

# COVID-19

## Virtual Press conference

### 14 December 2021

#### Speaker key:

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AHR	Dr Annamaria Henao Restrepo
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JO	John

**00:00:29**

TJ Hello, everyone. Thank you very much for following the WHO press briefing on COVID-19 on Zoom for the reporters and all the others watching our social media platforms. It's December 14<sup>th</sup> and it's 5:15 here in Geneva. My name is Tarik and I welcome you to today's briefing.

As always we have a number of speakers and experts here with us today. We have Dr Tedros, WHO Director-General, Dr Mike Ryan, who is Executive Director of the WHO Programme for Emergencies, Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals.

We have also Dr Mariangela Simao, Assistant Director-General for Access to Medicines and health Products. With us is also Dr Bruce Aylward, Senior Advisor to the Director-General and Lead on the ACT Accelerator. Also we have Dr Abdi Mahamud. He is Incident Manager on the COVID-19 Incident Management Support team.

With us is also Dr Annamaria Henao Restrepo, who is Co-Lead on the Research and Development Blueprint here at WHO. We may have some other WHO experts online as well if needed. Before I give the floor to Dr Tedros, just to remind journalists to raise hand to be put in the queue to ask questions when we come to that.

**00:02:05**

As always we have simultaneous interpretation in the six UN languages so journalists may use that option. With this I'll give the floor to Dr Tedros for the opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. 77 countries have now reported cases of omicron and the reality is that omicron is probably in most countries even if it hasn't been detected yet.

Omicron is spreading at a rate we have not seen with any previous variant. We're concerned that people are dismissing omicron as mild. Surely we have learned by now that we underestimate this virus at our peril. Even if omicron does cause less severe disease the sheer number of cases could once again overwhelm unprepared health systems.

I need to be very clear. Vaccines alone will not get any country out of this crisis. Countries can and must prevent the spread of omicron with measures that work today. It's not vaccines instead of masks. It's not vaccines instead of distancing. It's not vaccines instead of ventilation or hand hygiene.

**00:03:51**

Do it all. Do it consistently. Do it well.

Vaccines are tools that have the greatest impact when they're used to protect those who are most at risk in all countries. In the past ten weeks COVAX has shipped more vaccines than in the

first nine months of the year combined. Most countries are using vaccines as fast as they get them.

A small group of countries are facing challenges rolling out vaccines and scaling up rapidly and WHO and our partners are working closely with those countries to overcome bottlenecks. Although we expect further improvements in supply there are no guarantees and the hard-won gains we have made are fragile.

We continue to call on donors and manufacturers to put COVAX and AVAT first. At the same time evolving evidence suggests a small decline in the effectiveness of vaccines against severe disease and death and a decline in preventing mild disease or infection.

The emergence of omicron has prompted some countries to roll out booster programmes for their entire adult populations even while we lack evidence for the effectiveness of boosters against this variant.

**00:05:33**

WHO is concerned that such programmes will repeat the vaccine-hoarding we saw this year and exacerbate inequity. It's clear that as we move forward boosters could play an important role, especially for those at highest risk of severe disease and death.

Let me be very clear. WHO is not against boosters. We are against inequity. Our main concern is to save lives everywhere. It is a question of prioritisation. Who gets what vaccines in what order? The order matters. Giving boosters to groups at low risk of severe disease or death simply endangers the lives of those at high risk who are still waiting for their primary dose because of supply constraints.

On the other hand giving additional doses to people at high risk can save more lives than giving primary doses to those at low risk. Together we will save the most lives by making sure health workers, older people and other at-risk groups receive their primary dose of vaccines.

In most countries those being hospitalised and dying are those who have not been vaccinated so the priority must be to vaccinate the unvaccinated even in countries who have better access to vaccines.

**00:07:34**

It's really quite simple. The priority in every country and globally must be to protect the least protected, not the most protected.

There remains a vast gap in rates of vaccination between countries.

41 countries have still not been able to vaccinate 10% of their populations and 98 countries have not reached 40%. We also see significant inequities between population groups in the same country.

If we end inequity we end the pandemic. If we allow inequity to continue we allow the pandemic to continue. Tarik, back to you.

TJ Thank you very much, Dr Tedros, for these opening remarks. We will now open the floor to questions. We have a number of journalists already raising their hands so I would really ask everyone to be short and ask one question only.

We will start with Nina Larsen from Agence France Press. Nina.

NI Hi. Thank you for taking my question. I wanted to ask about the study that came out of South Africa today that showed that the Pfizer BioNTech vaccine was 70% effective in stopping severe illness from omicron. I think that is lower than against previous variants but perhaps higher than you had expected. Have you seen the data on this and how do you think this data could impact your views going forward on the recommendations of a third dose? Thank you.

**00:09:42**

TJ Thank you, Nina. We will start with Dr Kate O'Brien.

KOB Thanks for the question. As you know, the data on omicron and the performance of vaccines is in very early days. both laboratory studies of the sera from people who have been vaccinated as well as now real-world evidence on the performance of the vaccines against clinical disease.

