Hello, everybody. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva and welcoming you to our global COVID-19 press conference today, Monday 22nd February. The virtual press conference today will include a special guest joining to discuss COVID-19 vaccine research, development and roll-out in conjunction with the COVID vaccine development strategy and implementation virtual global health symposium running from 22nd to 26th February.

Our special guests are Professor Lee Bollinger, President, Columbia University, Dr Anthony Fauci, Director, US National Institute of Allergy and Infectious Diseases, Dr Nancy Messonnier, National Center for Immunisation and Respiratory Diseases, US Center for Disease Control and Prevention.
We have simultaneous interoperation in the six UN languages plus Portuguese and Hindi. Before introducing to you the WHO experts present here with us I would like to make the following suggestion, if I may, to take full advantage of the presence of our three special guests.

I would like to encourage journalists to devote the first round of questions to them and then we will take your questions to the WHO experts for a second round so please get your questions ready.

00:01:56

Let me introduce to you the WHO participants. Present in the room are the Director-General of WHO, Dr Tedros, Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Soumya Swaminathan, our Chief Scientist, Dr Mariangela Simao, Assistant Director-General, Access to Medicine and Health Products, Dr Bruce Aylward, Special Advisor to the DG and Lead on the ACT Accelerator and Dr Kate O'Brien, Director, Immunisation, Vaccines and Biologicals.

We also have with us Dr Michel Yao online and Dr Soce Fall for any questions on Ebola. Welcome, all. Now without further ado I will hand over to Dr Tedros for his opening remarks and to introduce fully our three special guests. Over to you, Dr Tedros.

TAG   Thank you. Thank you, Fadela, shukran. Good morning, good afternoon and good evening. I'm deeply saddened and extremely concerned by the attack today on a humanitarian convoy in the Democratic Republic of the Congo which left three people dead including the Italian Ambassador to that country. I would like to express my deepest condolences to their families as well as to the Government and people of Italy.

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On Friday leaders from several G7 countries and the European Union committed US$4.3 billion in new funding to finance the equitable distribution of vaccines, diagnostics and therapeutics for COVID-19.

Several G7 countries also committed to sharing doses with COVAX. I would like to express my deep thanks to the G7 leaders for these contributions. These funds and donations move us one step closer to meeting our target to start vaccination of health workers and older people in all countries within the first 100 days of this year.

The G7 countries have shown leadership but we need all countries to step up. We still face a gap of at least US$22.9 billion to fully finance the ACT Accelerator this year. It's important to note however that money is not the only challenge we face.

If there are no vaccines to buy money is irrelevant. Currently some high-income countries are entering contracts with vaccine manufacturers that
undermine the deals that COVAX has in place and reduce the number of doses COVAX can buy.

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Even if we have the funds we can only deliver vaccines to poorer countries if high-income countries co-operate in respecting the deals COVAX has done and the new deals it's doing. This is not a matter of charity; it's a matter of epidemiology. Unless we end the pandemic everywhere we will not end it anywhere.

The longer the virus circulates the more opportunity it has to change in ways that could make vaccines less effective. So it's in the interest of all countries including high-income countries to ensure that health workers, older people and other at-risk groups are first in line for vaccines globally.

To achieve this we need more funding, we need countries to share doses immediately, we need manufacturers to prioritise contracts with COVAX and we also need a significant increase in the production of vaccines.

Recently I had a very productive discussion with President Emanuel Macron of France and I would like to thank him for his commitment to share 5% of France's doses with COVAX. More vaccines are being developed, approved and produced. There will be enough for everyone but for now and for the rest of this year vaccines will be a limited resource. We must use them as strategically as we can.

00:06:33

Tomorrow I will be speaking at the Columbia University symposium on vaccine development, strategy and implementation. Today I'm delighted to be joined by Lee Bollinger, the President of Columbia University. One of the first-actually after I became DG the first major speech I gave was in 2017 in Columbia University. I was so honoured and that was at the invitation of President Bollinger.

In that speech I said that we do not know where or when the next global pandemic will occur but we do know that it will exact a terrible toll both on human life and on the global economy. Three years later we're unfortunately learning that lesson the hard way.

