WHO-RUSH Zika 3rd Emergency Committee press conference
14 June 2016

**Speaker key**

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MV  
Good evening everyone, good afternoon to those of you on that time zone. My name is Marsha Vanderford, I’m the Director of Communication at WHO and it is my pleasure to welcome you to the WHO press briefing related to the third meeting of the Emergency Committee on Zika and observed increase in neurological disorders and neonatal malformations.

00:00:25

We have journalists here in the room, more on the phone line and I also want to welcome our viewers on Facebook. Our speakers this evening are Dr David Heymann, Chair of the Emergency Committee and Professor of Infectious Disease Epidemiology at the London School of Hygiene and Tropical Medicine, and also Dr Bruce Aylward, Executive Director of WHO’s Outbreaks and Health Emergencies Cluster.

We will open our conference this evening with statements from Dr Aylward and from Dr Heymann and then we will open the floor to questions. To be put in the queue to ask a question if you are on the phone, please press zero one on your keypad. We’ll be doing that following the statements. Dr Aylward, please begin.
BA Thank you very much Marsha and good evening everybody and apologies for keeping you a little bit late as we were trying to finalise the WHO statement on the outcomes of this third meeting of the International Health Regulations Emergency Committee on Zika virus and the observed increase in neurologic disorders and neonatal malformations. As mentioned, this is the third meeting of the committee and as most of you are now aware, under the International Health Regulations, when a public health emergency of international concern is declared by the Director General and temporary recommendations are issued, the Director General must convene or reconvene the committee every three months to determine whether or not the PHEIC continues and then whether or not additional temporary recommendations are required or existing ones should be revised or adjusted.

That was the purpose of convening the International Health Regulations Emergency Committee today on Zika but in fact there was also another objective and that was in the current environment to provide views to the Director General on the risk of Zika virus infection for mass gatherings and specifically the upcoming Olympics and Paralympic Games that are to be held in Rio de Janeiro in August and September of this year.

The committee was briefed on the implementation of its temporary recommendations issued by the Director General back in March and also updated by the Secretariat, myself and others on the epidemiology of Zika, microcephaly and Guillain-Barré. And then five states parties provided updates to the committee, Brazil, Cape Verde, Columbia, France and the United States of America. The Director General also appointed three additional advisors to the committee to provide further information on the potential risks of Zika virus associated with mass gatherings and the Olympic and Paralympic Games.

So with that perhaps I hand over to David to provide an update on the findings of the committee and its recommendations.

DH Thanks Bruce. Just to describe a bit the committee, I think you all know that these are virtual committees and on the phone there were many, many different people; there were the Emergency Committee members, as Bruce said there were also representatives from countries where there are outbreaks of Zika presently, including Brazil, Cape Verde, Columbia, France and the US, and there were also advisors both on travel medicine and a whole series of things. And there were documents provided to the committee as background which included concerns that had been raised by many different groups outside of WHO about the Olympics and about safety.

The meeting was actually in three different parts if you would. The first part was to look and examine the public health emergency of international concern. As you’ll remember in the previous two meetings, the public health emergency was about congenital malformations and other neurological disorders. This time the committee agreed that the evidence is strong enough to say that the public health emergency is also, has Zika as a part of it. So the present public health emergency of international concern is Zika virus infection and the neurological
microcephaly and the neurological disorders. So that was the first part of the group to
determine if the public health emergency still stood and it does and it’s been broadened to
include Zika virus.

The second part was looking at individual risks of persons who go to the Olympics or who
travel anywhere to Zika affected countries, not just to the Olympics. And so what was
reviewed was what’s happened in mass gatherings in the past and also what mass gatherings
could do. And as the discussion went on it became clear that mass gatherings bring together
substantial numbers of people who could be susceptible to infections and they therefore pose
a risk to these individuals themselves and they can result in amplification of transmission at
the site where the Olympics or Paralympics are held, and potentially they could contribute to
international spread.

So these were some of the issues that were discussed about the personal risks and it was clear
to the committee that there are significant personal risks, as there are for anyone travelling
anywhere, but the risks are no different for people going to the Olympics or Paralympics than
they are for people going to other areas where there are outbreaks of Zika. And so the
recommendations were reiterated that have been made previously and they included
recommendations for pregnant women, also for travellers to areas where Zika transmission,
including to areas where the Olympics are and the World Health Organization is encouraged
to regularly update its guidance. So that was the personal recommendations or individual
recommendations, individual protection, and you know the means that are recommended
such as prevention of bites through repellents and many other personal measures.