So we're looking at the report, evaluating exactly what was studied and the results from the report and I think what's really important to recognise here is that - and we've had a report also, as you know, from the UK on Friday.

What's really important is that these are early reports and there are considerations about exactly who was vaccinated, what the disease severity is. So certainly of significant interest and we'll continue working with partners on additional reports that we know are coming because it really is about an aggregate of evidence from around the world.

**00:10:47**

I think the important thing though is that really we have to emphasise that transmission of omicron is not going to be solved by vaccine. Protecting people against that severe end of the disease spectrum is really critical but we have to be doing all of the interventions in order to assure that we have the lowest transmission possible as omicron is moving its way through different populations. Thank you.

TJ Thank you, Dr O'Brien. We will go to the next question and that will be Latika Burke from Sydney Morning Herald. Latika.

LA Hello, team [?]. Thank you for taking my question. This is asking in a COVID variant-agnostic way but what do we have yet on the data on reinfections? Because in the UK we're seeing people becoming reinfected with COVID twice and occasionally three times and so I'm wondering if we can expect this virus to weaken as it reinfects us and what the data you have on reinfections tells us about how we're going to have to manage this in the long term.

**00:12:08**

TJ Thank you, Latika. Dr Abdi Mahamud will try to answer.

AM Thank you so much. Just related to the other question we answered, we are receiving a lot of data in terms of the countries that shared the data. The South African team have established a world system where they have been tracking reinfection even before omicron.

The initial signal they received was they have seen even before the indication of the genetic sequencing, there was an early indication of signals of higher number of reinfections related to omicron.

So based on that they [unclear] and there is a lot of sequencing done because of that so we are evaluating that disease but it's a global picture so what's happening in South Africa might not be applicable to other countries as different levels of immunity.

But we are seeing an early indication that omicron may be giving higher reinfection and that's related to one side of the transmissibility, another ability of it to evade some of the antibodies established by either natural infection or by vaccination.

**00:13:13**

But we're at the early, early stage, it's only two or three weeks. As we get more and more data coming from a variety of

countries we'll be able to say how much reinfection is happening but we do have early signals coming from South Africa showing the reinfection is higher with omicron compared to delta and beta.

TJ Thank you, Dr Mahamud. We will now give the floor to Kai Kupferschmidt from Science. Kai, please unmute yourself.

KA Thanks for taking my question. Tarik. We've seen a lot of data, neutralisation assays and so on on the immune escape potential but of course the vaccine data very often is data on BioNTech or AstraZeneca vaccines. There's very little data on some of the other vaccines that have been used to vaccinate a huge part of the world.

Are you doing anything to make sure that that data is generated as well, do you have any preliminary data on any of these other vaccines?

TJ Thank you, Kai. Dr Henao Restrepo may want to try.

AHR Thank you for the question. We have three lines of work. The first one is collaborating with all the researchers that are doing animal studies and assay studies and facilitating the communication for protocols, for access to samples of virus, etc.

**00:14:42**

The second line of work is gathering the information and reviewing every day the new data that emerges. The third is to have discussions like the one we plan for tomorrow with all the global experts to see what the data suggests.

So far we have looked at 13 studies that aim to evaluate evasion of immunity by the omicron variant. Of all the 13 studies I can tell you three things. First, many of the studies are small, they use different methodologies. What I mean by different methodologies is they use different assays, different convalescent plasma, different virus.

So to put them together you have to spell out a bit more the details so that we can come to conclusions.

The second is that they all suggest or indicate that maybe there is a decrease in the neutralisation antibody titres but what is the clinical relevance of these results? We continue to search for that.

**00:15:40**

Finally I want to say that we are interested in all the researchers to provide data so we have reached out to about 340 researchers all around the world so that they can share the data and we are posting this information live on our website.

Tomorrow again we will have this consultation and hopefully we will uncover more knowledge on this. Thank you.

TJ Dr Ryan.

MR If I could just add that the primary target of these products, of vaccines is to prevent severe illness, hospitalisation and death and that is the measure, Kai, as you know, that we hold the vaccines against.

We would always expect, especially with a mucosal infection like this, to see a drop-off in prevention against infection over time. The question is - and I think your question was aimed at that - was to what extent do we see any loss in protection beyond neutralising antibodies and looking at other immunologic markers and then looking at real-world.

**00:16:47**

I don't know, Annamaria, if we have any data on T-cell or other broad-based immunologic response because, from the previous question, again some of the clinical data is pointing to, the vaccines are not failing at large, they seem to be providing a level of protection.

The question is how much protection are the current vaccines that we are using, which are currently life-saving against all the variants, to what extent do we lose any protection against severe illness and death against omicron.

The data is pointing towards there being significant protection but, as Annamaria said, the data is not there to fully support a decision either way.

AHR Yes, Dr Ryan. Thank you for reminding me to mention that there has been a review by Alexander Oseri [?] and colleagues in labs [?] that indicated that most of the T-cell epitopes [?] are conserved in the omicron variant. This is very good news and T-cell response may be very important for gross protection and long-term protection but the data is still moving.