So, President Bollinger, thank you so much for joining us today and you have the floor.

LB Thank you very much. It's really a pleasure to be here this morning in advance of the symposium on vaccines and global health and to be a special guest at this press conference hosted by Dr Tedros and the World Health Organization.
Columbia has had a long-standing relationship with the WHO and, as Dr Tedros said, he came to campus in 2017 shortly after becoming Director-General and in that speech at what we called the world leader forum Dr Tedros told the now eerily familiar tale of a virus that spread across communities and continents killing relentlessly and bringing economies to a halt.

The pandemic he was describing of course was that of the 1918 Spanish flu but he used the example to emphasise the grave threat posed by these kinds of infectious diseases and he lamented the lack of global preparation that had been done to deal with another pandemic of that scope and scale.

This has proved to be devastatingly prescient of course. We're here today because Columbia, the WHO and our partners at the United States NIH and CDC share a commitment to supporting and strengthening the multinational and multilateral work that is required to address the world's greatest health challenges, with COVID-19 chief among them.

Columbia takes very seriously its role as the convenor and host of forums like the vaccine symposium opening later today. The five-day event series is designed to highlight the important work being done across all sectors of society on what many would say is the defining issue of the pandemic at this moment and that is vaccines.

I'm delighted to join the representatives from the NIH and the CDC here today, Drs Anthony Fauci and Nancy Messonnier. I'd also like to recognise Drs Marc Grodman, Wilma James, Laurence Sandbury and Philip La Rousa [?] for their leadership in organising the vaccine symposium which will begin, as I said, later on today. Thank you very much.

My friend, Tony, thank you so much, President Bollinger. Our next guest needs no introduction; Dr Tony Fauci. Dr Tony Fauci is one of the best-known names in global health and for good reason. For decades Dr Fauci has not only been one of the world's leading infectious disease experts; he has also been a fearless defender and articulate explainer of science and public health.

My friend, Tony, thank you for your leadership over so many years and especially during the past year and thank you for joining us today. You have the floor.

Thank you very much, my dear friend, Tedros. I'd like to just spend a couple of minutes talking a bit about the scientific aspects of vaccine development which have allowed us to get to the point where we now have a number of vaccines that have been shown - and more to come - to be highly efficacious and safe in the prevention of disease associated with SARS-CoV-2.
One of the most important aspects of the science that has emerged over this past year has been a realisation of the importance of the vaccine construct which really involves two major components; the immunogen itself and the vaccine platform.

One of the really critical issues that has emerged was the understanding of the role of structure-based vaccine design which originated actually and got its maturity in a field that has not yet come up with a successful vaccine, namely HIV, where we've been trying to get the right confirmation of the molecule to be able to introduce broadly neutralising antibodies.

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But it was this practice of structure-based vaccine design which allowed investigators at the NIH, particularly Barney Graham and Kizzmekia Corbett and their colleagues, to actually develop an immunogen in the form of a pre-fusion stabilised spike protein which has been used now in five out of the six vaccines that have been pursued within the context of the NIH's involvement, namely the development of and/or facilitation of the clinical trials of this vaccine.

I think it is an extraordinary testimony to the fundamental basic science that has antedated that development; people often ask, we have a vaccine where the virus was made known in the first ten days of January when the Chinese published on a public database the sequence of the vaccine and only 11 months later we have vaccine going into the arms of individuals; a totally unprecedented accomplishment of something that would have normally taken years that actually was accomplished in months.

Again what the world needs to realise is that this was a result of the extraordinary investment that has been made in fundamental biomedical research. The other point I'd like to bring out is at least for the trials that were supported by the US Government - and we all know that a number of other countries have done very good jobs in development and testing of vaccines.

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But what we put in investment decades ago into a national and international clinical trials network that allowed us for years to test drugs for HIV, vaccine and prevention modalities for HIV were converted into the capability of testing vaccines for COVID-19 or SARS-CoV-2.

