

# COVID-19

## Virtual Press conference 29 December 2021

### Speaker key:

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BR	Bianca Rothier
MR	Dr Michael Ryan
AG	Anne Gulland
SN	Stephanie Nebehay
AM	Dr Abdi Mahmoud
SS	Sloan Smith
SM	Simone McCarthy
SO	Dr Soumya Swaminathan
KK	Kamran Kasimo
EM	Elizabeth Mahase
MR	Dr Michael Ryan
KT	Kai Kupferschmidt
JD	Dr Janet Diaz

### 00:00:47

TJ Hello to everyone. Greetings to journalists following us on Zoom. Also, a big hello to everyone watching us on WHO social media platforms. It's 29<sup>th</sup> of December 2021. My name is Tarik Jasarevic and I welcome you to this COVID-19 press briefing from WHO headquarters here, in Geneva. Today, exceptionally, we will not have a simultaneous interpretation in other languages. We will also not have captioning. So, please make sure that questions are done in English only for today.

As every time, we will have an audio and video file being distributed to our media colleagues after the press briefing, and a transcript is posted tomorrow. Journalists who wish to ask questions, please press the raised hand icon and

you will put in line for that. Today, here in the room, we have WHO Director General, Dr Tedros. We also have Dr Janet Diaz, who is Lead on Clinical Care for COVID-19. With us is also Dr Socé Fall, who is Assistant Director General for Emergency Response.

### **00:02:15**

Online, we should have Dr Soumya Swaminathan, who is the WHO Chief Scientist, Dr Mike Ryan, who is Executive Director for the WHO Health Emergencies programme. We should also have Abdi Mahmoud [?], who is an Incident Manager for COVID-19. With us, should be Dr Rogério Gaspar, who is a Director for Pre-Qualification Programme, and we also have some other WHO officials with us in case there is a need to answer some of your questions. With this, I'll give the floor to Dr Tedros for his opening remarks. Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon, and good evening. Two years ago, as people gathered for New Year's Eve celebrations, a new global threat emerged. WHO's Health Emergency System immediately swung into action, establishing an Incident Management Support team to run the emergency response and requesting more information about the reports of a cluster of cases of pneumonia of unknown origin in Wuhan, China.

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Although we had little information, we had enough experience and expertise to know that this looked serious. Early on, we worked out that beating this new health threat, a new coronavirus, potentially capable of spreading quickly around the globe, would require three things. Science, to both understand the pathogen and find solutions to beating it, and solidarity to share and deliver those tools wisely and equitably. Science, solutions, solidarity.

And they were major successes. This includes the rapid development of a comprehensive package of technical guidance on how to ready countries, to detect, treat, communicate, and prevent the spread within two weeks of the first report of the cluster of pneumonia of unknown cause. The sharing of the genome, which triggered the development of diagnostics within the first three weeks of 2020, a multiorganizational supply chain system, was quickly set up, which included solidarity flights that collectively delivered personal protective equipment for health workers and medical and oxygen supplies for patients.

WHO quickly convened scientists and researchers in January 2020 and regularly, therefore, to develop a research roadmap for COVID-19 that accelerated the signs around the virus and the creation of new health tools. These included global solidarity trials on new vaccines and treatments to speed up research and development processes. And WHO and partners created the COVID-19 tools ACT Accelerator, in April 2020 to accelerate access to tests, treatments, and vaccines.

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We deployed emergency response teams to support governments in their times of greatest need. Working with clinicians and practitioners around the world, WHO developed the comprehensive living guidance for the clinical management of COVID-19. A common corticosteroid was found to be effective

in cutting the risk of death of those with severe disease in September 2020. The development of new vaccines proved so effective at cutting serious diseases and death, they represent a scientific masterclass.

The increased level of coordination between WHO and member states is exemplified by more than 3,500 national regulatory authorisations in 144 member states following the approval of vaccines through the WHO emergency use listing, EUL. However, while science delivered, politics, too often, triumphed over solidarity. While there were 1.8 million recorded deaths in 2020, there were 3.5 million in 2021, and we know the actual number is much higher.

This is not to mention to the millions of people dealing with the long-term consequences from the virus. Populism, narrow nationalism, and hoarding of health tools, including masks, therapeutics, diagnostics, and vaccines by a small number of countries undermined equity and created the ideal conditions for the emergence of new variants. Misinformation and disinformation, often spread by a small number of people, has been a constant distraction, undermining science and trust in lifesaving health tools.

### **00:08:03**

In the huge waves of cases currently seen in Europe and in many countries around the world, misinformation, which has driven vaccine hesitancy, is now translating to the unvaccinated disproportionately dying. It's vitally important that the established scientific advisory group for the origins of novel pathogens can develop a pathway for the scientific research, search of pathogens, including for the origins of SARS-CoV-2, and we hope to see progress quickly in the new year.

But I still remain optimistic that this can be the year we can not only end the acute stage of the pandemic, but we also chart a path to stronger health security. Building on the successes and failures, we must not only share vaccines faster and more equitably with Covaxin [?] and [unclear], we must support countries in manufacturing and rolling them out to everyone. And access to new treatments must also follow.

This virus will continue to evolve and threaten our health system, if we don't improve the collective response. Right now Delta and Omicron are twin threats that are driving up cases to record numbers, which again, is leading to spikes in hospitalisations and deaths. I'm highly concerned that Omicron, being more transmissible, circulating at the same time as Delta, is leading to a tsunami of cases.

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This is putting, and will continue to put, immense pressure on exhausted health workers and health systems on the brink of collapse, and again, disrupting [?] lives and livelihoods. The pressure on health systems is not only because of new COVID-19 patients requiring hospitalisation, but also, a large number of health workers are getting sick themselves. The unvaccinated are many times more at risk of dying from either variant.