**00:17:51**

The other thing I want to say, there is a study from the UK, an observational study that was published and is highly commented and as the authors of the study said in their discussion of their

paper, their findings show that the effectiveness against symptomatic disease with the omicron variant has declined but they were unable to confirm that there was a decrease in the protection against severe disease.

So not only us but the same authors of the study recognised the limitations so we are still looking for additional data. Thank you.

TJ Thank you, Dr Ryan, Dr Restrepo. We will move on. We still have a long list of questions. Belisa Godinho from W Magazine in Portugal. Belisa.

BE Thank you for taking my question. In Portugal there are cases of omicron contagion but the number of deaths caused by the disease is low. Can you comment on the subject? Thanks.

MR I think it's probably very early days in Portugal and again many, many countries, I think, at least 77 countries so far have confirmed - I think the DG used that number - and many, many more probably have the variant.

What has happened in the countries that have the variant is we've seen very rapid spread and very rapid transmission and a very large number of cases being generated.

**00:19:21**

So a bit like with the delta wave, when you have a large number of cases even if that disease, as Dr Tedros said, is slightly milder in each individual if you have a huge wave of cases you will see a lot of severity and you will see hospital systems coming under pressure.

Dr Tedros' message today is to act now. His message today is to look at your health systems in the coming weeks, make sure you have the health workers in place, make sure you have the clinical triage in place, make sure you've got oxygen supplies in place, make sure that you're vaccinating the unvaccinated, make sure you're taking every opportunity individually and at community level to stop transmission where you can.

It is very difficult. This is a highly transmissible variant. It's hard to stop it but you can take the heat out of the transmission by doing the simple things, protecting yourself, protecting your family, protecting your community, avoiding crowded spaces, wearing a mask, ensuring good ventilation, washing your hands.

**00:20:23**

The governments need to support communities in doing that by putting in place layered measures that support communities in



doing that and getting the health system ready. Health workers are exhausted. Many countries have lost 20% of their health workers.

Health systems are weaker now than they were a year ago in reality so unfortunately sometimes you can get up after the first punch but it's very hard to get up after the second and third and that's the difficulty.

We're relying on health workers and a health system that have been weakened by this response and Dr Tedros' concern is that we don't be complacent, we don't wait for it to be overwhelmed by a wave of cases. We have some time to get better prepared and to make sure our systems are able to cope.

AM I just want to add also to Mike, some of the early data that has occurred in very young age population where they look at the data. From the UK it's been 20 and 29. An earlier outbreak in South Africa was in a university cluster so the concentration of the age group may give some people false reassurance that it's milder, we don't know.

**00:21:36**

The greatest risk for COVID has been age so how we protect our elderly population and high-risk population will be very, very critical. As Mike said, we really, really need to prepare. How are we going to prepare the elderly care homes, what message are we going to do, is it testing, is it restriction?

A lot of the things, the risk whether it's omicron, delta remains age so I think people are getting this false sense that it may be milder. It has not been detected. We know again and again it's the high risk and age so let's not be focused on the early data that's coming from either the UK or South Africa which shows it milder.

This is the population that was hit. If it goes to another population we really don't know so we are caught between two elephants of the delta and the omicron so any of them, the grass will suffer and the grass is the vulnerable population.

So it is the dynamic the virologists will use, which one but these are massive, angry elephants so don't take and prepare your system and protect the vulnerable.

**00:22:44**

TJ Thank you, Dr Ryan, Dr Mahamud. We will go now to BBC. We have Imogen Foulkes with us. Imogen, please unmute yourself.

IM Hello. Thank you for taking my question. Just coming back to boosters because your SAGE group made it very clear last week, they said it should be the most vulnerable and not to hoard and let people who haven't been vaccinated at all go short.

You're also talking now about preparing health systems, making sure the unvaccinated are vaccinated. I just wonder what kind of conversations you're having with governments like the UK's who're rolling out boosters for the entire population or some of the European ones or the US.

Would you tell them for example, better to make vaccination mandatory for everyone who's said they're not having it at all than to roll out boosters, would that be a way to go?

MR Maybe I can begin. There's plenty data out there to show that there are differentials in vaccination in countries in vulnerable groups based on ethnicity, based on class, based on lots of other things that aren't about hesitancy so this idea that the only people not vaccinated are the ones who don't want to be vaccinated, frankly I've not found that in my career.

**00:24:08**

Most of the time it's the system hasn't found that person or that person hasn't had enough confidence or access to the system. So I've said this again and Dr Tedros keeps saying it. It's about who we miss, it's not about counting up raw numbers of who we cover, it's about who we miss.

If you miss vaccinating a vulnerable older person with a primary dose of this vaccine in any of these waves that person is at much greater risk of being hospitalised or dying. That's a simple fact. How do we access them? And the system needs to redouble its efforts to do that.

People have genuine hesitancy, they have genuine concerns. We need to do better at offering people vaccines where they are, on their terms, using people who can communicate with them. It's very often about the motivation, what I perceive as the motivation of the person offering me the information.