And then the third thing that the committee did was to look at the risks of international spread
and the risk to international travellers of the Zika, of the risk rather of international spread.
The evidence clearly shows that Zika virus does travel internationally and it does set up
chains of transmission in areas where the vector, the mosquito vector is present. After having
discussed the general epidemiology of Zika, the committee then focused on the potential risks
associated with the Olympics and Paralympics and for this the advisors were very important,
especially the advisors on travel medicine. The committee concluded that there’s a very low
risk of further international spread of Zika virus as a result of the Olympic and Paralympics
which is already low. The risk is already low and there’s very low risk of further international
spread from the Olympics.

At the same time this risk is even lower or is low also because in winter the intensity of
transmission of arboviruses in Brazil, and that includes the months of August and September,
is at its lowest. And in addition the committee reviewed the vector control measures that are
going on in Brazil and concluded that these would contribute even more to the decrease in the
transmission or the potential risk of transmission of Zika virus. And so in making its
recommendations, the recommendations remained the same as previous advice; there should
be no general restrictions on travel and trade with countries, areas or territories with Zika
virus transmission, including the cities in Brazil that will be hosting the Olympics and
Paralympics.
At the same time there were other recommendations to the Director-General that countries and communities and organisations that convene mass gatherings in the future, and remember there are oftentimes mass gatherings, there was Carnival in Brazil previously, there will be again next year, and in other countries there are many other events. And what was recommended was that there be a thorough risk assessment before those events occur and that proper mitigation procedures are put in place to minimise the risk of transmission.

At the same time, the committee recommended that the Director-General continue to work with Brazil in order that vector control measures are increased around the cities which are hosting the Olympic and Paralympic Games and that countries with travellers to the Olympics, whether they’re Olympic athletes or Paralympic athletes or whether they’re spectators, the countries should ensure that their travellers are fully informed of the risk and these countries should act in guidance with the World Health Organization which the committee recommended should update its advice to countries on a regular basis.

So in summary, the committee recommended that the Director-General continue with the public health emergency of international concern, broadening its definition, and we issued these temporary recommendations.

MV Thank you. Bruce, did you want to add on or shall we go to questions?

BA Let’s go to questions.

MV Very good. Thank you both for your statements. We will now open the floor to questions. We’ll start with journalists in the room. For those of you on the phone, to get in the queue to ask a question please press zero one on your keyboard. When it is your time to ask a question please state your name and the news organisation you represent. We will take three questions at a time. So we’ll start here, thank you.

JC Jamil Chade from O Estado de S. Paulo, two questions, first on the Zika as an emergency and not microcephaly, what changed from the last meeting because the last meeting we already had the consensus, so what changed from then to now and what are the implications in terms of a concrete action by states when this transformation is stated from microcephaly to Zika? And on the collaboration with Brazil, Mr Aylward, what else can be done because you talk about enhancing the control. Enhancing, in my understanding, means that the previous situation was not enhanced. What else needs to be done and what else, I mean cleaning up the venues every day for example or spraying? What exactly does it mean?

MV Anyone else here in the room? Yes please.

WA Thank you. Wang Wan from CCTV. In March this year WHO stated that experts have agreed on the top priorities to advance the R&D for Zika medical products. So far are there any updates and how about the progress of vaccine development? My second question is summer is coming in the northern hemisphere so is there any advance in the innovative
vector control tools that could reduce the mosquito population here in the northern hemisphere? Thank you.

**MV** Thank you. Anyone here in the room before we go to the phone? Jamie?

**JA** Hi, Jamie from Associated Press. Your statement seems a bit contradictory. You say on the one hand that the Olympics could pose a risk and result in amplification of transmission, yet on the other hand you say that individual risks are the same whether or not there’s going to be a mass gathering. Which is it?