Omicron is moving so quickly. In addition to vaccination, public and social measures are also needed to stem the wave of infection, protect health

workers and systems, open up societies, and keep children in school. I welcome innovative solutions to reaching vulnerable communities that have not received a vaccination yet because the primary doses are the most important for people to develop immunity.

Bottom up microplanning with strong community engagement and mobile vaccination teams, which have been highly effective in ridding most of the world of polio are another way to get vaccines to the hard to reach. WHO will support countries as they look to improve access to COVID-19 tools and catch up with routine immunisation. Mental health must also be treated as a core element of our response to and recovery from the COVID-19 pandemic.

At the G7 and G20 this year, I challenged leaders to ensure that by the end of this year, countries have vaccinated 40% of their populations and 70% by the middle of 2022. 92 member states out of 194 missed the 40% target. This is due to a combination of limited supply going to low income countries for most of the year, and then subsequent vaccines arriving close to expiry and without key parts, like the syringes. And in the case of about 20 countries, supply chain and distribution issues are also impacting rollouts.

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40% was doable. It's not only a moral shame, it costs lives and provided the virus with opportunities to circulate unchecked and mutate. In the year ahead, I call for leaders of government and industry to walk the talk on vaccine equity, both by ensuring consistent supply and helping to get vaccinations actually into people. Vaccine supply, for now at least, is improving, although the emphasis on boosters in rich countries could cause low income countries to go short again.

I call on leaders of rich countries and manufacturers to learn the lessons of Alpha, Beta, Gamma, Delta, and now Omicron, and work together to reach the 70% vaccination coverage. This is the time to rise above short-term nationalism and protect populations and economies against future variants by ending global vaccine inequity. I want governments, industry, and civil society to work with us on a campaign that targets 70% vaccine coverage in every country by the start of July.

I also want to ensure COVID-19 care pathways with new treatments are available in every single country, and to ensure people get on treatment at the optimum time, we need to get tests everywhere. Ending health inequity remains the key to ending the pandemic. As this pandemic drags on, it's possible that new variants could evade our countermeasures and become fully resistant to current vaccines or past infection, necessitating vaccine adaptations.

The technical advisory groups for virus evolution and on COVID-19 vaccine composition continued to review evidence of the variants and analyse the performance of COVID-19 vaccines against them. Any new vaccine update would potentially mean a new supply shortage. So, it's important that we focus on building up local manufacturing supply to help end this pandemic and prepare for future ones.

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One way to increase production of lifesaving tools is to pool technology. WHO's mRNA technology transfer hubs are moving ahead in developing an mRNA vaccine. Recently, the COVID-19 Technology Access Pool and the Medicines Patent Pool finalised their first licensing agreement with the Spanish National Research Council for a serological antibody test. I hope there are many more breakthroughs like this in 2022, including for vaccines and treatments.

Sharing technology and knowhow, as well as waiving the intellectual property rights around COVID-19 tools should have happened early on in the pandemic. But it's never too late to come together to do the right thing. In 2022, WHO will work with our member states to build well financed health systems, strengths and preparedness, and ensure the equitable distribution of health tools.

From the new WHO BioHub system, which offers a reliable, safe, and transparent mechanism, for WHO's 194 member states, to voluntarily share novel biological materials, to the new WHO hub for Pandemic and Epidemic Intelligence, based in Berlin, WHO will build mechanisms to enhance partnership. In this vein, the development of a new binding accord between nations on pandemic prevention, preparedness, and response will be a key pillar.

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I hope to see negotiations move swiftly and leaders to act with ambition. This is the moment for leaders to banish the politics of populism and self-interest, which are derailing the COVID-19 response and threaten to undermine the response to the inevitable next disease X. While 2021 has been hard, I ask everyone to make a New Year's resolution to get behind the campaign to vaccinate 70% by the middle of 2022.

We have 185 days to the finish line of achieving 70% by the start of July 2022, and the clock starts now. If we drive this campaign together, we will all be in a much better place by this time next year. Happy New Year. Tarik, back to you.

TJ Thank you, Dr Tedros, for your opening remarks. We will proceed to questions from journalists who are on Zoom with us. Just to remind everyone that we don't have a simultaneous interpretation today, so we may try, with our language skills here, to help, but normally, we would do the questions and answers in English today. Please click on the raised hand icon, so we can get you in line and if possible, only question per journalist. Let's start with Bianca Rothier from Brazilian Global TV. Bianca, if you can hear us, please unmute yourself and of head.

BR Thanks a lot, Tarik. Good morning, good afternoon, everyone. First of all, I hope you had a great Christmas and I wish you a 2022 full of health. I would like to ask Dr Tedros to share an overview of these two years in relation to Brazil. We saw many controversial messages, and recently, President Bolsonaro criticising vaccinations on children, but the country ends the year with a good vaccination rate.

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I also see that Brazilians now are more relaxed, and unfortunately, covering the WHO and Europe, I saw that everything we experienced here ended up

being repeated in Brazil weeks later. So, which message, Dr Tedros, would you like to send to Brazilians? And just a clarification, Dr Tedros, you said you expect to see the end of this acute stage of the pandemic next year. So, in other words, does this mean that the pandemic won't end in 2022? Thanks a lot.

TJ Thank you very much, Bianca. I understand that you have been close to our building today, so welcome. Let me see if Dr Ryan is online, as he was quite often answering questions for particular countries. Dr Ryan.

MR Hi. Can you hear me?

TJ Very well, Mike.

MR Great. Thanks for the question. I think you noted yourself in the question that things have been improving in Brazil. Over many, many months, there has been a persistent downward trend in both cases and deaths. And that's to the credit of the Brazilian people and the measures that have been taken, and also, the uptake of vaccines. Brazil experienced two very large waves, or multiple waves, of infection over a prolonged period of time.

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In fact, it was a heavily affected country for a very long period. Not only did Brazilians experience that, but many people around the world saw the images of overwhelmed hospitals in Latin America, and in particular, in Brazil. But all countries have faced those moments, almost all countries have faced those moments in this pandemic.