There were three separate platforms that were pursued; the MRNA, the Adeno, both human and chimp, as well as recombinant protein and the results have been nothing short of spectacular. Now that the science has brought us there we have an extraordinary challenge and the challenge is clearly we need to get vaccines produced and distributed in an equitable way not only in the United States - because it is clear that each country must take care of their own - but also the equitable distribution, as mentioned by Dr Tedros, of
vaccines so that we realise that this is a global pandemic requiring a global response.

00:15:45

I want to reiterate what Dr Tedros said, that an outbreak in any part of the world is an outbreak for the entire world and so we need over the next months to years to make a major commitment to not only continue with the science but to make sure that we implement the distribution of this vaccine so that we get a global control of this historic pandemic. I'll stop there; thank you very much.

TAG Thank you. Thank you so much, Tony. Finally it's my honour to welcome Dr Nancy Messonnier, Director of the National Center for Immunization and Respiratory Diseases at the US Center of Disease Control and Prevention. Dr Messonnier is leading the CDC's efforts on COVID-19 vaccination and is one of the world's leading experts on vaccination.

Among many other achievements she played a vital role in the development and implementation of a low-cost vaccine to prevent epidemic meningococcal meningitis in Africa. Dr Messonnier, thank you so much for joining us today and you have the floor.

NM Hello. Can you hear me?

TAG Yes, we hear you.

NM I'm sorry, I had technical difficulties. Good morning and good afternoon. It's a pleasure to be here to speak with all of you today.

00:17:38

Although, as you've heard from Dr Fauci, remarkable advances have been made in science and medicine have been made during the past century we're constantly reminded that we live in a universe of microbes that are forever changing and adapting themselves to the human host and the defences that we create.

It's remarkable that a year ago in the United States there were 14 COVID-19 cases and as of today we've had more than 500,000 deaths. Even though we've started to see decreasing cases and deaths here in the US and in many areas of the world the COVID pandemic is clearly not at an end; we still have a long way to go.

Thankfully as soon as the virus that caused COVID-19 was discovered scientists around the world began working on vaccines to protect us. The use of a safe and effective vaccine worldwide will be a game-changer as we work together to beat the pandemic.

00:18:35
Like other countries the US has invested in multiple vaccines and because of the urgent need time between steps in clinical trial phases was shortened or eliminated and in some cases steps were done in parallel to accelerate the process whenever it was safe to do so.

The US now has two authorised vaccines in use and another under review this week. While these and other COVID-19 vaccines have been fast-tracked the same processes to make and assess these vaccines are being used.

Additionally, as Dr Fauci described, the type of vaccines that are being developed are not new. Both the Pfizer and Moderna vaccines use a platform, messenger RNA, that has been under development for years and other vaccines use viral vectors which use a modified version of a different virus to deliver important instructions to our cells.

These vaccines have been well studied in clinical trials and were used to respond to recent Ebola outbreaks including to vaccinate pregnant women and children. As we use these vaccines we will continue to study their safety. CDC has put in place the most robust vaccine safety monitoring system in US history and of course we're sharing that information with our international colleagues.

In the US we've recommended those who have been disproportionately affected by COVID-19, like the elderly as well as those who we rely on to keep the country running including healthcare personnel and essential workers, to be prioritised for vaccination.

We've engaged in several public/private partnerships to bring vaccine to where people are including nursing homes and assisted living facilities, retail pharmacies where people typically get medication, and mobile clinics to ensure equity in access for communities of colour who have borne a heavier burden of disease and death in the US.

It's essential that as we roll out these vaccine programmes the people who need it most can have access but we know that doesn't matter if people are unwilling to get vaccinated. It's essential that everyone have confidence in the vaccination programme including having trust in the vaccine, the vaccinator and the system that produced it.

CDC has adapted our vaccinate with confidence strategy for COVID-19 vaccine, which is built on three pillars; building trust, sharing clear, complete and accurate messages about COVID-19 vaccine and taking visible actions to build trust, empowering healthcare personnel, to promote confidence in healthcare personnel in their decisions to get vaccinated and to recommend vaccination to their patients, and engaging communities and individuals in a sustainable, equitable and inclusive way.
We're also working with communities throughout the US to rebuild trust, especially in communities of colour that have been disproportionately affected by COVID-19 and have experienced systemic racism and inequity in access to healthcare in the US.