00:13:00

**MV** David, would you like to start?

**DH** Okay, sure. Zika, what changed in the public health emergency, wasn’t the evidence already available last time? Yes, the evidence was available last time and this time that evidence has become a bit stronger. It still remains. And the committee felt that last time they didn’t broaden the definition but this time they should. There was nothing magical about it; it was just what was decided. What does this mean? Well it doesn’t mean much because as you remember in the initial recommendations there were precautionary measures made for Zika virus infection. And so those recommendations stand and now you might say that they’re legitimised because they’re now recommended for the public health emergency of international concern whereas before they were precautionary, in case there was a relationship between Zika and neurological disorders.

Brazil, what else can be done, specific measures? Well, I think Bruce will probably want to address that but WHO has recommended a whole series of measures to prevent and to control outbreaks of Zika infection and those measures are being implemented in Brazil at present, and the committee recommended that they be continued and that they increase, and that includes a whole range of activities from vector control to information and empowerment of people living in the areas to know how to best prevent infection and to deal with this outbreak.

Bruce, I think you will deal with the R&D, outbreaks and the summer and the northern hemisphere vector control and I’ll deal with the individual risks as the same.

00:14:45

An individual risk is a risk of a person going to an outbreak. That risk is the same for every person who goes there but in an area where there’s amplified transmission, you’re right, it could be that there are more people exposed but the risk is the same in that it results in the same end point, infection. And so that infection is the same for people going to the Olympics or going anywhere else but the intensity of the risk may be different. So that’s the explanation of the individual risk, and the measures are the same no matter what.

Now, the other issue that you raised was why does the increase in potential international spread not increase the risks? The risk is already very low for international spread but it does occur. And in looking over past mass gatherings, which included World Cups and Olympics and the Hajj, it was clear that those mass gatherings are themselves not the source of spread
of diseases, of great spread of diseases. They do spread in some instances but there was very little spread from those mass gatherings in the past. And so the feeling is that those mass gatherings are important and they will possibly increase the transmission but it’s already very low and it won’t increase it greatly.

There was discussion about the potential that some countries which would normally not travel might go to the Olympics but not travel elsewhere. But that discussion, as it went on, concluded that that was not really valid because countries can travel anywhere and do travel anywhere and it would be very wrong to say that some countries are at greater risk than others because we don’t know the travel patterns from those countries.

00:16:44

JA Can I follow up on that? Let’s just say theoretically that you have visitors coming from around the world from many African countries that maybe don’t necessarily have the same health systems but also have the aegypti mosquito present, the vector present, and if one person, whether it be a visitor or an athlete, returns home and it is found to be a result of having been at the Olympics, what will WHO say at that point? Will you say that was the risk and this would have been travel just like any other time or would you say okay, yes, maybe there were transmissions caused by the Olympics?

DH Bruce will have to answer that because he’s from WHO. What I can say is that we also recommended to countries that they set up means that they feel are important for their own governments to be doing the surveillance if they feel it’s necessary. They should set up management protocols and they should also take responsibility for deciding whether or not, in their own risk assessment which, because after all countries are sovereign, they should have the empowerment, and they do from guidelines from WHO, to assess their risk and determine what measures they might want to invoke for returning athletes or returning spectators.

BA Yes, so thanks for the questions. To respond to a couple of those, Jamil, on the issue of what’s changed since the last meeting, you will remember the committee met on the 8th March and it recognised then that there was accumulating evidence but in fact there was not a scientific consensus in that Zika was indeed a cause of microcephaly and GBS. So there is a change and that was reflected in statements made by the World Health Organization at the end of March and then by others in April. And what you’ve seen in the, not reformulation but strengthening of the language of the PHEIC is a reflection of that, that indeed now that PHEIC is Zika virus and its associated congenital and other neurologic disorders.

00:18:55

In terms of the collaboration with Brazil, the language is not, you guys have got to be a little bit careful with this; the language is not intensify measures, the language is continue to intensify measures. Because in the committee, and David is best because in fact he had to judge the evidence, the committee went back and forth with Brazil a number of times on what it was actually doing and what it was planning to do to further intensify measures as it got closer. And then in formulating its recommendations it was very much the recognition of that and a specific statement to continue.
Now, it highlighted four areas of emphasis, first on vector control in both the cities and the venues that would be hosting Olympic and Paralympic Games, as you can see. It also highlighted the need to make the nature of those measures as well as their impact available publicly so that people could see, because I think one of the things that we’ve seen in the lead up to this IHR Emergency Committee was the lack of information that was publicly available. Everybody was dealing with different information and trying to come to an assessment of what the risk was and what was being done to mitigate it.