And it really is by bringing together the work of the health authorities at the state level and at the federal level, and engaging with communities and getting the word out there about the effectiveness of vaccines, I think has helped stabilise the situation. But you are also right that in many ways, the experience in Europe, and potentially, the experience in North America now, we know the Omicron variant is in South America, is in Brazil, so the likelihood is that there will be continued waves of transmission all over the world.

And South America and Brazil are not exceptions to that. So, as Dr Tedros has said, time and time again over the last number of weeks, this is time to prepare, it's time to get health systems ready, even if the virus turns out to be, on an individual basis, slightly less severe than previous variants, the sheer numbers of cases, as we saw previously in Brazil, can put huge pressure on the health system. So, getting the health system ready.

We saw the shortages of oxygen, the shortages of beds, all of that can be managed and dealt with now, if it's prepared for. And it's better to be prepared. If the wave does not come, then that's okay, that's good news, but Brazil and other countries need to be prepared for a rise in cases, they need to be prepared, as we've seen in Europe, for a rise in hospitalisations, and be ready to face what will come.

#### **00:23:40**

A focus on getting the most vulnerable vaccinated, making sure all health workers are vaccinated, older persons, people with underlying conditions, are vaccinated, that is key. There are still pockets in every country of unvaccinated

or under vaccinated people, and it's really important that people are sought out and people are offered the vaccine again and again in their own environment, if possible, and in a trusting [?] situation.

So, with regards to the pandemic, we've been saying this for a very long time, the acute phase of the pandemic, the pandemic that's been associated with the tragedy of death and hospitalisations, that can end in 2022. The virus itself is very unlikely to go away completely and it will probably settle down into a pattern of transmission, low level, causing occasional outbreaks in under vaccinated populations, and we hope that that is the end game here.

But we're certainly not there yet. This is going to be a bumpy road on the way to low levels of COVID, but we do hope, as the Director General, Dr Tedros, has said in his speech, that by getting the vaccine equity equation right, by continuing to implement the measures we have at our disposal, by continuing to protect the most vulnerable in our countries and in the world, we can bring the acute phase of the pandemic, the phase of death and hospitalisation, to an end.

### 00:25:10

TJ Thank you, Dr Ryan, for this. We will move to the next question and that will be Antonia Pareto [?] from EFE News Agency. Antonio, please unmute yourself. We can't seem to hear you, Antonio. Let's move to the next one. Antonio, we will try to come back to you. Let's try with Anne Gulland from the Telegraph. Anne, can you hear us?

AG Hi, yes. Can you hear me?

TJ Very well.

AG Great. Thank you. Dr Ryan and Dr Tedros, you both talked about ending the acute phase of the pandemic. So, is that contingent on the 70% vaccine? Do you think the acute phase of the pandemic won't end until 70% of the population are vaccinated? Is that what you see? And how likely do you think it is that we will move away from this acute phase of the pandemic this year and move into the next stage? Thank you.

TJ Thank you, Anne. I can see we have loads of questions on general [overtalking]. Please.

MR Maybe Dr Tedros would like to comment, but I can begin. Certainly, yes, we would all like to see the acute phase of the pandemic come to an end, and that is the history of pandemics and pandemic viruses, like flu viruses, the pandemic ends, but the virus stays around. In fact, the virus that caused the pandemic in 2009 of H1N1 is still around.

But it's not causing the kind of death and destruction that it did at the time, mainly because we've been vaccinating the most vulnerable people. And if you look at the strategies we use in influenza, we don't try to vaccinate everybody against influenza, although it could be a very good idea, but what we focus on, with the limited amount of vaccine available, is vaccinating health workers, vaccinating older persons, and vulnerable younger people.

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We vaccinate against the negative impacts of getting the infection, which are severe disease, hospitalisation, and death. And in that sense, heading to try and vaccinate everybody in the population who could potentially have a severe infection is the primary objective. And that was the objective set with the original idea of having 20% and 40% of the population covered. And as Dr Tedros has said, 92 countries, I think, Dr Tedros, missed that deadline.

And they're very, very much still in a very vulnerable situation with large numbers of people within their countries still vulnerable to severe infection. But not only that, even the high coverage countries, even in countries in the industrialised north that have an overall high vaccine coverage, within those numbers, very, very strong differences in vaccine coverage, depending on your socioeconomic class, depending on your ethnicity, depending on which part of the country you live in, urban versus rural.

So, there are real differences in vaccine coverage in people within countries as well. So, this isn't just about equity between countries, it's equity within countries needs to be addressed as well. The 70% number is really about trying to get to the point where you have, effectively, your full adult population vaccinated and all your vulnerable individuals vaccinated. That's the situation we would really want to be in.

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If we're going to both impact the severity of the disease or the impact on the health system, but also have a significant impact on transmission, then the higher the vaccination levels the more we will have impact on that. There is a challenge. The vaccines don't perfectly prevent transmission, but they do prevent transmission on some level. And you will have to have very high vaccine coverage in order to have an impact on transmission.

But if you can get to those higher vaccine coverage levels, you will have an impact on transmission, especially with natural infection as well. So, I think there is a strong prospect of getting there. We have to get there. It's not just an issue of equity. It's a real question of getting out of the place we're in and getting out of where we are requires us to get much higher levels of vaccination.

You can call it 70% or 65% or 75%, that's a number, but getting to a point where the population is at risk of having any form of severe infection or long COVID, getting that out of the equation is the primary objective here. And ensuring that we can also suppress the emergence of new variants through reductions in transmission.

TAG Thank you. Mike has already said the key issues. Maybe a few things to stress. On the 70%, we hope that it could help in ending the acute phase of the pandemic. However, the key element here is we have to cover the most vulnerable parts of the population. These are the elderly and people with comorbidity, and also, health workers.