It's encouraging to see how many vaccines are being used worldwide and to know that more are on the way but just like one player on a football team cannot win the game alone we cannot beat this pandemic one country at a time.

As others have said, no country will be safe from COVID-19 until all countries are protected. Diseases know no boundaries. We saw that two years ago when measles worldwide increased and it's certainly been true in the past year. Vaccination is a critical tool in bringing this unprecedented pandemic to an end. Thank you.

00:22:26

TAG Thank you. Thank you so much, Dr Messonnier, and thank you to all our guests for joining us today. I hope you will stay with us to answer some of the questions from the media.

As we often say, it's not vaccines that save lives; it's vaccination. In 1798 Edward Jenner administered the first vaccine against smallpox. It took another 184 years for smallpox to be eradicated. In combination with proven public health measures vaccines give us the tools to control COVID-19. Whether we can is no longer a test of science; it's a test of character. Fadela, back to you.

FC Thank you, Dr Tedros. I will now open the floor to questions from members of the media. I remind you that you need to raise your hand, use the raise your hand function in order to get in the queue. I will start with Sophie Mkwena from South African Broadcasting Corporation, SABC South Africa, to ask the first question. Sophie.

00:23:49

SO Thank you so much. My question is directed to Dr Fauci in particular. Doctor, in developing countries such as South Africa there's an attempt to ensure that they don't just import vaccine but they are able to develop vaccine. What can the international community do, particularly the developed nations such as the United States of America with its capacity, to help these countries who are saying, we want to be at the same level with the developed nations so that we don't rely on charity?

TF That's a very good question.

FC Thank you, Sophie.

TF That's a very good question that gets asked often and I think the point that you're making is one that really is critical. The best way to have sustainable capability of being able to respond to outbreaks, not only the
outbreak of COVID-19 but also the inevitable outbreaks that will also occur from the future, is to build capacity within country that's sustainable capacity. So one of the things that developed nations need to pay attention to is that in addition in the immediate sense, which you don't have the time right now to have something built in a week or two but to think for the future as well as in the intermediate time, to have countries like South Africa and other southern African countries have the capability to make their own vaccine so that they would be independent of having to rely on the donation of vaccines from other countries.

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I think it goes not only for South Africa but so many other countries that if given the resources and the capabilities would really be quite capable of making vaccine to take care of their own population.

FC Thank you, Dr Fauci. Dr Swaminathan, you have the floor.

SS Just to add to what Dr Fauci said, what the Director-General has been calling for is for those who have the technology, manufacturers or the academic labs, to share with companies, production sites in different countries around the world to actually do that technology transfer and to build the capacity, especially with the new platform technologies that can be very quickly adapted to deal with other pathogens.

WHO set up a mechanism, the COVID technology access pool, which can facilitate the tech transfer and so I hope that we will see a growing interest in this because I think it'll only help everyone if we have more sites across the world distributed geographically that are capable of producing vaccines at short notice.

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It'll help this pandemic and it's also going to help for future pandemics as well as for other infectious diseases of public health importance. Thank you.

FC Thank you. I would like now to invite Donato Mancini from the Financial Times to ask the next question. Donato, you have the floor.

DO Hi. Can you hear me?

FC Very well. Go ahead, please.

DO Thanks for taking my question. It's about access to vaccines. We all know about CTAP. I've heard Dr Swaminathan's comments today but we also know that corporate interest in CTAP remains low. I'd like to ask your US guests what they make of calls to open up intellectual property and spur tech transfer in order to widen access to vaccines.
Does the US have a view on CTAP, does the US have a view on opening up IP and more broadly what can be done to entice companies to share their IP?

Thank you.

00:28:10

FC

Thank you, Donato. Dr Fauci, do you want to take this question? Or any of our guests are welcome to interfere at any time.

TF

Yes, I'd be happy to give it a show but I'm sure that my colleagues from the United States also might be able to weigh in. That is obviously always a very sensitive issue but an issue that I think really does need to be addressed.