00:20:07

The third thing they highlighted was enhancing surveillance for the vector as well as the disease so that we could be sure that in fact it’s tracking the way we expect it to. And then finally a statement by a number of the committee members that they ensure the availability of sufficient insect repellent and also condoms for athletes and visitors in recognition of the increasing evidence of, or the evidence now, that there is also sexual transmission. So those were the four areas that the committee highlighted. I don’t like to speak for the committee when I’m sitting next to the chair who would be better to do that.

In terms of research and development, I think this was probably one of the more sobering areas of the discussion, David, I would say in that while there has been a great deal of work on diagnostics and there are many diagnostics, we have about 30 new diagnostics in the pipeline right now that are undergoing evaluation, unfortunately we cannot say the same about vaccines for which the timeline is going to be much longer: dozens of months rather than months. And also in the area of new vector control measures, clearly a lot of work is being done, there’s a lot of promise with some of the new technologies, but this will not be to scale in the timeline for the northern hemisphere season.

In terms of, Jamie, if I might just comment on the point that was raised about whether or not the information is contradictory, definitely not, and I think it’s framed in that way that it highlights the recognition that mass gatherings can pose a risk to individuals, it can amplify the disease, they can lead to international spread but the Olympics won’t. That was the point. Or everything is being done to minimise what is already a low risk. Further steps can be done to do that, as we just discussed, but the committee wanted to be very clear that you cannot dismiss mass gatherings, I think was the point, David, while at the same time highlighting that while recognising this in the context of the Olympics, there should be a much lower risk of that.

00:22:20

And then I think you asked, and if I don’t answer it now you’ll restate the question, what would WHO say? That’s conjecture. I think we’ll wait and look at how the epidemiology of this disease evolves over the next six to 12 months. But one thing we should be prepared for, it’s always very difficult in something like this, with a vector borne disease, with tens of millions of people travelling in and out of Zika affected areas to attribute transmission to a specific event. That’s the other thing we need to be very clear on and I know you’ll come back and say there was only one person who travelled but I’m not sure you’ll know even that. So I think that we...
One of the other things that the committee highlighted and certainly that we saw in the preparation for the committee’s deliberations is that 20% of the world’s population currently lives in areas that are Zika affected. 30% almost of international travel today is in and out of Zika affected areas of the world and when you look at the proportion of that travel that will be affected by the Olympics, very, very, very marginal. In fact I think, David, one of the more interesting pieces of data that you looked at was actually the data from the most recent three or four Olympics and what the impact had been in terms of international travel, and again very, very minimal change on the overall international travel patterns in and out of those countries. And I highlight that just to highlight the amount of data that was brought to the discussion today and specific evidence in trying to assess and quantify those risks was impressive.

00:24:03

MV Thank you very much. We’ll take some questions from the phone and just as a reminder please, to get in the queue to ask a question please press zero one on your keyboard. We’ll start with Helen Branswell from Stat News.

HB Hi. I’m sorry; this is a very bad line. [Inaudible].

MV Can you call back in? We promise we’ll call on you again but we can’t understand what you’re saying. So are there others on the phone? Next we will take Betsy McKay from the Wall Street Journal.

BM Hi, I hope we don’t have the same problem. Should I call back in or go ahead?

MV I think we can hear you well enough. Let’s try.

BM Okay. The first question is about international spread. Is it true that the virus strain causing the current epidemic is similar enough to the virus in Africa that you might not have outbreaks [inaudible]? And I had a second question if that’s okay which was that you mentioned that there were three advisors on the Olympics [inaudible] and I wondered if you could say who they are [inaudible].

00:26:17

MV Let me say back to you what I think your questions were. One referred to three advisors from the Olympics that, travel medicine and who they were and who they represented. Did you catch the other question? Okay, we’re good, thank you. Sorry, are there others on the phone? No, I think not. Are there others here in the room who would like to ask a question? Let’s go ahead with Betsy’s questions and we’ll come back around.