## 00:30:45

As you know, many countries that already have high coverage, 70%, more than 60% of coverage, are seeing a substantial number of hospitalisations

and deaths. And this is happening in the unvaccinated population. And that's why, also, in my speech I said we need to have a campaign like the polio campaign, which is house to house, identifying the at risk group and vaccinating those.

The average 60%, 70% wouldn't mean anything, if the most vulnerable is not vaccinated. So, when we say 70% in each and every country, if all the at risk groups, the older, the senior citizens, people with comorbidity, and health workers and others, are included in that 70%, then we can see minimised hospitalisation and deaths to the minimum. And that could lead us into the end of the acute phase of the pandemic.

So, as we even speak, those countries that have high vaccination coverage, I think they should, in order to reduce hospitalisation and deaths, they have to focus on the risk group who are not vaccinated. And that's why in the last two weeks we have said repeatedly, the most important focus should be on vaccinating the unvaccinated or protect the unprotected, that would have a better impact and also, help us in making progress towards ending the acute phase of the pandemic.

### **00:32:39**

Maybe one thing with Brazil. By the way, with vaccination, as far as I know, if I remember, the coverage is already more than 65% fully vaccinated. And the overall situation also looks really much better in Brazil. And to what Mike said, what I would add is continue with vaccinations, especially, those vulnerable should not be left behind.

But at the same time, it's implementing the comprehensive measures, the public health comprehensive measures. So, not vaccination alone. Do it all. And I think this situation will continue to be better in Brazil too. Thank you.

TJ Thank you, Dr Ryan, thank you, Dr Tedros. We will move to the next question, that's Reuters, Stephanie Nebehay. Stephanie, please.

SN Thank you, Tarik. A question either for Soumya, if she's on the line, or perhaps Mike, regarding the change in the centres for disease control in the US. Their advice regarding the shortening of the recommendation for isolation time for ten to five days for asymptomatic cases. I'm wondering if you have concerns on that and what data might be telling you about how long people with Omicron shed virus or potentially transmit it? Do you have concerns about that new shortened timeframe, please, which other countries have started to pick up on too? Thank you.

TJ Thank you, Stephanie. Let's see if Dr Abdi Mahmoud would like to say something on this. Dr Mahmoud, please.

AM Thank you. That's a great question. I just wanted to bring back again why we are doing quarantine, and the main objective has been to always [unclear] the cycle of transmission. So, different countries and different parts of the world are in different situations. Some parts of the world are seeing low incidence and are able to push the quarantine from the WHO recommended 14 days to 21. Other countries are finding the balance.

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So, at WHO, what we are recommending is 14 days and some countries can shorten that, based on them [?] testing [?] that. There are a lot of studies coming out, but what we have seen is more and more countries applying a practical health aspect of what needs to be done, balancing the workforce required, and the society. And the overall objective, what they need to achieve, from containing the virus or making this balance.

I think the US CDC may have more information, but what we have gathered right now is that it's too early to determine in terms of the incubation and the infectious period, but it's more related to balancing society, whether you have gone into full lockdown or the lesser of the two evils. Coming back again in terms of what we recommend. We recommend, again and again, a comprehensive risk-based approach and protecting the vulnerable.

While the overall part of the health workforce can be relaxed, we need to take care of the long-term care facilities, people who are immunocompromised where one infection can be debilitating and life risking. So, in summary, it's a risk based and different countries allowing a different situation.

TJ Thank you, Dr Mahmoud, for this clear explanation. Let's move on and we have someone we have not heard from before, Sloan Smith, Eyewitness News from the Bahamas. Sloan, please go ahead.

### 00:36:10

SS Hello. Good morning. Can you guys hear me?

TJ Yes, very well. Please ask your question.

SS Good morning from the Bahamas. My question is with the global spread of the new Omicron variant, there's been new burgeoning concern that the new antigen tests that are currently being used to identify COVID may not be as effective in identifying the Omicron variant. My question is who recommends countries to continue using the antigen testing for screening? Or should countries move towards solely the PCR testing to ensure accuracy in identifying infections and contact tracing?

And with that, Caribbean countries and smaller countries, like the Bahamas, who use testing for people coming into the country. Thank you.

TJ Thank you, Sloan, and welcome to WHO press briefings. Maybe, Dr Mahmoud, would you like to have this one?

### 00:37:49

AM Thank you. In terms of the RDT approved by WHO under the EUL, we haven't had any studies confirming that. We are aware that FDA has released press that currently some of the US are not available but as of now our lab colleagues have been very closely working through the TAG-VE and that under the WHO EUL, the current RDT are able to detect function that.

So, it's a multi leg that the RDT are working and then under the level of the PCR. So, we work closely. If we get more information of the overall sum of countries using different ones that have not been approved by their local approval authorities but for WHO the main ones still function and are able to detect Omicron.

TJ Thank you, Dr Mahamud. We will now move on. We have Simone McCarthy from South China Morning Post. Simone, would you please come in?

SM Thank you for taking my question and for holding these briefing without fail over the past two years. Happy New Year. So, my question is about the effectiveness of vaccines against the Omicron variant. I know that we've started to see a few initial real-world studies. I'm just wondering, first, how important it is to see the real-world data versus just neutralising antibody studies.

**00:39:26**

And then if you could explain a little bit more about how the WHO are maybe coordinating or working with local teams who are in a position to do these real-world effectiveness studies and specifically whether there are efforts to ensure that the data generated for all those vaccines which have received WHO EUL. Thank you.

TJ Happy New Year to you, Simone, as well. Dr Swaminathan, are you with us? Could you please answer this question?

SO Yes, thank you, Tarik. Can you hear me?

TJ Very well.