We have some good examples dating back to the early years of HIV when drugs, antiretroviral drugs that were life-saving in the developed world, particularly for 1996 on, were the drugs that essentially could prolong the lives of people with HIV in a way that would have been unimaginable a few years before.

But when the PEPVAR programme was started by the United States under George W Bush it was clear that in order to get the drugs to the countries and the individuals in those countries, particularly in Southern Africa, the Caribbean and other areas where it would be difficult for those countries and people within those countries to develop or even pay for the drugs themselves, there were things that were done with regard for example to the generic drugs.

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There was a lot of discussion as to whether or not that would have been able to have been done and would that interfere with the appropriate profit of companies that made major, major investments in the development of their drugs.

Actually it worked out very well because through the PEPVAR and Global Fund project we were able to get life-saving drugs to millions and millions of people, saving now well up to 17 million lives and it did not have a deleterious effect on the companies, who continued to do well financially and continued to make investments in research.

So I'm not sure exactly what the model will be but I think at least we do have some precedent that you can make arrangements with companies that would allow them both to maintain a considerable amount of profit at the same time that areas of the world that don't have resources can share in a way that would be life-saving to literally millions of people. I'll stop but I'd be happy to hear what others have to say.

00:30:55
Thank you, Dr Fauci. We are very privileged to have several professors from the University of Columbia happy also to provide some response. I would like to call on Dr Marc Grodman, Professor at Columbia University, who would like to provide some comment to Donato. You have the floor, Doctor.

MG Thank you very much. Just to go back both to this question and to the previous question, this very much strikes at the reason why there is a symposium in the first place. Vaccines are complex. New vaccines are complex but if you think about it the vaccine solution is logarithmically even more complex.

How you go from the development to all the other issues that are there vis a vis both distribution, how you go in and overcome, as Dr Fauci just mentioned, many of the competitive business issues, how you overcome many of the political issues, how you address the ethical questions are all part of the overall solution.

00:32:02

The idea of the symposium was to bring in all these different aspects because this is what the solution all means. Many of the things that you mention are aspirational and because of the severity of what we've been through, the severity of the pandemic a lot of the conflicts which have occurred prior to this point in vaccine development; many of them have been overcome and blurred.

The question and the challenge is going to be how we go from thinking about these threats as to what if to what if it happens again and what do we get out of this kind of massive co-operation, which we're still just on the brink of being able to overcome, to real solutions that are going to make future vaccines more equitable.

That's why we wanted to put together a symposium to put together people not only to look at the full continuum of vaccine development but in science and the research and development and the ethical issues of distribution, but as well to be able to look at it from a global perspective.

So I think the book very much is unwritten right now. The challenge is to use what we've been through and the experience and the perceived success to come into concrete solutions into the future.

00:33:24

Thank you, Dr Grodman, Professor at Columbia University. I would like to ask Dr Laurent Sandbury, Associate Dean for the International Programme in Global Health, Columbia University, also to provide some comment. You have the floor, Doctor.

Dr Sandbury, you have the floor.
Dr Sandbury, you have the floor. No? Now I would like to invite Dr Simao and we will come back to Dr Laurent Sandbury if he still wants the floor. Thank you. Dr Simao, you have the floor.

MS    Thank you. Thank you, Donato, for the question and thanks also to Dr Fauci for reminding us of the HIV response. I think it's a very good example because we don't have the time we had. We cannot afford to take ten years for medicines or vaccines to reach developing countries this time. I think it took too long with HIV and too many people died unnecessarily.

Since then there have been mechanisms in place. We have for example the Medicines Patent Pool, which already has around ten years of existence and it's a proven method, a platform to ensure that both voluntary licensing and technology transfer can help to increase access to medicines for HIV, TB and malaria.

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Why not use the platforms that we, WHO are putting in place like the CTAP, the COVID Technology Access Pool, to ensure that...? Intellectual property needs to be managed either through a voluntary licence or other measures but it's not enough. Intellectual property is not the endpoint.