BA Betsy, I think your question was the virus that’s causing the current outbreak is genetically different from the virus that’s caused outbreaks previously in Africa. The question I believe was, was that reason to think that maybe this virus would not set up outbreaks in some parts of the world? Is that what your question was?

BM Yes, in other words could this bring back outbreaks to, could you start a new epidemic in Africa? Can you hear me?
MV  Yes, we can hear you.

BM  That was the question, is there immunity, is this virus different enough that you could set off a new epidemic in Africa or other countries that have had earlier strains of the virus?

BA  To answer that, Betsy, the outbreaks in Africa that occurred previously were never really investigated to the same extent that these outbreaks now are being investigated and it’s not really sure what the level of transmission was in those outbreaks, the populations affected, and therefore, it's not known whether or not there is immunity and what level that immunity would be to the Zika virus, the African strain. Whether or not there is cross-reactivity between protection from that after disease and the current Zika strain is, to my knowledge, not known. And I think Bruce can tell you about the advisors to the travel medicine.

BA  Right. So, the Director-General, actually, expanded the Emergency Committee for this meeting with one additional member, who was Professor Michael Selgelid from Australia, who is the Director of the Centre for Human Bio Ethics at Monash University there. Then, in addition, she invited three specific advisors, well, three specific advisors joined the Committee to provide information related to the spread of Zika Virus, particularly in the potential risk related to the Olympics. And that included Claudia Codeco of Brazil, who is a biologist at the Foundation Oswaldo Cruz there; Kamran Khan of Canada who is Associate Professor in the Division of Infectious Diseases at the University of Toronto; and then Professor Annelies Wilder-Smith, who is a professor at the Lee Kong Chian School of Medicine in Singapore. So those were the three with expertise in infectious disease, the spread of infectious diseases and modelling in that regard.

MV  Thank you. We're going to try Helen Branswell again. Helen, if you can speak very slowly, that seemed to work for Betsy McKay [?].

HB  Thank you. I wanted to know about [inaudible] numbers of cases, supported. People have been wondering why [inaudible] so little…

MV  Helen, I am sorry, we're still not able to hear but Christian Lindmeier, who's sitting next to me, is going to send you a text message. If you can respond with your question to that, we'll be able to answer it.

HB  Thank you.

MV  Thank you. So let's see if there are other questions here in the room. Shall we see if there are others on the phone? If you have a question to get in the queue, please dial 01. We have a reporter from CNN. First name is Andie. Would you like to go ahead?

00:31:04

AN  Can you hear me?

MV  We can, but if you could speak a little more loudly.

AN  Let me try. You say you have [inaudible].
MV Sorry, we are not able to understand on the phone. I deeply apologise. We're trying to fix the connection and we're going to try again in just a moment. Anyone else here in the room?

UM1 My question is about Manaus. Not Rio but Manaus where some of the games will happen. How different is that from the situation in Rio? And secondly, on the participation of Brazil, I understand someone from the Ministry of Health made presentations and you had interaction with them. What new measures... sorry, what measures have they told you about the control during the Olympics? Not before the Olympics but during the Olympics. Thank you.

UM2 Shall I go ahead?

MV Go ahead.

00:32:39

UM2 I wanted to discuss Amir Attaran who has sent you some concerns, I believe, that you may be aware of, that were presumably brought up during the emergency committee. One of the things that he had mentioned was about the idea that there are 60 countries, as you have mentioned, that are already affected by the Zika virus. And yet he says that the strain - if I understand it correctly - the strain that has caused microcephaly is not present in all 60 of those cases... of those countries. And am I understanding this correctly? And that he is saying, he made the reference to the Spanish 'flu where the strains of Spanish 'flu that turned out to kill 50 million people were not initially seen to be the same strains as the ones that turned out to be so deadly. And if you could just generally comment on how his concerns were raised in the Emergency Committee today.

MV Why don't we go ahead with those two?

DH On the 60 countries. To the knowledge of the Committee and the knowledge of the people who were informing the Committee, these are all the Asian strain of the virus. They're all the same strain of the virus genetically. There may be some genetic drift, but in general they're the same strain and they fit on the same family tree of viruses. So they were all considered the same virus. The issue of inequal or appearing to be inequal levels of microcephaly in various countries: as you know, microcephaly occurs and is many times only recognised at birth, and that would be nine months after pregnancy begins. So, if the outbreak occurs at one point in time, it's not until nine months later that you begin to see the difficulties.