SO Thank you very much for that question. I think it's a very insightful question because you did ask about, first of all, studying vaccine effectiveness and distinguishing between laboratory-based assays of utilisation of the antibodies and how the antibodies are neutralising the virus in the laboratory and the real world data, where we are actually looking at whether people are getting sick and what proportion are getting sick and needing to be hospitalised and dying, compared to what happened with the other variants.

So, as we've explained in these pressers before, there are multiple factors that account for vaccine effectiveness. One is the vaccine itself. I think we know that vaccine effectiveness varies a little bit between vaccines, though the majority or all of the WHO EUL vaccines actually have very high rates of protection against disease. In the case of the Delta variant that was true.

The second is biological factors like age and underlying illnesses and we know in COVID, with all the variants, that the older you are, the more the underlying illnesses and comorbidities, the more vulnerable you are to get severe disease.

And the third factor is the time since vaccination and the waning of immunity, and we know that there's some amount of waning but, again, there is more waning against infections and that's why we're seeing a lot of breakthrough infections now, especially with Omicron because Omicron does have capacity to overcome pre-existing immunity and needs high levels of antibody protection.

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Now, the evidence of Omicron is just emerging and I think it would be very... It's still premature to conclude definitively but I think what we can say is that all of the lab studies are pointing towards a reduction in neutralisation capacity and also what we see clinically is that people who have been

vaccinated, people who've had prior infections are still getting breakthrough infections with Omicron and that's why the numbers that we are seeing around the world today are extremely high because these infections are occurring in both the vaccinated and unvaccinated.

However, it appears that the vaccines are proving to be still protective because even though the numbers are going up exponentially in many countries, hospitalisations and even within hospitalised people, the need for ventilation, the need for critical care, that doesn't seem to be going up proportionately.

This is a good sign and it's probably telling us that previous immunity, either due to vaccines or in some cases due to natural infection by the virus to a previous variant is providing some protection against severe disease, and this is what we had expected because immune responses are much more than just neutralising antibodies. So, neutralising antibodies is one part of it.

And so I think to some extent we are reassured that people who seem to have that pre-existing immunity are protected from getting severely ill and therefore the infection and hospitalisation, the link between the two, has been disrupted.

#### **00:43:56**

However, having said all of this, I think we still cannot predict what this virus is going to do in people who have no prior immunity, either due to vaccine or natural infection. There are a large number of countries that still a lot of people are not vaccinated. So, we still need to wait and see and hope that this doesn't cause severe disease in them.

You asked about what WHO is doing and we have the research and development blueprint for epidemics, the R&D Blueprint, which has been very closely following and tracking this. In fact, Dr Tedros mentioned that one of the things that started very early on in this pandemic was the convening of scientists and researchers.

The development of common protocols, the development of benchmarks and standards and target product profiles, working with the regulatory agencies to ensure that all regulatory agencies were harmonised in how they approach new drugs and new vaccines.

And thanks to that I think early efforts by WHO, we are in a position where we have very good networks, multiple networks, of scientists who are working together, working with common protocols, ensuring that vaccine effectiveness studies are done to the same high standards.

And while we still have gaps, we do not have the same amount of data that we would like to see on all WHO EUL vaccines, as we mention, but we are working with our regional officers, with our country offices, with ministries of health to put in place those tracking and monitoring systems that is going to give us the data in the coming days. So, I think there's a lot going on already. We are planning some more studies that will be rolled out.

**00:45:37**

And then we have the groups of experts that actually critically evaluate all the studies that are being published, because we know that all studies are not of the same high quality. There are many biases, particularly in these observational types of reports, and so I think an important element also is critical evaluation and then, finally, the SAGE, which is the Strategic Advisory Group of Experts on Immunisation reviews all of that data and makes the policy recommendations and will continue to do so in the light of Omicron as well.

So, I'm sorry that took a little bit longer than I had planned but I just wanted to explain all the different elements and all the different departments in WHO that are working on this. There's the IVD, the Immunisation Department, the Regulatory Department, the Emergencies Programme, of course, in which the R&D Blueprint sits, the Science Division and many, many other departments from across the board. Thank you, Tarik. I'm not sure if Janet or anyone else wants to add to this.

TJ Thank you, Dr Swaminathan. I don't see anyone else wanting to jump in, so let's go to next question. That's Kamran Kasimo, representing a number of media from Azerbaijan. Kamran was with us since the beginning of the pandemic. Kamran, please go ahead.

**00:47:17**

KK Do you hear me?

TJ Yes, Kamran, go ahead.

KK Okay, thank you so much. Greetings from Azerbaijan. Now, for our country is very actual the booster dose or third dose because how effective booster dose or third dose against the Omicron stem because from February we are going to booster dose in our country but exactly Omicron capture many countries and what can you say about this point? Thank you so much.

TJ Thank you, Kamran. This is a question about boosters. I think Dr Swaminathan may say something about that.

SO So, this is an area that, again, the SAGE, the group of experts who advises on policies on vaccines, has been tracking and monitoring.

**00:48:14**

Because the need for boosters, basically, is, again, based on what is the evidence on waning immunity, across which age groups, across which vaccines and, as I mentioned, there is some evidence now that there is some waning that occurs after five or six months after the primary course of vaccine has been taken and essentially, again, this is being measured through the antibody responses.

But when we look at clinical effectiveness, when we look at, say, hospitalisations or severe disease, there is a small drop. Again, there is some waning of about, let's say, 8% to 10%. It's a little bit higher in the older age groups, 10%. If you take all age groups, it's more like 7% to 8% at six months. And this is why many countries started booster programmes, because they

wanted to boost or supplement immune responses that their citizens already had.

The WHO basically has been tracking the data and the science and our recommendations would be based on science but there was another consideration for us, and that's the whole equity issue and Dr Tedros has been speaking to this issue right from the beginning. He spoke to it today as well, the fact that there are still so many unvaccinated people in the world while in some countries people are able to receive their third dose and there's even talk of fourth dose in some countries.