**00:24:59**

If I perceive that the person offering me a vaccine or offering me information about vaccine has my best interests at heart, if I

trust that person I'm more likely to accept that vaccine. There's been a gap and a gulf in trust. There's been a breakdown in trust and we need to redouble our efforts to bridge that gap and making a double, triple, quadruple effort to vaccinate those individuals pays off better than chasing around the place trying to give booster vaccines to 16-year-olds or 17-year-olds.

It's about priorities. The DG said it in his speech. Kate has spoken about it. It's about what is your priority. We've got a number of weeks now before the peak of this wave will probably hit. You can't do everything so given choices in the system what are your best options, what's the best choice to make with the resources you have?

That's what Dr Tedros is saying, vaccinate the unvaccinated vulnerable people. That's a great choice. Try and suppress transmission, try and prevent infection spreading at the rate it's spreading, prepare your health system.

Nobody is saying - and Dr Tedros and myself and others are on the record. Countries make national decisions and they are bound to protect their citizens, that's the primary duty of government and therefore no-one is criticising directly the decision of a government made in good faith to protect its own population.

**00:26:18**

The issue is sometimes those decisions create inequity at global level. That's what it drives so you cannot live in a vacuum. An individual lives in a community, a community lives in a country and a country lives in the world and any decision you make at any level can affect upwards or downwards.

We're just asking governments to look at priorities, prioritise properly for your own population and look at the inequity, look at how we need to prioritise those same vulnerable people in every country.

It's exactly the same logic so I think I wouldn't be saying to any government or any individual who's offered a booster today or tomorrow - I don't want any person out there who's offered a booster dose who's vulnerable to feel guilty about taking that dose. That is not what we're trying to do here.

**00:27:06**

What Dr Tedros is saying is, there are millions of people who are completely unprotected in the world and they are vulnerable and they need to be given priority. It's about priority and I think we

can do both. Frankly I think we can do both, we can do two things at one time and I think from our perspective - and there are governments out there like the UK who are trying their bet to deal with the priorities of their own people and supporting very strongly international efforts to create equity in vaccine distribution.

KOB Maybe I can just add a couple of points here. What's also really clear is that in both highly vaccinated communities, countries as well as in countries that have lower vaccination the vast majority of people who are in hospital with severe disease, in hospital because of their COVID illness are those who are unvaccinated.

That's true in countries with high vaccination rates so it really is the unvaccinated who are putting the pressure on the healthcare system and that, as Mike said, has to be the number one priority, especially for those that are in the highest risk group, those that remain unvaccinated. That's where the attention, the energy, the innovations about how to provide better access, how to provide better trust, how to provide better communication so that they can get vaccinated, they want to get vaccinated, they will get vaccinated.

**00:28:40**

The other point is that as we roll into this winter season in the northern hemisphere and as we work through what's happening with omicron we know that if there is going to be vaccine-hoarding - we've been to this rodeo before. We know what happens when vaccine-hoarding takes place.

It does impact the ability of other countries to gain access to vaccines and so we're also, as the DG has said, we are calling on manufacturers and countries, the countries that have been donating doses to continue to put COVAX first to continue to put AVAT first in those contracts because the countries that have low vaccine coverage are not going to be able to vaccinate at scale, at pace at the rate that they need to to get those primary doses to people who are unvaccinated. and who are still highly vulnerable because they're in high-risk groups.

So these are the main points, unvaccinated. people are in countries that have high vaccination coverage and they're unvaccinated for a reason. It doesn't reduce their risk of disease and we have countries that still need a lot of doses coming through the coming months and we don't want to see any

reduction in the pace of the scale of the supply that has started to scale up.

So I think that's our main message, about prioritisation of the doses for those who are at highest risk of disease. That has to be the main focus.

TJ Thank you, Dr Ryan and Dr O'Brien. We will go to the next question. We have Max Bayer from CBS News. Max, the floor is yours.

MA Hi, all. Thank you so much for taking my question. You mentioned at the top of the call that you feel many are dismissing the omicron variant as mild. What data are you specifically looking for before you can make a more confident determination about the severity of omicron? Thank you.

AM Thanks. We established a system to collect detailed information on the case details from the onset and severity of the system to the admission, to the IC capacity so there is a whole system looking at how severe a disease can affect a person so looking at the holistic.

If you look only on the outpatient or the mild cases you will miss a lot of patients who have been admitted so there's a lot of information that member states have been sharing with us and we're calling on all member states and researchers to share with us the detailed information.

**00:31:19**

Just South Africa with our clinical manager, they shared with us 400,000 patients' information so we're going through them, comparing the impact of delta. The number is small but we want to understand more and more how many of those ones required oxygen, how many of those patients were admitted to ICU.

That will give us a proper sense of looking at the impact on the hospitalisation and the severity.

TJ Dr Restrepo, would you like to add something?

