great, we're getting in front of this virus. We can scale back on some of the investments planned. I mean, these are wily viruses. They're waiting for you to make that kind of mistake and as you've seen in places, in Guinea, you've seen in Gueckédou, this thing will go on for a very, very long time at lower rates of transmission, so you've got to exploit those opportunities as they arise, step up your game and, if anything, this should be really a sign that, look, make those investments because this can be turned around. This virus can be stopped eventually but it's going to take a very, very, aggressive programme of work to capitalise on those opportunities.

ID How much money have you received? Do you know the figure, the last figure?

BA How much?

ID Of $1 billion dollars, how much money do you have today?

BA Oh, is the number $491 million. Where did Shauna go? She would have had the number; $491 million.

UM In the till?

BA In the till, yes. In the till, if I remember correctly that's the in-the-till number.

UF No, that's the pledges in.

BA That's the pledge then in-the-till number. Right. Oh, sorry, let's be clear, Ilya, and to your point because the $1 billion figure you're talking about, that's the Multi-Partner Trust Fund that that the Global Ebola Response Coalition is pushing. David Nabarro, actually, was quite pleased to see that. He had a target by the end of the month, if I remember correctly to get over $100 million in real cash committed to this fund and I think he's hit $116 million, if I remember. Is that the number?

TJ Bruce, maybe you can just read this message. It's coming about the numbers.

BA Yes, okay. So, they're just trying to sort out the number of deaths.

TJ Maybe, Bruce will just have a few more remarks on death figures and this will close the press briefing. I don't know Bruce if you want to mention some of what is here.

BA As we said, the number of deaths – sorry, I've forgotten her name – commented on was around, what was it, I can't remember; 4,700 or 4,900 with the last SITREP. The numbers will come out this afternoon, so let's look at those.

TJ Yes, as soon as it comes then we will then definitely put some explanation on the number of death. I do not know really exactly when it will come.

JO What are the deaths?

TJ We don't have the latest numbers.

BA Yes, John, that's when we make mistakes. You say, what's the number, what's the number? We give you a number and two hours later you come out with another thing that says, oh, that was the wrong number. So, that's the reason we've got a data team to put this stuff. The next time we're going to hold this thing at six o'clock in the evening when we have those finalised.

JO One of the countries is re-classifying the deaths and changing the death numbers, why is that?

BA Yes, I'm actually not aware of that, John. I'll have a look at it and try sort it out of follow up with Chris Dye and he'll try and clarify it for you.

JO Again, it was Sierra Leone and Liberia. They re-classified the deaths.

TJ John, we have to close now. Thanks to everyone who was online and thanks to everyone who was here. We really apologise to all journalists online whose questions we

were not able to take. Audio file will be available soon and the video package and the transcript a little bit later, so thank you very much everyone and if you have any further question please contact the WHO Communications and Media team. Thank you.