And so we have to balance the need for boosters to push the immunity, if it's waning, particularly in those vulnerable groups, against the imperative to vaccinate frontline workers, the elderly in all countries, not just in a few countries, and so what we are recommending now.

And we had an interim statement on boosters that we put out last week, based on the advice of SAGE, is that countries can consider this for their vulnerable citizens, their elderly citizens, those we know have weaker immune systems, immunocompromised, people who are at very high risk of infection and very high risk of severe disease, particularly in the light of very infectious variants, that they could consider boosting but that that should only be done when a country has actually managed to vaccinate its highest risk with the primary course of vaccine.

### **00:50:48**

We have just heard that there are many countries, many, many countries that are still not up to the 40% mark that would have covered the entire vulnerable population. So, there is need to do both. There is a need to speed up our primary vaccination programmes, to share vaccines equitably through COVAX, through AVAT, and there is also a need to further protect those that need that boosting.

And so we would recommend the same approach that we did at the beginning, on how to prioritise. How do countries prioritise their populations? Not everybody needs a booster. An 18-year old who's just had their first course a few months ago certainly does not need a booster. They're at very low risk of severe disease. Whereas an 80-year old in the same country might actually do better with a booster, because we know that with the aged the immune responses are weaker.

And so that's the same, exactly the high-risk prioritisation groups that we recommended at the beginning, that we're asking countries to follow.

And we are also saying let's share those extra supplies that we have rather than boosting young people who still have very strong immune responses from their primary vaccination. If we can cover the whole world, then we can think about these future courses and who's going to need it, when it's going to be needed.

Dr Ryan talked about the future course of the pandemic and how it's going to play out, and we will have to see whether regular vaccines are going to be needed in the future or not, and for which groups. We don't know that at this point. But right now I think we have to go by the data and we also have to

keep a close look on the equity aspects because it's not just the ethics, we know, we've said repeatedly, it's the epidemiology, the science behind it.

### **00:52:42**

We know that if we leave the virus to multiply, as it has been doing now in many countries because of so many unvaccinated people, then ultimately there'll be another variant and another variant. So, it's in everybody's self-interest to make sure that that doesn't happen again and that we try not to have any more variants of concern after Omicron. We should try. The world should try to do that. Thank you, Tarik.

TJ Thank you, Dr Swaminathan. Let's move to one or two more. So, we have The BMJ online, Elizabeth Mahase. Elizabeth, can you hear us?

EM Yes, can you hear me?

TJ Yes.

EM Brilliant. So, I just have a question about countries reducing their self-isolation period. I know Stephanie asked earlier about the US's five-day rule. Here in the UK they're saying that people are able to come out of isolation earlier, if they get two negative rapid COVID test results. I was wondering if the WHO has a view on whether these tests are accurate enough to use for shortening the self-isolation period and just generally, in terms of self-isolation, has Omicron changed anything?

### **00:54:03**

TJ Thank you very much, Elizabeth. I know we have both Dr Ryan and Dr Mahamud online.

MR Tarik, I can speak to this.

TJ Yes.

MR No, look at the end of the day, as Abdi outlined so correctly, these are judgement calls that countries make. What countries are trying to do is to be maximally effective at picking up cases and not having onward transmission but minimally impacting on people's lives, social and economic and educational lives, and this is always a judgement.

The likelihood of someone developing symptoms after five or six or seven days goes down exponentially. There is a possibility of longer incubation periods but the average incubation period up to now has been around five days, six days, but there's a range of those incubations.

There is some data to suggest that the incubation period for Omicron may be shorter but there will still be a very wide range around a lower average, even if that average turns out to be lower. And the data's not certain on that because we're dealing with a very limited number of studies and a limited number, again, of individuals. We were talking mainly about younger people. Maybe younger people have a shorter incubation period than older people. We don't know that.

### **00:55:23**

So, we need to be very careful with interpreting these data. But there's no question, even with all of the previous variants, the incubation period, most people will incubate and show symptoms or be positive within that first six days or so. But their chance of them being positive after that or chances of transmitting the disease after that are lower. It is then for governments to make that judgement call of when to allow people out of a quarantine situation with extra testing.

The issue with the antigen testing is the antigen testing will tell you whether they're infected now but the window in which you can pick up the virus is narrower. The PCR test is much more sensitive than the antigen test. But, again, the antigen test is very convenient. It's very quick. It can be done at home, it can be done onsite and there are a lot of practical real world advantages to doing that.

So, again, it's a trade-off. So, what governments and systems need to do, and Dr Tedros is continually saying this, is a multi-layered comprehensive strategy that looks at the data and the science and applies that science in a policy that's rational, that's simple to understand, that's consistent and hasn't been changed all the time, every day, where people get confused.

People need a very straightforward, understandable, supported system where they know exactly where they stand, what category they're in, how long they need to isolate for or be in quarantine for, when they need to be tested, by whom, which test, and that is all extremely clear.

### **00:57:02**

And within that, yes, there are trade-offs, and if people shorten the quarantine period, there will be a small number of cases that will develop disease and potentially go on to transmit because they've been let out of quarantine earlier. But that will be a relatively small number and a lot of people who won't transmit will also be released from that quarantine.

So, it is a trade-off between the science and being absolutely perfect in what you try to do but then having the minimal disruption that you can possibly have to your economy and your society. And governments are struggling to find that balance and because different countries are in different situations economically, socially and even epidemiologically, you don't see exactly the same strategy being applied in each country.

But I think the most important thing at this moment is we need to be careful about changing tactics and strategies immediately on the basis of what we're seeing in early Omicron data. Oh, it's less severe. Maybe it's not. It's more transmissible. Maybe it is. The vaccines work or they don't work. We have to wait and see.