AHR Yes, I would like to add that the issue with omicron is not if it causes severe disease or not but, as Abdi Mahamud was saying, the number of cases is increasing very rapidly so even if the proportion of those people infected that end up in hospital or may die remains the same because we have a larger number of cases that may cause some problems for unprepared health services, as Dr Tedros says.

**00:32:22**

So even if the disease continues to be equally severe as delta for example, because we have a larger number of cases being observed in the context of our reporting, omicron variant cases, we anticipate that the health services in these countries, if they don't prepare well, if they don't implement the measures that have been recommended, may end up being overwhelmed. Thank you.

TJ Yes, Dr Aylward.

BA Thanks. It's just such an important question that Max asked about what kind of data we're looking for to be able to decide, is this mild versus some of the other variants that we've seen.

What we need to see, Max, as you'll understand, is data from right across the whole age spectrum from the youngest to the oldest. Obviously we want to see it in different population groups and ethnicities, we want to see the data from different geographies, we want to see the data from areas with different vaccination levels as well, what's happening in the vaccinated versus the unvaccinated.

**00:33:23**

We need to see that information over time so this is a little bit frustrating for people and I think we're all human, believe it or not, us here as well and we want this to be a milder form of the disease. That would be, many people think, great news in some ways.

But as Annamaria mentioned, a more transmissible virus can do just as much damage or even more than one which is a little bit more severe but less transmissible. But the reality is also, Max, you have to see this over time. Remember, we've been covering this virus, we've been talking about it for two or three weeks now but you remember the natural history of this disease.

It takes some time for people to develop severe disease and even more time until we see the ultimate outcome, whether they survive the disease or not. So the big concern, as the Director-General emphasised in his opening comments, is we are concerned that people are jumping to a conclusion that this is a mild disease.

**00:34:22**

If we go into a season like we're going into now when a lot of people want to get together, holiday season, and we have a more transmissible virus that we don't actually know its clinical course

very clearly, we could be setting ourselves up for a very dangerous situation.

So a highly transmissible virus, we know that already, more transmissible, as Mike said and Abdi reaffirmed but then we've got these other still unknowns and the concern we have is that we're a little bit too quick with incomplete data to say we understand the course of this variant.

So we'll need a lot of additional information, as you just laid out and Abdi alluded to, across a range of age groups and conditions to be able to understand truly how severe this disease may be or not.

TJ Dr Ryan.

MR Just a call out and a shout out because again this process across the exploration of transmissibility, of the virulence and of the ability of this virus or any variant to evade immune response, it's currently being tracked by thousands of scientists all over the world who are working in real time with WHO or the Technical Advisory Group on Virus Evolution, the R&D blueprint for epidemics, the working group on vaccine product profile, the WHO bio hubs system, the group working on regulatory convergence with Mariangela and others and Rogerio, the SAGE for vaccines.

**00:35:52**

The work that's going on within the therapeutics platforms, within the clinical management networks and a lot of work on collecting outpatient data. Collecting all of that data, bringing that data together, that's going on at national and at global level and in that sense we're very, very pleased and extremely grateful to those hundreds, thousands of scientists who are working with us on this.

We will get the answers. The message today is those answers will come but in the meantime we need to be ready. We need to be ready to deal with what is likely to happen, which is a large wave of cases which may or may not be more or less severe but which will in themselves generate pressure in the health system.

**00:36:35**

We need to do what we can to reduce that pressure in the system. We need to protect those who need to be protected as quickly as possible and we need to prepare our systems for that. We'll be the happiest people in the world to come back to you in

two weeks' time or three weeks' time and say, this is a much milder disease, everything is fine.

There will be nobody happier than the Director-General to say that but that's not how this virus has behaved up to now, that's not our experience through the three waves of this pandemic so I think the idea is to act now in the real world while we collect the data to understand exactly what this virus is capable of.

TJ Thank you. Thank you all for these extensive responses. We will now go to Anadolu news agency and our Geneva based colleague, Bayram Atlog, is with us. Bayram, the floor is yours.

BM Thank you, Mr Tarik. Actually Mike Ryan answered my question but I will still ask this question because it is important. While preliminary findings suggest omicron may be less severe than delta, in other words omicron is milder than delta, and Dr Tedros just stated that omicron is spreading at a rate we have not seen with any previous variant, in light of these important findings if the omicron variant becomes the dominant variant does this mean the pandemic will end soon, as some scientists claim? Thank you.

**00:38:18**

MR No. I think the straight answer to that is no. The emergence of the omicron variant... Sometimes again there's a perception that if a more transmissible virus emerges it is naturally less virulent. Those two things are not directly linked.

Certainly the omicron variant has been outcompeting delta and delta outcompeted alpha before so that is a strong directionality, that some new variants will emerge that will outcompete other viruses and transmit more efficiently.

In doing that the real issue is how far away are those new viruses phenotypically, how far away is the genetic code from the previous virus and therefore can the next virus evade the immune system, evade the natural protection, evade the vaccine protection and reinfect people and we spoke about this earlier.

We don't know for any new variant what that parameter will be. We know what we've detected with delta and we know what we're learning about omicron but the next variant may have different properties.