00:34:44

It was the same with AIDS and HIV in the beginning. Countries thought they didn't have it when, actually, they did have it but it was coming in at a later period of time. So it's all a matter of the dynamics of epidemics.

Manaus and new measures in Brazil. The Ministry of Health told us about their trapping for mosquitoes, looking for mosquitoes, seeing a decrease in the levels of mosquitoes in all areas
in all sites where the Olympics are being planned. And they feel, therefore, that their vector
control and their larvae control is being effective. Manaus was considered to be no different
from other sites in that the control activities are going on, as they should be going on - that's
what the government told us. And, you know, every site has its own epidemiology, its own
climate or microclimate, and therefore, it may be that vector control has to be more intense in
one area than another just because of the changes and the fact that in one area the winter
months may be much later than in another area, or may not decrease below the level when the
mosquitoes bite. So it's all about local epidemiology. But the vector control, in general, was
thought to be appropriate at all sites.

MV Thank you. Bruce, did you want to add anything?

00:36:11

BA Just on the measures during the Olympics. The government laid out a number of
things that it was doing to intensify the vector control, especially in the areas of the venues
themselves, to heighten awareness, to heighten surveillance. They had introduced a number,
including an electronic surveillance system that they'd talked about. There was also an
emphasis now on how they increased the personal protective measures such as insect
repellent. And then there was a substantive piece on the additional investments being made in
medical services to make sure they were intensified to be able to manage any kind of health
problem during the Olympics, whether related to injuries, gastrointestinal diseases,
respiratory diseases, all of which will be more common than one would expect, than Zika
virus infections, in terms of an acute problem that would need to be managed.

In terms of how different is the situation in Manaus, as we know, it's only part of the Games
that will be held there. It'll be some of the soccer matches, in fact. And while the situation is
somewhat different, given that it is more equatorial, the Committee did not feel that it was
substantively different enough in any of the venues or sites that would be hosting the games;
that if the measures discussed were fully implemented, it would have a differential effect. The
expectation is that transmission already will be very low, particularly in Rio, and that the
additional measures would further reduce that.

DH Then on the strains, I think you've dealt with that. I hadn't heard the question about
differential rates on microcephaly. But as we've talked about, what we look at is where is the
evidence going over time. And over time the evidence is converging from the different
countries that get infected as they improve the surveillance, as they improve their measures.

00:38:12

Also, as we get a better sense of how people are managing their pregnancies. Because one of
the other things that's changing is women who know that they have been infected during
pregnancy with the Zika virus are making decisions about their pregnancies in some places
that are affecting the outcomes in terms of the number of children with microcephaly.

UM2 How so?

DH They don't have the children.
UM2 So they are aborting?

DH Yes.

UM2 [Inaudible].

DH This is what we've heard from some countries.

UM2 Do you have figures on that?

DH No.

00:38:52

BA I might also add that Cabo Verde is a very interesting case in point, because every week they're increasing now the number of microcephaly that they detect and it's gone up from initially none to three, and then today they talked about five more. So it's increasing as they begin to look and as the epidemic matures and has gone through the period… the women have gone through the period of risk. And then delivered.

MV Thank you. We have Helen Branswell's question on email. She's asking, did the Committee discuss Colombia? There has been a discrepancy between the number of cases they have reported and the number of cases WHO has reported for them. People have been wondering why they have seen so little microcephaly when Brazil has seen so much. And other smaller countries, Cabo Verde, Panama, have reported almost as many cases as Colombia has reported. Did the Committee ask Colombia about what they are reporting? Do the numbers from there make the Committee wonder if there was a co-factor involved in Brazil that is not present in Colombia?

DH I'll answer that question initially. No, there was not a discussion about any discrepancies in reporting. We listened to what the countries reported to us. WHO didn't report to us. It was countries. And we took their information as being the information on which we would deal.

00:40:28

As I said earlier, microcephaly… Brazil is very mature in its epidemics. It's had them now for two years. And Colombia is less… it's a more frequent introduction. And they're certainly watching, and they will be watching intensively, but we didn't have any discussion between a discrepancy in reporting. I'll turn over to Bruce to see if wants to add anything.