And I think it would be advisable at this point, if we don't see huge shifts, huge moves in reducing control measures for COVID-19, purely on the basis of initial or preliminary studies. But where the data exists, where the data is strong, and we'll continue to review that data for all of these parameters, and we will be doing that again and again in the New Year, and we will shift based on any new evidence and new science that's emerged and we will move our guidance.

But, again, our guidance is at a global level. Countries apply that at a national and local level and local and national conditions will always in a sense determine and impact on how global advice is implemented.

#### **00:59:04**

TJ Thank you, Dr Ryan. Dr Mahamud, I'm not sure if Dr Mahamud would like to add something.

AM I think Mike is covered. I just wanted to add that, as we said earlier, we are having two outbreaks going at the same time, the Delta that's affecting the elderly population, and Omicron, the less than 60. So, whatever measures countries are doing, finding that balance, particularly the most vulnerable and high-risk population has to be taken.

We know from various studies the shedding of the virus is possibly associated with age. So, our message has been protecting the vulnerable. So, that protection, knowing what is creating the havoc has to be taken. So, we really don't know what's going to happen with Omicron. We hope it becomes the dominant but how it's going to behave in the next two to three weeks, it will be very early to make decisions solely based on that Omicron will be the most dominant patients.

People have withstood two years and four months of hard things, have a lot of resilience in their populations. If it's explained very well, they can accept. So, I think just echoing the point Mike said, that we shouldn't make decisions based on only Omicron as the best case scenario while we know there is a new outbreak of Omicron going on in hospitals. Thanks.

#### **01:00:26**

TJ Thank you, Dr Mahamud. We will move to the last question for today. We have Kai Kupferschmidt from Science. Kai.

KT Yes, thank you, Tariq. Thanks for taking my question and for doing this presser today. It follows right on from the last comment. I wanted to ask, we have learnt a lot about Omicron in the last weeks. Of course, there's also huge questions and what we have learnt seems to suggest that this is following a slightly different path maybe than Alpha and Delta did.

So, I just wanted to get an update, given what we've seen possibly about generation time, about severity and so on. What is the view from Geneva at the moment on the threat that Omicron poses? I know there's a lot of uncertainty but right now how do you characterise it?

TJ Thank you, Kai. Dr Ryan, Dr Mahamud, anyone else?

MR I can begin and then the real scientists can follow. Hi, Kai, happy New Year. I think the big question is, and Abdi alluded to this earlier and I think so did Soumya, what we are seeing is this dual circulation.

We're seeing a well-established Delta wave that's affecting all age groups and particularly causing a lot of hospitalisations and severe disease in older persons, particularly under vaccinated or unvaccinated older or vulnerable persons, and that's causing one major problem. Vaccines have held up quite well, as Soumya outlined, in protecting those individuals.

### 01:02:07

And then we have this emerging Omicron wave, which has primarily begun amongst younger people, probably reflecting social mixing patterns and has been circulating quite intensely in those younger individuals. It's moving slowly into older age groups now and I think that's the big question in my mind, is the virus behaviour now looks milder, it looks more transmissible, it looks like it has a shorter incubation period, it looks like it's causing milder disease and that's on the face of it, looking at the population it's infecting.

But what we haven't seen is the Omicron wave fully established in the broader population and I'm just a little nervous to make positive predictions until we see how well the vaccine protection is going to work in those older and more vulnerable populations, to see whether previous infection or vaccination is going to provide the same levels of protection against severe disease and hospitalisations. Or if this virus is inherently less virulent in any case in its own right. That data will come from the system pretty quickly.

We are seeing upticks in hospitalisations in some countries in Europe but, again, it's hard to tease that out in terms of the Omicron versus the Delta effect. So, that's where we stand, Kai. It's that little bit early.

### 01:03:35

I would really like to be optimistic and say, yes, we hope into the New Year that we'll start to see, as we've seen in South Africa, the numbers beginning to fall away but, again, we're dealing in South Africa with a population of very high seroprevalence, with background seroprevalence, and a very young age profile. It remains to be seen in the coming weeks.

I think we will still see that decoupling from cases and severe disease. I think that will be sustained in Europe. But with the sheer number of cases that we're likely to get associated with the Omicron variant, it's just that force of infection and that growth rate and the number of cases per day that will ultimately generate sick people who will need to be admitted to hospital and could potentially die.

I don't think anyone is certain yet as to how this is going to play out and that's why caution right now with getting exposed, protecting those people in our population most likely to have severe disease, physical protection, vaccine protection and then going by the public advice in each jurisdiction, I think it's really important over the coming weeks that we keep and suppress transmission of both variants to the minimum that we can, until we see what the impact of this virus is in those older and more vulnerable populations. Abdi, you may wish to supplement.

AM Thanks, Mike, you have summarised. I just wanted to... What we heard today from our South African scientists during the TAG-VE in terms of that sudden drop that's giving some reassurance towards other countries and scientists, there is a major impact on the disruption that happened in terms of the social and population change in December.

### 01:05:19

If you look at the epidemic curve for South Africa last December, there was a sharp increase and then it went... So, December holidays, what happens is the

population is moving. The middle class are going out to the coast and the beaches and the rural movement, there's a lot of things that can disrupt the transmission. So, is that a real fact, that Omicron went down, it's milder, or there's a multiple factorial that's leading to the reduction. So, in testing the government has just changed their policy. There's a lot of things.

So, for me, I think it will be very important to look closely at the two other epicentres, London, which has been published in excellent data, and we all have appreciation for the UK scientists, and then New York, the hospitalisation, how it is going on. If that trend is going on and from the model they are saying 50%... We're almost looking at hospitalisation in London, at 1 December it was 114. Today available data is 374. Three times increase. In New York almost double. Of the 6173, 945 people are on mechanical ventilation.

So, the idea we all want is for this disease to be milder but the population so far it affected in a milder form is younger. So, how it behaves in the elderly population, the vulnerable, we don't know yet. So, I think while we are encouraged by the early results, it's showing that we need more and more time and to be more cautious and to push down as much as possible on the unvaccinated population.