**00:39:25**

So we need to be alert and we need to remain vigilant in this regard so we can't make any assumption about what's going to



happen here. What we can do, as I said before, is we can react now, we can protect the vulnerable, we can do what we can to suppress transmission and we also need to look at second and third-generation vaccines down the line and we need to look at what our vaccination strategies will be in three, four or six months' time and are there new ways, new vaccine products, new approaches to vaccination that might help us to provide more long-term protection for people.

I think there's quite a bit of research going on to see where we can go with that.

TJ Dr Mahamud, please.

AM Thank you. Just want to make a clarification on what we are talking about and the data on that. Basically everyone right now is familiar with the effective reproduction number. It's on the media.

There is another parameter that most people have not paid close attention to. That's the growth rate, how frequent and the daily change that's happening so two diseases may have the same reproductive number but the change they do will be completely different.

**00:40:37**

So what we are seeing right now from the early data - Scotland and thanks, shout out to Trevor Bedford - is that scientists were sharing pre-print social media immediately when they do analysis. He did a good analysis looking at the behaviour of that available data.

We are seeing what we have never seen before in an outbreak with this omicron. It's changing. It took almost one week for alpha in Denmark to increase, to double. Now we are seeing 44% daily change with omicron. That level of changing of the spread, the reproductive number may be around three, under four but what's more important is that we're paying close attention.

Of course when we have more data the number may be smaller but we're seeing an incredibly high number for the growth rate with omicron. With that, as Annamaria, Mike and DG said, it's easy if you double, it's a matter of compound interest, simple calculus.

**00:41:35**

Within one time your health system is going to hit the vulnerables and within two, three weeks it can overwhelm. So it's

early data, scientists are looking at it very carefully and we have to pay attention to the journalists, the growth rate. Everybody knows about the reproduction but the growth rate of omicron is what's making us really worried about the impact it will have on the health system.

So the measures we do as an individual can protect ourselves, our loved ones and our community. Thanks.

TJ Thank you, Dr Ryan and Dr Mahamud. There was a little spelling mistake in the last name of Dr Abdi Mahamud. The correct last name is M A H A M U D. You will have that name in the package that we will be sending and apologies to Dr Abdi. We will now go to Wall Street Journal. Denise Rowland is with us. Denise.

DE Hi, good afternoon. You've spoken about the concerns that wealthy countries will repeat the kind of vaccine-hoarding that you saw earlier this year and exacerbate vaccine inequity. Is there evidence yet that countries are starting to hoard vaccines for their own booster campaigns since omicron came onto the scene? Thank you.

**00:43:00**

KOB To address what the situation is in countries and what they're doing with respect to supply, we don't have full transparency on the contracts that countries have with manufacturers and the specifics of those contracts on when vaccines get deployed in what magnitude, nor what their arrangement is about if there were to be variant vaccines so vaccines that were specifically directed towards variants.

What I think we are concerned about is the past behaviour that countries have had, manufacturers, the lack of transparency about the way in which manufacturers fulfil the supply that they have and who they're shipping it to and that transparency about what order that goes in and who gets priority around those shipments.

So our biggest concern is that COVAX and AVAT are the sources of supply or the predominant sources of supply to countries that are still below 10% coverage, 20% coverage, 40% coverage for some countries and that this needs to be absolutely the first priority, getting those countries the supply that they need in order to assure that the most vulnerable people in those countries and then proceeding with prioritisation of additional people, that they can get primary doses first.

**00:44:30**

So this has got to be what is assured as we move forward in the next few months. That increase in supply through COVAX has really scaled in October, November and now December and we absolutely don't want to see a backsliding to that supply.

TJ Dr Aylward, please.

BA Yes, sorry. Actually I was going to make the point that Kate just finished with. As to your question, first there has not been evidence to date of hoarding in response to omicron, which is a good sign.

As Kate just mentioned, last month in November COVAX shipped the most doses it had shipped to date in a particular month and part of that was due to the substantial number of donations that were coming from high-income and other countries, from upper-middle-income countries as well so that's a very good sign.

So far in December we're on track to have the highest month of shipments ever so as we look forward though the point to make is extremely important - and Kate reinforced it - that we are worried about that potentially changing.

**00:45:38**

To be clear as well as to why that would change, it's that omicron has introduced uncertainty and any time it introduces uncertainty in a situation people want to hold on to things that they have to see what happens and that's one of the big concerns we have with the way that vaccines are managed today.

It's great that there are donations coming into COVAX. This has been extremely helpful but what we really need are delivery swaps and we need manufacturers to honour the contracts that they have with COVAX so that the lowest-income countries through COVAX can actually control their supply and they're not at risk all of a sudden of supply being turned off because of new uncertainties like omicron.

So this just reinforces once again the need for us to have, number one, complete transparency from manufacturers. At this point in the pandemic it's ridiculous that we don't know how many doses by month are going through what channel to low and low-middle-income countries in particular so that we could say and tell you with certainty by what date there's enough supply for everyone to have 40%.