BA Yes. The situation with respect to the data from Colombia has been a concern both for national authorities, for us and for PAHO, for some months. And in fact, our Regional Director has been in discussion with the Ministry in Colombia, as well as our Technical Staff, to try and understand and reconcile this. And there're a number of differences with Colombia and it's hard to sort of understand which is contributing to this, but the reporting, in terms of microcephaly, is only on live births. Whereas the reporting from other countries is live births, stillbirths and others - you'll remember the data from French Polynesia, for example - included a number of children who were either stillbirth or lost. And also, there are
potentially other factors affecting the reporting, again based on how women are deciding to manage their pregnancies if they suspect or know that they've been infected with Zika.

And all of this is to say that until those things are reconciled, given what we know about Zika right now, your first assumption has got to be that you've got reporting differences, or detection differences, and that continues to be the case; rather than Helen, as you asked, whether or not there was a suspicion of a co-factor at play in Brazil that is not present in Colombia. That would no longer be a leading consideration in terms of possible reasons for a difference. The bigger reasons right now would be in the area of detection and reporting.

00:42:36

MV Thank you. We will turn back to the phone in a moment, but, just in case we continue to have connection problems, let me give you an email to which you can send your question. So let's try the reporter from CNN, please, and then followed by the reporter from CBS.

AN Hello, I am interested in…

MV I am sorry, we still can't hear you. Are you able to get to an email?

AN Yes.

MV Okay, we'll try and see if we can get to CBS next.

PA Hello, this is… Is that coming through?

MV Yes, if you speak slowly.

PA This is Pamela from CBS. Did any of the experts at the meeting suggest advising the delay of non-essential travel to areas with access to the Zika virus and [inaudible]. And what do they [inaudible] of the rise of [inaudible] during Brazil's winter. Thank you.

00:44:37

MV Why don't we go ahead and take that question while we let others try to reach us by email?

DH Thanks, Pam. The question, I believe, was: did experts suggest a delay or a postponement of non-essential travel. And the answer is, no. The experts at the meeting felt that there was no reason to decrease travel to these areas; that what was important was for people to understand the risk, the individual risk that they undergo when they go to these areas. And that the risk of international spread was not a significant concern in this issue. So there was not a recommendation to avoid travel to these areas.

What was the second point? The recommendation for pregnant women is that pregnant women should not travel to these areas. And that was a recommendation that was made in previous emergency committees and it was only reinforced again this time. But general delaying of non-essential travel was not a recommendation.
MV Thank you. Let's try another phone question from Natalie from Politico.

NA Hi, can you hear me?

MV Let's try very slowly, please.

00:46:01

NA There was some confusion around [inaudible] for women in terms of [inaudible]. Is this something you discussed, and could you clarify [inaudible]. Thanks very much.

MV Bruce, will you get this one?

BA Yes, I think the question was about the confusion around WHO advice as to whether or not women should delay pregnancies. And just to be very clear that the advice issued by WHO was that, in advising women about Zika virus and the risks associated with it, and their options, one of those options would be whether or not they might choose to delay pregnancy. And that is very much an individual decision and is not a recommendation of WHO that women delay pregnancies. Because, of course, there're many factors that go into those decisions. So in the guidance that we issued, we were providing clarification on the specific point of would this be one of the options. And our response was, yes, this is one of the options for women, which was misconstrued, unfortunately, as a change in WHO advice. But it was not.

MV Thank you, Bruce. I think we won't try the phone any more, but let's come back to the room and see if there are other questions from around the table.

00:47:47

Q Our reporter today in Brazil has interviewed the Health Minister of Brazil and I understand it is safe to go to Brazil for the Olympics. So my question is during the Olympics, how would you cooperate with the local health authorities in implementing these vector control measures, and how would you get feedback of that vector control measures. Thank you.

BA I think that really is a question for the Government of Brazil, because the interaction with the local authorities will be through the Ministry of Health. Now, we do have a task force for public health in the context of the Rio Olympics, which has visited the country multiple times and has visited the local sites, but any interaction we would have would be through the Ministry, the Federal Ministry, which would then work with the local authorities.

MV Any other questions? Go ahead.