#### **01:06:59**

As Dr Tedros said, the vast majority of the hospitals today are overwhelmed by people who have been unvaccinated because of the misinformation that's going on. So, it's too early. We hope, at least from the biological we had today in the TAG-VE, also Dr Wendy from the UK was presenting some biological explanation, the difference between Omicron and from Hong Kong, it's too early to determine...

I think the main factor will determine when it hits the high-risk population, over 60s, vulnerable that have not received vaccinations. So, it's too early. We are optimistic but I think we shouldn't overinterpret the data coming from South Africa and that was the feedback we got from the South African scientists. Thank you.

TJ Dr Diaz, would you like to add something?

JD Thanks, I'll just add a couple of words to my colleagues there and just to agree that it is too early right now and we still must be cautious when trying to ascertain the severity of Omicron virus infection. We do know that there are some suggestions of the reduced hospitalisation coming from some countries, as was already discussed, but we need to know also of those hospitalised, how many are on oxygen therapy, how many are requiring intensive care and mechanical ventilation and how many are dying? So, we need to get a better understanding of that spectrum of severe disease in patients infected with Omicron.

So, what do we need? We need more data. We need robust analysis and this is a call on countries that are experiencing, as we heard, the co-threat of Omicron and Delta. Get an analysis done.

## 01:08:41

Ensure that those analyses take into account the various other factors that are associated with severe disease. That includes older age, the chronic conditions, history of vaccination status, history of previous infection. If we do this in sufficient numbers of countries, then we can start to see whether or not what we're seeing in South Africa is generalisable to other countries.

So, I think before I finish, it's too early to say but we are getting more data and also thanks to the colleagues from South Africa for sharing that initial hospitalised data with WHO, which has allowed us to start with our analysis here and we do ask Member States to consider sharing their hospitalised data so we can do that aggregated analysis through the WHO clinical data platform and that will allow us, hopefully, to better answer these questions in a faster time, with something where we have more certainty about what our analyses are showing. So, thank you.

TAG Yes, thank you, Kai. My colleagues have already said but just some angle maybe I would like to say. And it's actually my concern. It's also our concern as WHO. There is this narrative now going on, which is it's milder or it's less severe but we are undermining the other side. At the same time, it could be dangerous because the high transmission rate, the transmissibility, could increase hospitalisation and deaths and we have already said that and we are seeing this.

So, we shouldn't undermine the bad news, just focussing on the good news. There are both elements here and in our approach, I think we can make use of how the virus behaves without undermining it. So, we shouldn't undermine. There are things that we don't know and we will know more but until then it's better not to undermine.

## 01:11:05

And the tools are the same, by the way. We don't want people to be complacent, saying this is not severe, this is mild, and we have to be very careful in that narrative, because what we see also, the other side, is more hospitalisations are also seen in some countries and more deaths. So, that's what I would like to add, so there are both sides and we have to see the bad and the good and what it means but still follow comprehensive approach, which really works for Omicron too. Thank you and, Tariq, back to you.

TJ Thank you, Dr Ryan, Dr Diaz, Dr Mahamud and Dr Tedros, on this answer to the last question from our friend Kai Kupferschmidt, with this we will conclude today's press conference. As always, we will send out files from the briefing and a transcript will be available tomorrow on our website. With this, the media team is at your disposal.

MR Tariq, this is Mike.

TJ Yes, Mike, please.

MR Just one point, just given that we're two years into this. Dr Tedros took the opportunity this morning, as he does very often, to attend our morning emergency management meetings which occur every single day to look at epidemics around the world.

And he came there especially to acknowledge and thank the workers across WHO and most of our partners for all the work they've done in the last two years, and we would like to echo that thanks to all of our partners out there. WHO is nothing more than our Member States and the science institutions, the public health institutions that are based in those Member States.

### **01:13:08**

Two years of using a public health approach, despite the issues and despite the, very often, attacks, it's been a long journey and one in which I hope we have stood firmly for science and for evidence and for public health and for fairness and empathy. We could not have achieved what we have achieved in this, a modest enough achievement in the face of all the tragedy and death we've seen, but certainly that could not have been achieved without the leadership of Dr Tedros.

So, we'd just like, at the end of this two years, to thank him for his leadership and his courageous leadership. Overall it's been a hugely demanding two years and I'm sure he would echo my thanks to all of the staff of WHO and all of our partners who work so hard with you, the media, who are still, in my view, very much a major pillar of democracy and justice worldwide and I thank you who have reported so diligently the information and the data and the stories of this epidemic over the last two years. Back to you, Tariq and Tedros.

TJ Thank you, Dr Ryan, and on behalf of the Department of Communications, I really want to echo the journalists who have been following us throughout this year, just as well they did all the previous years and we look forward to work with you again.

### **01:14:35**

We wish you a happy New Year, media team. What I wanted to say is at your disposal in coming days, if you need something from us. With this, I will give the floor to Dr Tedros for his last words. Dr Tedros.

TAG Thank you, Tariq. So, three things quickly. First of all, I endorse Mike's vote of thanks. Thank you so much, Mike, for thanking our staff. I know what they have been through. And also for thanking all our partners, including our media. So, I endorse the vote of thanks.

And then the second part is our resolution for the New Year and I hope, as I said earlier, you will join us. Please join the campaign to vaccinate 70% of the population of all countries by mid-2022. We have 185 days to go. It's possible to do it and I ask for every citizen of the world to join the campaign and end this pandemic. I know everybody's sick and tired, all of us, and I think this campaign is about all of us and I hope you will join us.

And then the third part is I wish everybody a happy New Year and I wish you health and peace and safety and progress. So, thank you so much for all your support and in the New Year look forward to working with all closely. Until we see you next year, which is in a couple of days, all the very best. Bye bye.

### **01:16:56**