**00:46:42**

We can't answer that question today and the concern, as you say, is any time there's a new uncertainty this can lead to that kind of behaviour. That's the reason we need the manufacturers at this point to be making sure that they prioritise the COVAX contracts that have been in place for a long time and are still unserved.

TJ Thank you, Dr Aylward and Dr O'Brien. We will now give the floor to Jeremy Launch from RFE. Jeremy.

JE Yes, thank you, Tarik. In the last weekly epidemiological reports, if I read correctly, I understand that WHO is expecting that omicron could be the dominant variant in Europe as early as the beginning of next January. I was wondering if it's still the scenario we're heading to and in how many countries is that variant already dominant, to your knowledge? Thanks.

AM Thanks. From the available information that we got from UK and Denmark it's the [unclear] prediction that by mid-December in some of those countries...

**00:47:59**

But we have to take it. As I said, every country's unique, every region is different from the behaviour, from the measures introduced may interrupt... and therefore we are calling actions. The DG has said very clearly, it's time to act now.

What's happened, actions taken by the population reducing those interventions will have an impact on trajectory. What we saw during early summer, when everyone relaxed delta's taken over so it's in our control. The measures we do can change that but what we seen is that from the growth rate, from everything that we have seen and from the relative R, especially in the countries we have data, it's highly likely.

It may and that's the word because it's in our control. The other variant that came and we successfully be able to manage it has a growth advantage and if we don't act it tend... will be. But how, what scenarios will happen - it's really very, very early data that we don't know because there're a lot of missing gaps on the triangle, on the spectrum.

**00:49:01**

Between these elephants who's going to win, will they coexist together or will one of them become extinct and another overtake? It's very hard to predict. Evolution has no end goal.

You have to understand, these viruses have no brain of their own. Trying to co-operate is advantage of which one has that and the action needed so it's us, it's the agent and the environment interacting with each other.

So from the available modelling from Denmark and from UK it's highly likely those countries with community transmission, it will become dominant. We have a lot of countries which don't have the genetic sequencing capacity which really requires support of that but if you look very carefully from the data we are getting, a lot of in South Africa countries [sic], the image is mirroring what we see in South Africa so we can tentatively assume that sharp increase going in Southern African countries may be similar to that.

So what's happening in Denmark and UK may be seen in other countries but it's too early to say now. As Mike said, we are looking, co-ordinating with all our technical advisors what we are going to recommend in these scenarios but the personal protection and our intervention will determine the fate of this variant.

### **00:50:15**

MR Just to remind everyone that omicron represents a particular challenge but many countries were struggling with the delta variant already in northern Europe, in the northern hemisphere and large increases in number of cases, lots of pressure on intensive care and hospital systems.

So the reality was that with the relaxing of public health and social measures, with social mixing reaching pre-pandemic levels and with a highly transmissible variant called delta for which we have a vaccine that provides high levels of protection, many countries were struggling through low vaccine coverage in the most vulnerable, through health systems that are weak and unable to cope and through this general relaxation in measures.

Again we're not talking about lock-downs, we're not talking about putting societies back into lock-down. We're talking about the basic measures, about wearing masks, about making sure people avoid crowded spaces. It's about washing hands, it's about making sure if you're inside that you have adequate ventilation.

### **00:51:20**

It's the simple things that we can all do to protect ourselves and protect our families and protect our communities. If we all apply those measures we won't stop transmission of omicron or delta.

It's very hard to stop but what we will do is critically reduce the force of infection, we'll reduce that pressure wave and then hopefully get through this wave in a way in which we don't disrupt or collapse our public health systems and health systems.

TJ Thank you, Dr Ryan, Dr Mahamud. Obviously there's lots of interest and many journalists are still in line. We won't be able to take all the questions. We will have to finish at some point but let's try to take two more questions before we wrap up. John Zaracostas is the next reporter. John.

John, can you unmute yourself if you are online?

Okay, John, we can't really hear you so let's go to Simon Ateba from Washington. Simon.

SI Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. As you know, the US has maintained President Biden's travel ban on only African nations, including nations where the omicron variant has not yet been documented, and has allowed countries with the variant, mostly Western nations, to continue to travel to the US, making the same mistake that was made with the China ban last year.

**00:53:11**

Is the travel ban by the US and other Western nations on only African nations helpful, is it helping to reduce the spread of the omicron variant and what type of engagement is the WHO having not just with the US but with other countries who are quite honestly just pretending that they are doing something by banning only African nations?

And if I may ask Dr Ryan to again comment on the new claim by Pfizer that their pills work against the omicron variant, even when we do not know much about the variant. Is it helpful to make claims when so little is known about the new variant? It almost seems to me like medical malpractice. Thank you.

MR Okay. Thanks for all the easy questions today. I think WHO's on the record and Dr Tedros is on the record very, very clearly in indicating that what we want to see and what we like to promote is the idea of layered control measures, of derisking travel, of putting in place the necessary measures to reduce the risk that travel is associated with transmission, in recognising that when a variant like this emerges it probably has spread in advance of it being detected and that blanket travel bans give a false sense of security, they destroy economies, they have a negative impact on transparency and that we would advise

governments to use a more nuanced, more risk-managed, more focused and targeted approach.