The endpoint is increasing manufacturing capacity and making sure the quality-assured, efficacious and safe vaccines reach developing countries. So this is a combination of things in this platform and I like the question also on the incentives; what are the incentives - and Dr Fauci pointed to some - that would bring into place a situation where we can have targets short-term, which is this year, mid-term next year and the following years also in preparation for future pandemics, as Dr Swaminathan mentioned before. Thank you.

FC    Thank you. I would like now to give the floor to Laurent Zero from the Swiss news agency. Laurent, can you hear me?

LA    Yes, thank you, Fadela. Can you hear me?

FC    Yes. Go ahead, please, Laurent.

00:36:39

LA    Thank you so much. A question to Dr Fauci; the new US administration now has committed to fund COVAX but it has been quite reluctant so far to speak about sharing the US doses for developing countries. At the G7 President Emanuel Macron made a concrete proposal about 30 million doses that could be shared quite quickly to Africa in order to vaccinate the health workers.

After that call can we expect another move from the US administration on that? Thank you.
TF Thank you for that question. I don't think I can comment on that, not because I don't want to but because I'm really not sure. We had discussions, you might recall, when I addressed the executive committee of the WHO and made the announcement that we would join COVAX, which we did and the President has committed, as you know, over a period of time $4 billion, $2 billion right away and two billion to come.

I would have to get back with you because there will be discussions about what else, if anything, will be done vis a vis COVAX. But I don't think... and I cannot really comment definitively about what the commitment would be regarding the sharing of doses as was proposed by President Macron.

00:38:13

I'll have to just pull back and perhaps get back to you on that because I'd be reluctant to make a statement in that regard.

FC Thank you, Dr Fauci. I would like now to invite Paulina Alcazar from Encadena News, Cancun, to ask the next question. Paulina, you have the floor.

TR Thank you, Fadela, and hello from the Mexican Caribbean region. People are asking about potential allergies to the components of the vaccines such as preservatives or coadjuvants. Are there lists of these so that people can calmly go and be vaccinated and we can ensure people such as asthmatic people can know what ingredients there are? Thank you.

FC Thank you, Paulina. Dr Fauci, do you want to take this question, please?

TF Yes, sure. We have seen some anaphylactic reactions that have been associated with the two vaccines that have been currently distributed in the United States and that is the Pfizer MRNA and the Moderna RNA. These are reactions that are likely - we're not 100% sure - to the polyethylene glycol in the vaccine preparation.

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This has not been definitively proven yet but this is something that is being suspected. We're working on trying to find out what the genesis is and what the pathogenesis of these allergic reactions is. When you look at them they can be severe.

We are telling individuals that unless you have a known anaphylactic reaction to a known component of the vaccine you should not get vaccinated [sic]. However for other people who have a history of allergic reactions that is not a contraindication to get vaccinated.

We feel they can and should get vaccinated but if you have a history of anaphylactic reaction to get vaccinated in a particular location that has the capability of treating anaphylactic reactions. If you look at the numbers, a paper recently came out examining that and there are between four and five
per million anaphylactic reactions to the Pfizer and between two and three per million to the Moderna.

00:41:12

So it's an unusual, rare interaction but it should not be a contraindication for someone to get the vaccine because the risk of getting COVID in the situation is likely greater than the risk of getting any kind of deleterious reaction. Thank you.

FC Thank you, Dr Fauci. Dr Swaminathan, you have the floor.

SS Just to add to what Dr Fauci said, I think this is an important question and that people would like to know how safety is being monitored, particularly since these vaccines were all developed so quickly.

These questions are being asked by people so we need to reassure them that there are systems in place; I think Dr Messonnier mentioned within the US but every country has a system in place to do safety monitoring, what we call pharmacovigilance and the WHO coordinates this.

There is a global vaccine safety committee that looks at this data, they look at it every week, data from all countries, from manufacturers, regulators and countries' systems. So far we've had over 200 million vaccine doses that have gone into people around the world and there have been no alarming safety signals but we will continue to monitor and update if anything changes. Thank you.

00:42:46

FC Thank you, Dr Swaminathan. I would like now to invite Christiane Ulrich from DPA, German news agency, to ask the next question. Christiane, you have the floor. Christiane, can you hear me?