UM3 If I'm understanding it correctly, there seems to be still a good number of unknowns about the current Zika outbreak. For example, we don't know if it's the same strain that was previously in… or, we know that it's not the same strain that was in Africa, but whether or not there is… if there's a… I guess, to simplify it would be a natural immunization against the return of the Zika virus, if it were to return back to Africa. And you do mention that you want to wait and see. And we have, obviously, no diagnostic, there's no vaccine…
BA  No, no, there are diagnostics.

00:49:33

UM3  Oh, sorry. But not fully… What was it you said about the diagnostics?

BA  I said there're still the new diagnostics in the pipeline to be assessed, but we certainly have, you know, there're excellent diagnostics currently available.

UM3  Okay, but you also say that you're waiting to see how the epidemiology of Zika evolves over the next six months. And I guess I'm just wondering, given all these unknowns, should WHO not be exercising the precautionary principle that with all these things still floating in the air, to make a stronger recommendation. And was that discussed during the Emergency Committee about the possibility of strengthening the recommendation? For example, CDC, as I understand it, has recommended that travellers postpone non-essential travel. Is that not correct?

BA  I'm not aware of that recommendation by the CDC. Certainly, the ECDC doesn't make that recommendation. No.

DH  You know, I think you have to understand that emerging infections, or re-emerging infections, are dangerous for what's known but they're also dangerous for what's not known. And that's why the Committee has continuously recommended to continue the research in all aspects of this virus, including the epidemiology, best methods of prevention and control, so that a better understanding is gained. But all emerging infections are dangerous, not only for what's known but for what's not known. And the potential of this virus is just not completely understood.

00:51:06

I think, though, in general, that people would agree, the experts would agree, that this is nothing - at least at present there's no indication that this is as severe an infection and impact on the foetus as was rubella before there was a vaccine for rubella. Rubella had almost 80 or 90% impact on the foetus, some type of neurological or other deficit. Whereas this virus is considered to have much less, from what's known now. But that could change as time goes on and more information is collected.

MV  Do we have any other questions here from the floor? We have one on email. This is a follow-up from Helen Branswell. Is WHO asking Colombia to standardise its reporting so that it reports all case of microcephaly - live births and foetuses with microcephaly lost to miscarriage, and foetuses with microcephaly that are aborted?

BA  WHO doesn't provide country-specific guidance. It is actually asking all countries. What we're trying to do is to get standardisation across all countries. And in fact, this was one of the things which David's committee had emphasised when it met on 8th March, and we've been working since then with countries to try and get this standardised so we have a better understanding. Also to some of your questions, Jamie, about what actually is happening and how comparable is this across countries. Because that is still a challenge. And part of the
reason for that, remember, is a substantial amount of Zika virus infection is asymptomatic. And then another huge and the greatest proportion of the people who do get ill with it is it's a very relatively mild disease. At least mild enough that you wouldn't seek medical attention necessarily.

00:52:55

So it's very difficult to get a good grip on what proportion of the population has actually been infected. And it takes time. In fact, one of the few places we have that are some of the small island outbreaks where they went back afterwards and they looked at blood donor samples as well as other samples collected, and surveys, to try and get a sense of how much of the population was actually exposed. So there're a lot of challenges in trying to understand that.

And also, on the question that you asked a couple of times about whether or not the virus, that the African strain and immunity to that actually confers immunity to the other - we don't know even if there is immunity conferred after infection or how well that is or how long that lasts, etc. We do know that the neutralising antibodies seem to work for at least some of the strains. If you have a neutralising antibody from the Africa strain, from the Asia strain, some of those are the same and they will neutralise. But what does that mean in practice? What does that mean in the real world? As David said, that's what we don't know. And that's what we won't know until places that had previously been exposed to one virus become infected by the other, unfortunately. And again, that's part of the reason you've seen a lot of the emphasis on the animal models, a lot of excitement about the animal models. It's can you establish animal models that can help answer these questions faster.

00:54:24

MV  Thank you. Are there any other questions? Then I want to thank everyone for their attendance here in the room, and apologies to those of you who are on the phone and unable to get through. Thanks to the Facebook viewers. Just a note - we'll be showing this on YouTube and it will also… and thank you also to those who followed on Periscope.

Just as a note, the audio file from this conference will be posted on the WHO website shortly, and a transcript tomorrow or shortly thereafter. Thank you to our spokespersons and good night.