#### **00:54:46**

Countries have a right to defend and protect themselves, they have a right to control their borders, they do it for all kinds of other reasons but it must be done in a way that maintains to the maximum extent possible the free movement of people, individual human rights and with due regard for the economic impacts that such measures have on countries.

The DG has been clear on a number of different occasions on this specific issue and we work with all countries and we track measures every single day. When we detect measures that exceed the temporary recommendations of the IHR emergency committee the IHR allows us to challenge countries.

We engage with those countries and we ask them to provide a specific public health justification for the measures they've taken. We offer them advice regarding the measures they could take that would be an alternative to the blanket approach and we've found a number of countries rolling back some extreme measures in favour of a more balanced and nuanced approach.

#### **00:55:56**

Those countries who have done that, we thank you very much. Sometimes countries react, there's a knee-jerk, people are afraid and people can overreact and that's a human response. The real test is whether you can then adjust based on the real threat, based on the real risk and many countries have adjusted their measures to be more appropriate and again we thank them for that.

I'm not aware of any data, Simon, regarding Merck. I think Annamaria is smarter than I am so she obviously has some data so I'll pass to her regarding the Merck antivirals and any initial indications on omicron. Annamaria.

AHR It was about Pfizer. No? Pfizer, yes. I just want to say, everybody has seen there has been a press statement and a press conference on the study on the Pfizer vaccine. In this study the researchers suggested that omicron results in decreases on the neutralising antibody titres.

#### **00:56:57**

Again to repeat what we said before with Dr Ryan, neutralising antibody titres gives you an indication of the protection in the

short term but not in the long term so you have to look at [unclear] immunity also.

There are another 13 studies and I just want to mention two more. You have this global consultation with all the researchers who'll be with us discussing their findings, their interpretation, the actual comments of the studies and how to get additional better data and understand what is happening.

So we are watching this space, we are looking at all this data with great attention but we would like to have further than a press statement before we make our position on this results. Thank you.

TJ Thank you, Dr Ryan and Dr Restrepo. We will go to our last question for tonight and we will try to get John Zaracostas this time. John. Please unmute yourself. Yes, we can hear you now.

**00:57:58**

JO Good. My question is to Dr Ryan. You mentioned that countries need to prepare their health systems urgently. It seems a reminder of what you were saying in the first few weeks of February 2020 and from your regional offices what percentage of WHO member states are prepared sufficiently to cope and how many are not? Are you measuring the member states' level of preparedness?

MR Thanks, John. I don't have the numbers to hand in terms of ability to cope but we have a lot of data from intra-action reviews that have been done in a large number of countries so we've done systematic intra-action reviews with countries which have allowed many countries to reflect on their performance over the last year, two years and then re-prioritise the investees they need to make to be better-prepared and ready for any subsequent waves.

We'd be very happy to share some of the outcomes of that with you offline or at the next press conference. There is no doubt that many countries have increased their readiness, tried to streamline particularly things like their clinical triage, their oxygen supply chain and their ability to get the right patient in front of the right health worker at the right time with the right treatments and that's very important, that care pathway.

**00:59:26**

The second areas is the diagnostic pathway and the surveillance pathway, making sure that there's adequate testing available, be



it PCR testing or antigen testing and that that's done strategically in the system.

Again many countries have reviewed their ability to do that, their ability to do cluster investigation, contact tracing and others and it really depends obviously what the background incidence is, whether you can sustain large-scale contact tracing.

But there are lower-incidence situations where cluster investigation and particularly investigating large clusters results in some very good insights as to what's driving transmission in any given country.

There's been a lot of work done on trying to optimise vaccination and trying to optimise vaccination pathways, vaccination operations, cold chains and others so WHO continues to work with partners in the ACT Accelerator, partners in the humanitarian space, in the UN space with NGOs, trying to optimise those four very important things, the surveillance and control system, the clinical system, the vaccination system and then the communications and risk communication and community engagement because this is one of the biggest weaknesses in this whole response, has been the trust gap, the information gap, vaccine hesitancy, vaccine misinformation and that's been a huge problem.

**01:00:55**

We have tried to address all of these things and we do have some metrics for many countries as to the improvements that they've made and would be very happy to try and pull something more specific together for you, John.

TJ Thank you very much, Dr Ryan. With this we will conclude today's press briefing. We will send the audio file of the briefing as well as some video footage and the transcript will be posted on our website tomorrow. Apologies to those reporters whose questions we were not able to take but we will continue with our COVID briefings. With this I give the floor to Dr Tedros for his closing remarks.

TAG Thank you. Thank you, Tarik. I would just like to use this opportunity to appreciate the United Kingdom for lifting the travel ban. As Mike was saying, a blanket travel ban doesn't help so our appreciation to the United Kingdom and also thanks to all colleagues from the media who joined today and see you next time.

**01:02:13**