CH Hello, yes. Can you hear me?

FC Very well. Go ahead, Christiane.

CH Thank you, Fadela, for taking my question. I was going to direct it to Dr Messonnier and we broached it with Dr Fauci earlier but maybe the US Department of Health has a clearer answer. Is the US going to share doses of the vaccine that they have now secured for the US to follow the passionate appeals by Dr Tedros and others in the last few days? Thank you very much.

FC Thank you, Christiane. Dr Messonnier, do you want to take this question?

NM I can take it but my answer will be the same as Dr Fauci's. I think it's a very important issue. I know that there are ongoing discussions right now in the US about the importance of global COVID control and the role that vaccine will play in it but I don't have a specific answer in terms of any decisions or where the discussions are. We'll really have to get back to you on that.
Thank you, Dr Messonnier. I would like now to invite Carmen (not from POLITICO contrary to what was announced by the moderator) to ask the next question. Carmen.

Carmen, you have the floor.

Can you please unmute yourself?

You can hear me.

Yes, I can. Go ahead, please, Carmen.

Thank you very much. I have a question also on anaphylactic shock. I have heard some people ask where is the difference because the [unclear] zero against allergic plants and so on. It is recommended after the injection to stay 30 minutes to see if something happens.

So now in the theme of the vaccine it is recommended everywhere 15 minutes. The question is, what is the reason behind this time difference?

The recommendation is if you have a history of allergic reaction then you stay for 30 minutes; if you don't have any history of allergic reactions such as anaphylaxis then 15 minutes would be enough but Dr Messonnier is probably more experienced in that type of thing than I am so perhaps she can confirm or amplify that.

I can definitely confirm what Dr Fauci said but maybe to add a little more context, we ask people how have had a history of anaphylaxis to stay 30 minutes because when we look at the onset of anaphylaxis in the cases in the United States they've all occurred within that 30-minute time frame.

So out of an additional caution we're asking people with anaphylaxis to stay a little longer so that we can be sure that they're under medical supervision if there is any unfortunate onset of allergic reaction to the vaccines.

Thank you, Dr Messonnier and Dr Fauci. I would like now to give the floor to Simon Ateba, Africa News Today, Washington. You have the floor, Simon.

Thank you for taking my question. This is Simon Ateba for Today News Africa in Washington DC. My question goes to Dr Fauci. Yesterday President Biden's National Security Advisor spoke about the report being prepared by the WHO and said the Biden Administration has little confidence in the report.

He said he doesn't believe China gave enough data. Dr Fauci, what type of information do you still need from China or from the WHO, what type of report do you expect from the WHO? Thank you.
FC Thank you, Simon. Just checking but I think that Dr Fauci left so we will make sure he has your question and see if he can respond in written form. Thank you all. I think it's already been one hour and I would like to ask our guests if they want to make any closing remarks before we close this press conference. Dr Messonnier, Professor Bollinger, you have the floor.

LB Thank you. On behalf of Columbia, I'm just grateful to the WHO and all the US colleagues for being part of this at Columbia.

FC Thank you, Professor Bollinger. Dr Messonnier, do you want to take the floor? No. I think now it's time to hand over to Dr Tedros for his final remarks. Dr Tedros, you have the floor.

00:49:35

TAG Thank you. Thank you so much, Fadela. I would just like to use the opportunity to thank Professor Bollinger, Dr Tony Fauci and Dr Nancy Messonnier for joining us today and not only for joining us today but I would like to use this opportunity also to thank you for our co-operation and partnership; the partnership between WHO and Columbia University, the partnership between WHO and CDC and NIH.

Thank you so much for joining and we would like also to thank the media, the journalists who have joined us today. Thank you, Fadela, and back to you.

FC Thank you, Dr Tedros. Just to remind journalists, we will be sending the audio file and Dr Tedros' remarks right after this press conference. The full transcript will be posted on the WHO website tomorrow morning. If you have any follow-up questions please do not hesitate to email mediainqueries@who.int

Thank you to our guests, to you my colleagues here in the room and see you next time.

00:50:52